



PATIENT

Brody Frame

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

9 Years

WEIGHT

23 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Desen Ertunc

HOSPITAL NAME

Healing Spirit

REFERRING VET

Dr. Desen Ertunc

INVOICE

33388

DATE

12/9/21

PRESENTING CLINICAL SIGNS

Mineralization identified incidentally along abdominal margin of diaphragm during survey spinal radiographs September 2021 unchanged with recheck radiographs. No clinical signs associated with disease, suspecting chronic inactive granuloma or chronic hematoma. Thoracic radiographs revealed no cardiopulmonary abnormalities. Chronic atopic dermatitis with suspected Lupoid onychodystrophy. Has been on low dose Naltrexone and Niacinamide for several years.

Abnormal PE/Chem/CBC/UA Results: P.E.- Unremarkable. Liver panel- GG= 8(0-7) U/L, fasting BA=<1 (0-25) umol/L, no abnormalities otherwise on liver panel. CBC/Chem/T4 CBC: eosinophil=64 (70-1490) /uL CHEM: P=0.8 (2.5-6.1) mg/dL, ALP=213 (5-160) U/L T4=1.6 (1.0-4.0) ug/dL

VD Radiograph: Mineralization in the area of the gallbladder and common bile duct.

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 were 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.

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 1.6 cm x 0.7 cm at the cranial pole and 0.71 cm at the caudal pole. The left adrenal gland measured 1.37 cm x 0.5 cm at the cranial pole and 0.54 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 were noted.

Liver

The **liver** was subnormal in size. Diffuse hepatic hyperechogenicity noted. A hypoechoic hepatic nodule measured 1.13 cm x 0.45 cm. Other micronodular changes noted in the parenchyma. The gallbladder and common bile duct appeared unremarkable. Areas of mineralization were not found.

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 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

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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

- Micronodular hyperplasia/hepatic lipidosis pattern

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Boston Terrier

FNA of the liver and bile acid profile indicated. The mineralization on radiograph could not be reproduced in the image set. It may be in the GI tract and obscured by GI artifact. Unremarkable abdomen otherwise.

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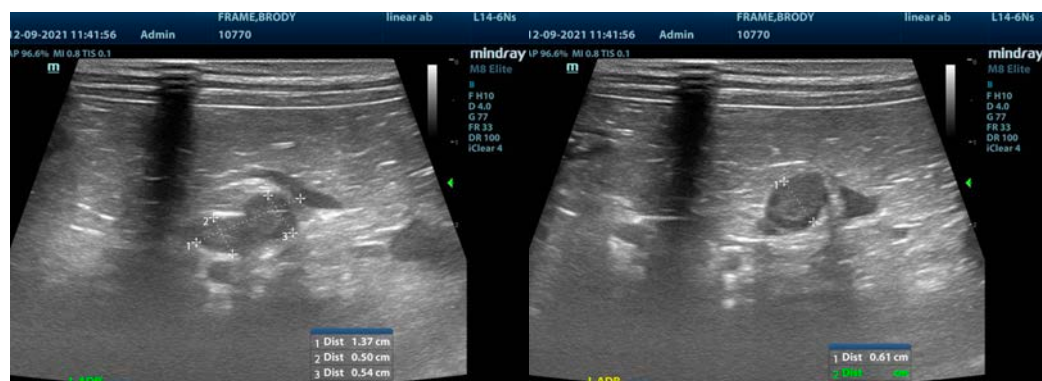
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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