



PATIENT

Dexter Bosma

SPECIES

Canine

BREED

Vizsla

SEX

Neutered male

AGE

11 years

WEIGHT

58.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cerf

HOSPITAL NAME

VC Hardyston

REFERRING VET

Dr. Cerf

INVOICE

69410

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: Bloodwork showed elevated liver value (ALT) of 532.

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 6.4 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.76 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** revealed a focal, hypoechoic nodule that measured 1.9 cm with loss of structural detail. Otherwise, the spleen revealed uniform parenchyma.

Liver

The **liver** revealed coarse architecture with minor remodeling and slightly increased portal markings. Non-obstructive gallbladder calculus was noted and was non-obstructive measuring 1.5 cm.

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



PATIENT

Dexter Bosma

SPECIES

Canine

BREED

Vizsla

SEX

Neutered male

AGE

11 years

WEIGHT

58.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cerf

HOSPITAL NAME

VC Hardyston

REFERRING VET

Dr. Cerf

INVOICE

69410

DATE

12/18/25

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

Pancreas

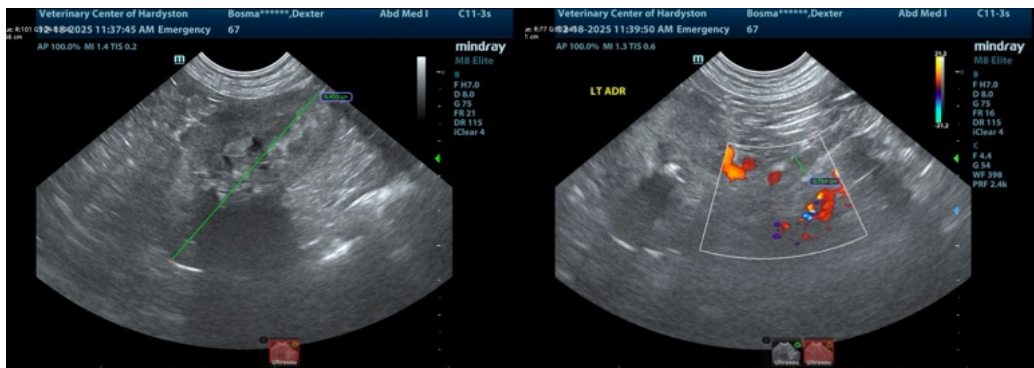
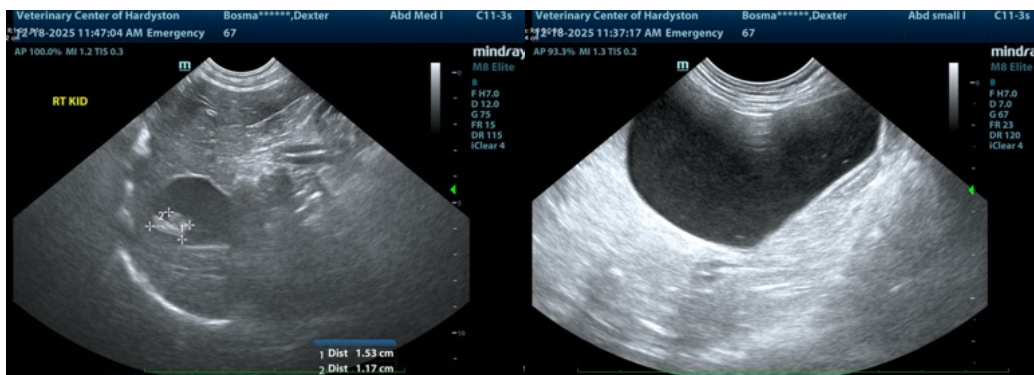
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Gallbladder calculus, structurally unremarkable liver, likely low-grade inflammatory hepatopathy. Splenic nodule of concern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound-guided FNA of the spleen or direct splenectomy with liver inspection and biopsy +/- cholecystotomy for gallbladder calculus removal would all be valid approaches. Leptospirosis titers are indicated. Differentials on the splenic nodule include abscessation, necrosis, round cell neoplasia and emerging hemangiosarcoma. Chest radiographs and echocardiogram are warranted to assess for metastatic disease.





PATIENT

Dexter Bosma

SPECIES

Canine

BREED

Vizsla

SEX

Neutered male

AGE

11 years

WEIGHT

58.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cerf

HOSPITAL NAME

VC Hardyston

REFERRING VET

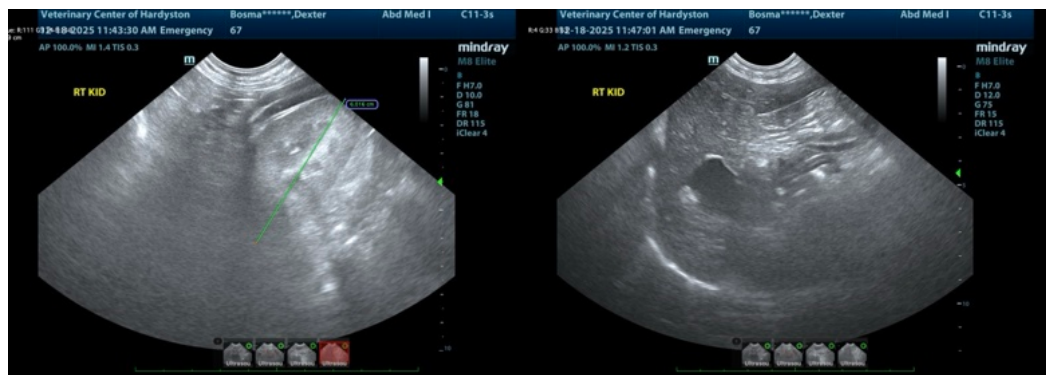
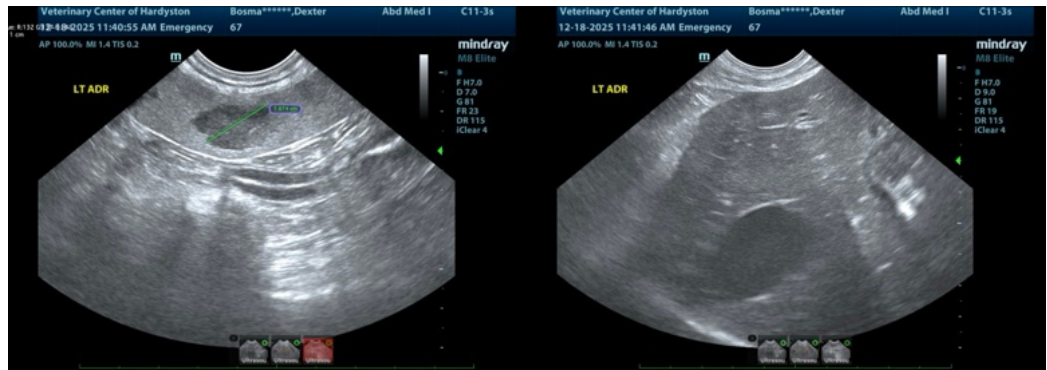
Dr. Cerf

INVOICE

69410

DATE

12/18/25



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