



**PATIENT**

Becky DeAngelo

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

41.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jessica Green

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Dr. Stanglein

**INVOICE**

40143

**DATE**

10/19/22

**PRESENTING CLINICAL SIGNS**

History: Elevated liver values since February 2022, continuing to climb. Arthritis. On Denamarin, gabapentin, T-relief arthritis support  
Abnormal PE/Chem/CBC/UA Results: ALP 800, ALT 259, T4 0.6 (poss euthyroid since recent FT4 WNL)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 right kidney measured 6.6 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 left adrenal gland measured 2.41 x 0.4 cm. The right adrenal gland measured 1.71 x 0.5 cm.

**Spleen**

The **spleen** revealed multi-focal, hypochoic nodules that measured up to 1.75 x 0.85 cm. A separate smaller nodule was noted in the spleen and measured 0.67 cm.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. Minor, benign polypoid changes were noted. No adjunctive inflammation was noted.

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**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.

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Beagle

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed female

Splenic nodules.  
Benign hepatopathy with mild remodeling.  
Minor excessive gallbladder debris.

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

41.5 lbs

FNA of both organs would be ideal. The splenic nodules should be monitored carefully. Hyperplasia is likely. Emerging round cell neoplasia and hemangiosarcoma is possible. Ursodiol therapy can be justified in this patient.

**INTERPRETED BY**

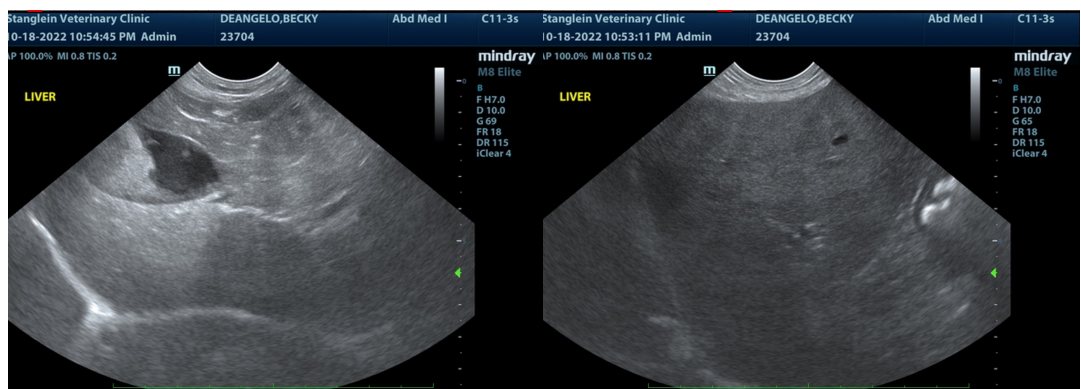
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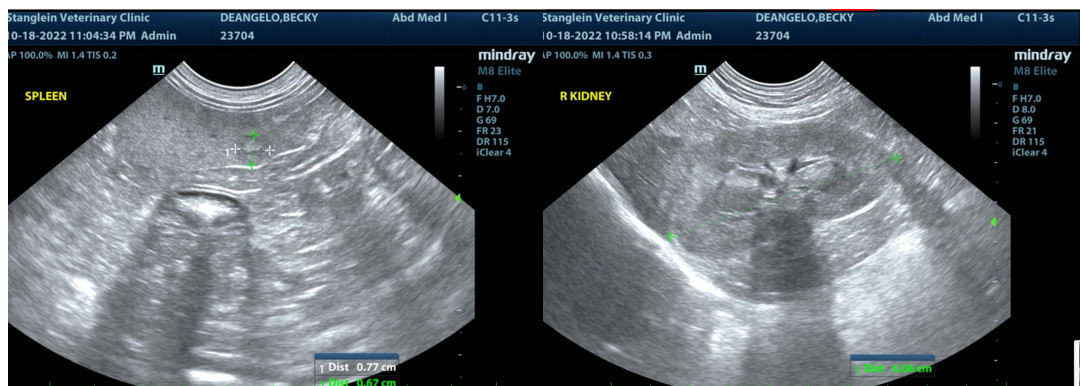
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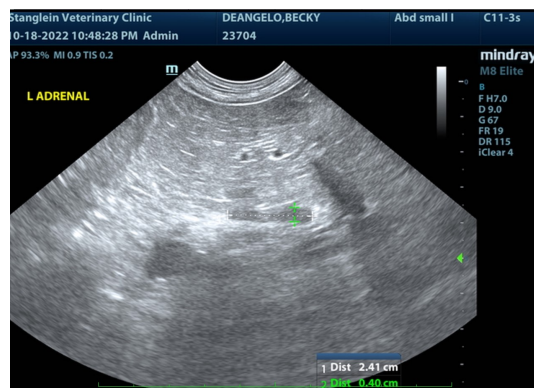
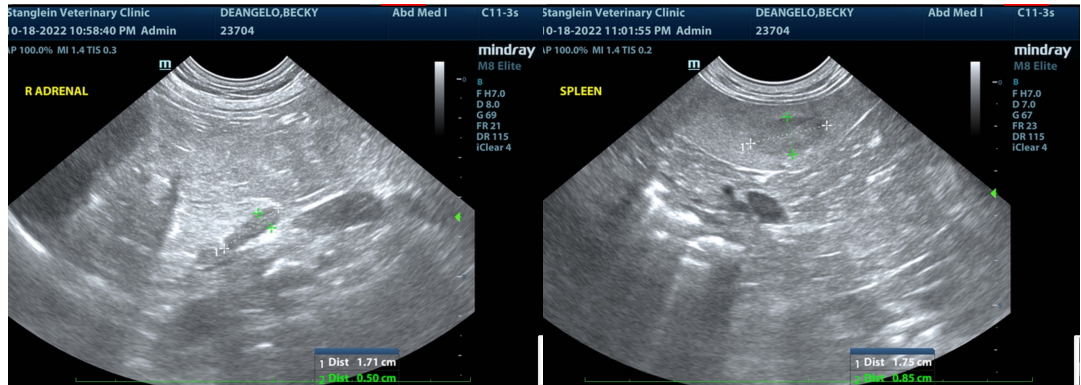
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com