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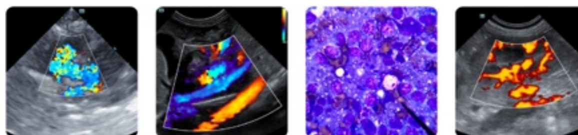


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Willow Morris

SPECIES

Canine

BREED

Beagle

SEX

Spayed female

AGE

10 ½ years

WEIGHT

31.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

John Ammeraal, DVM

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Ammeraal

INVOICE

72356

DATE

3/10/26

PRESENTING CLINICAL SIGNS

- o notes history of ulcerative colitis, flare up this weekend; excessive swallowing/gulping air, excessive drooling, vomited 4 times in the past hour, zofran at 8am. Bowel movements have normalized, soft formed stool. energy levels low, somewhat lethargic some hind end weakness. hx of eating tampons from garbage
- Just finished Clavacillin 3 days ag0 hx of chronic UTI'S
- OD mod scleral injection periphery of cornea, non painful abdominal palpation Radiographs - Suspect FB in stomach, hepatomegaly CBC Normal, CHem 17 - ALKP 385 U/L

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The bladder wall at mild repletion measured 0.65 cm. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

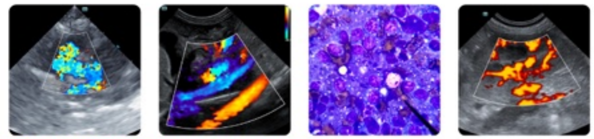
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.36 cm. The right kidney measured 6.44 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.32 x 0.69 cm at the caudal pole and 0.74 cm at the cranial pole. The left adrenal gland measured 2.54 x 0.71 cm at the caudal pole and 0.7 cm at the cranial pole.

Spleen

The **spleen** was largely normal with focal, non-disruptive, hypoechoic nodule at the cranial pole measuring 0.8 x 0.5 cm. The nodule was non-disruptive. This should be monitored or ultrasound-guided FNA.



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Liver

The **liver** was uniform with vacuolar hepatopathy pattern with multi-focal, hypoechoic nodules noted. The nodules were non-disruptive and similar in echotexture to that of the spleen. The liver revealed generalized enlargement. The gallbladder was unremarkable with a minor amount of coalesced bile. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an upper duodenum and pylorus revealed shadowing material. However, it appears to be fairly soft. The duodenal portion of the material does not appear to be directly connected to the gastric portion as the pylorus even though mildly hypertrophied appeared to be patent. The structure in the duodenum measured 1.3 cm. The material in the stomach measured 2.5 cm.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

Nodular hyperplasia liver and splenic patterns.

Colitis pattern with soft shadowing luminal gastric and duodenal material. Tampon or similar material would present in this fashion. It is non-obstructive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver and spleen would be ideal. Endoscopy would be the best option in this patient or direct exploratory surgery. However, supportive care and recheck sonogram after 24 hours n.p.o. to assess if the material is persistently present would likely be the best option as other material such as grass accumulation or other transiting type soft material may be the case as there is no direct obstructive pattern.

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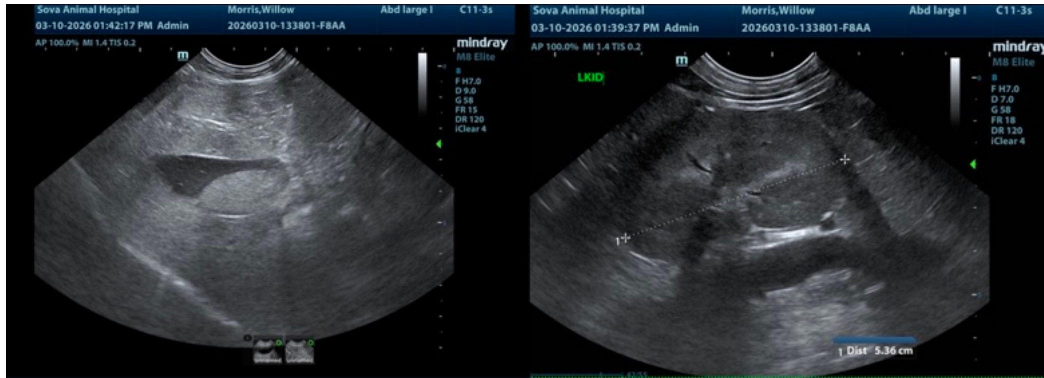

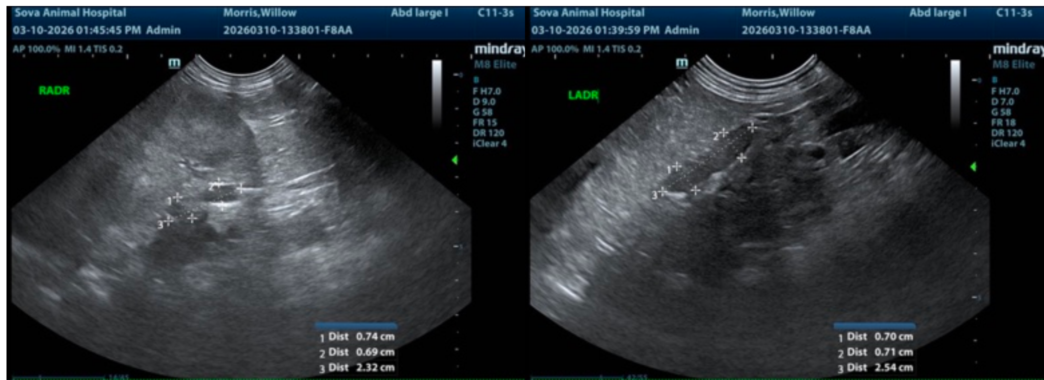

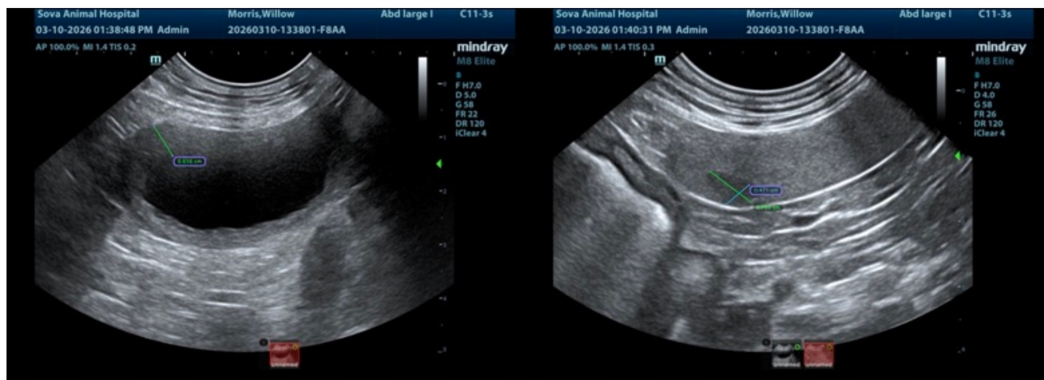

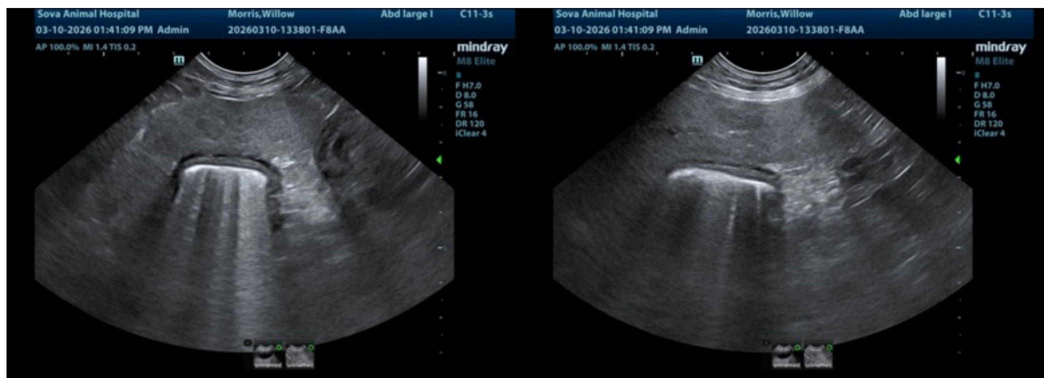

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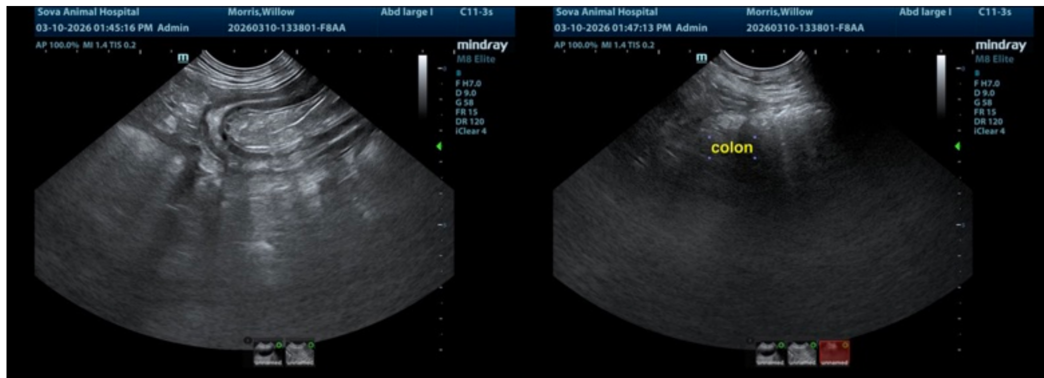

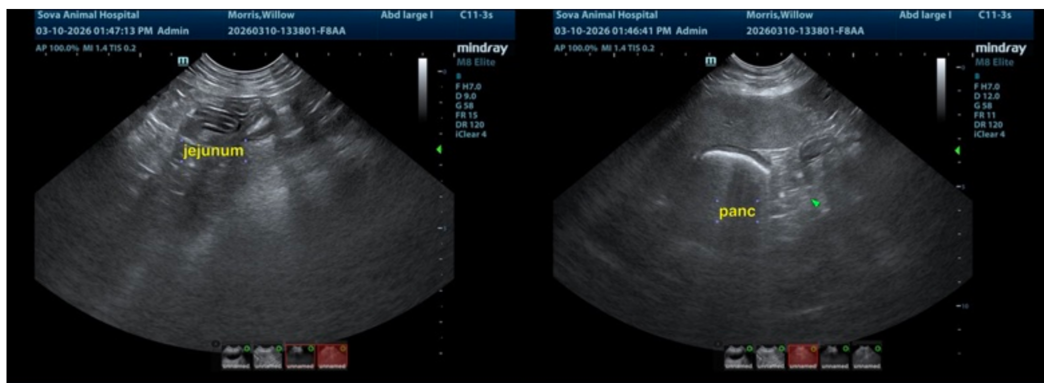

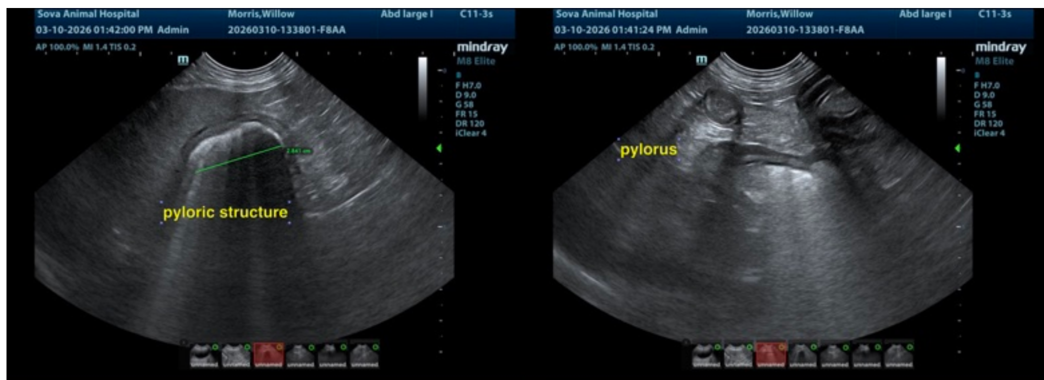

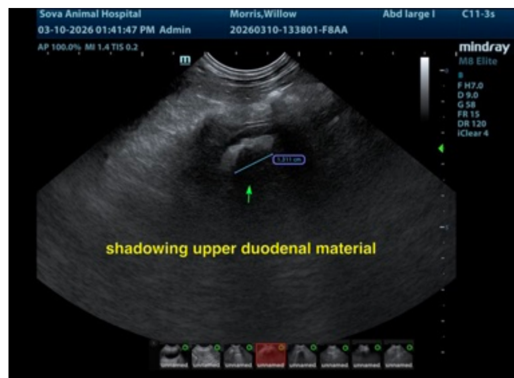

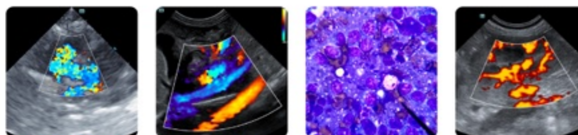

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com