



PATIENT

Jameson Mohr

SPECIES

Canine

BREED

Welsh Terrier

SEX

Neutered male

AGE

14 years

WEIGHT

25.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Evans

INVOICE

68433

DATE

11/7/25

PRESENTING CLINICAL SIGNS

History: BCS 4/9 Waxing and waning hemorrhagic diarrhea every 2-3 days for about 1 month. C. perfringens and C. difficile positive on PCR.
Abnormal PE/Chem/CBC/UA Results: ALP 551 (23-212)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.6 cm. The right kidney measured 4.6 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.92 cm. The right adrenal gland measured 1.3 cm at the cranial pole and 0.75 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed coarse architecture and moderate irregular enlargement with heterogenous parenchymal changes. Micro and macronodular changes were noted in the liver. Larger macronodular change was noted in the left medial liver and measured 2.9 cm. Occasional parenchymal cyst is also noted. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

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The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. The muscularis layer was hypertrophied inverting the normal ratio (1:3). The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic inflammation. No evidence of obstruction was present. Chronic inflammatory bowel disease is probable with a low possibility of an early neoplastic event such as lymphoma or, less likely, dry form FIP can at times be found on biopsy of these presentations. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule more significant disease than IBD.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Pronounced nodular hepatic changes with remodeling.
- Occasional parenchymal cyst is also noted.
- Diffuse intestinal thickening without neoplastic criteria.
- Bilateral adrenal enlargement.
- Otherwise, age related abdominal change.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the liver nodule is recommended under sedation. Cytology +/- culture of the liver nodule is indicated. Underlying inflammatory bowel is likely given the GI pattern. Full thickness GI and liver biopsies could be considered.

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The adrenal glands are likely age related, however, if the patient appears Cushingoid then work-up for PDH would be appropriate.

REFERRING VET

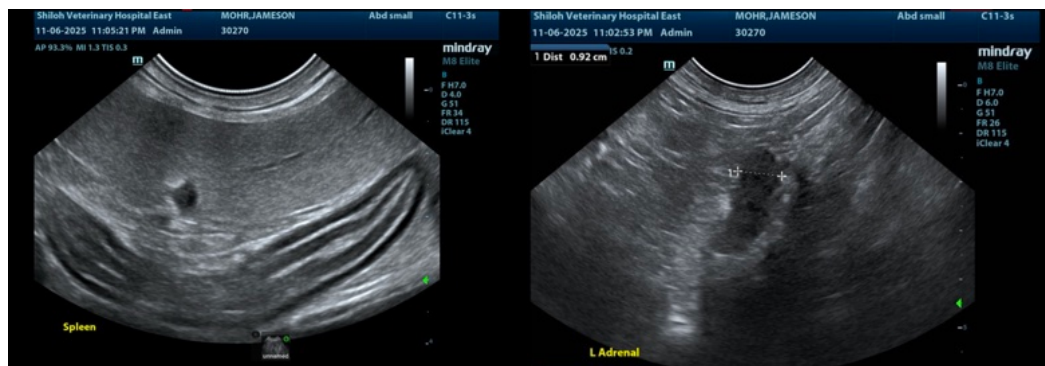
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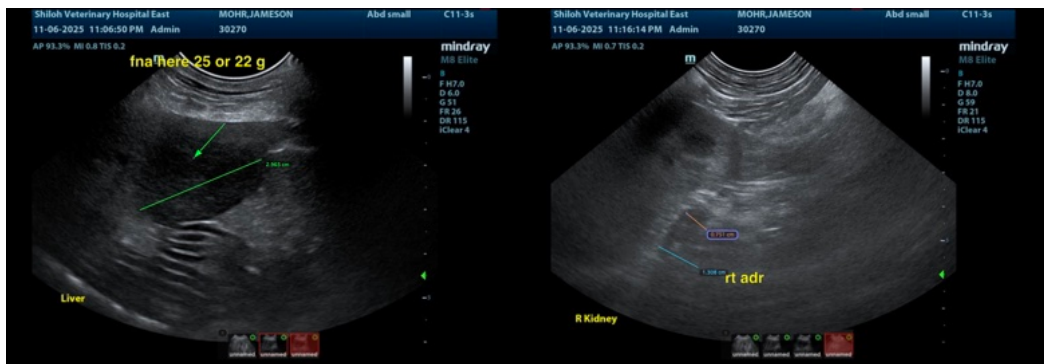
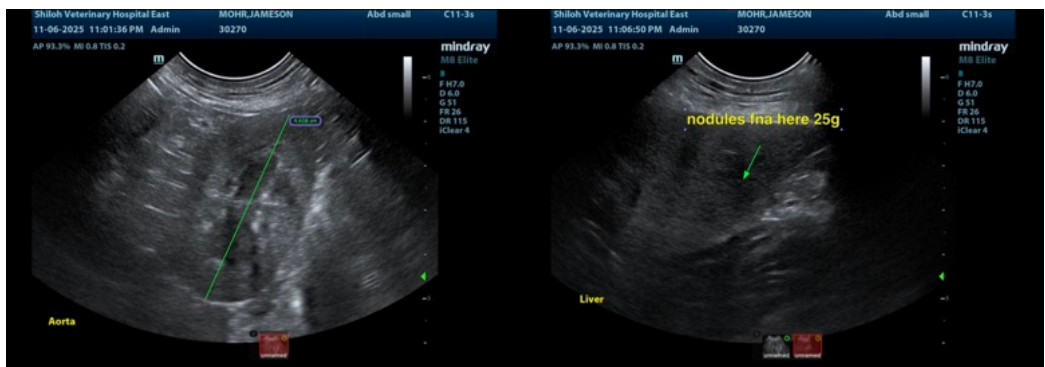
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

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