



**PATIENT**

Boecephus Anchondo

**SPECIES**

Canine

**BREED**

Put

**SEX**

Neutered male

**AGE**

12 years

**WEIGHT**

19.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gallick

**HOSPITAL NAME**

Magnolia Springs VC

**REFERRING VET**

Dr. Gallick

**INVOICE**

39464

**DATE**

9/16/22

**PRESENTING CLINICAL SIGNS**

History: Chem: Liver values have jumped up quite a bit from last check. Recommend either a full Abd US, or recheck labs in 2 weeks. Otherwise the rest of the BW and urinalysis is what is expected in an older, diabetic dog. Bloodwork will be attached.

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys both measured 5.0 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 0.5 cm. The right adrenal gland measured 0.6 cm.

**Spleen**

The **spleen** revealed a focal, hypoechoic nodule that measured 1.5 cm. There was mild disruption of architecture. The spleen was folded upon itself cranially. This may be creating a mass effect on palpation and radiographs.

**Liver**

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gallbladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.



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**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. Minor mucosal speckling was noted in the small intestine. The clinical significance is unknown.

**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.

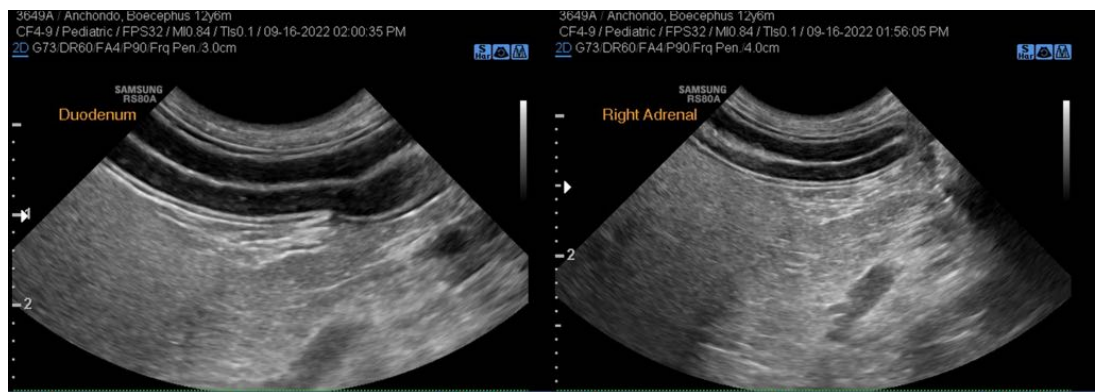
**ULTRASONOGRAPHIC FINDINGS**

Low-grade inflammatory hepatopathy/vacuolar hepatopathy.

Splenic nodules. Differentials include emerging round cell neoplasia, early hemangiosarcoma or abscessation is also possible.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA can be considered for further definition. The spleen was folded upon itself which may be creating a mass effect on palpation and radiographs; however, subjectively appears benign, yet the nodule should be aspirated and monitored with follow up. I recommend FNA of the liver for further definition and FNA of the splenic nodule. Recheck sonogram of the splenic nodule is recommended in a month. If growing proactive splenectomy is indicated.





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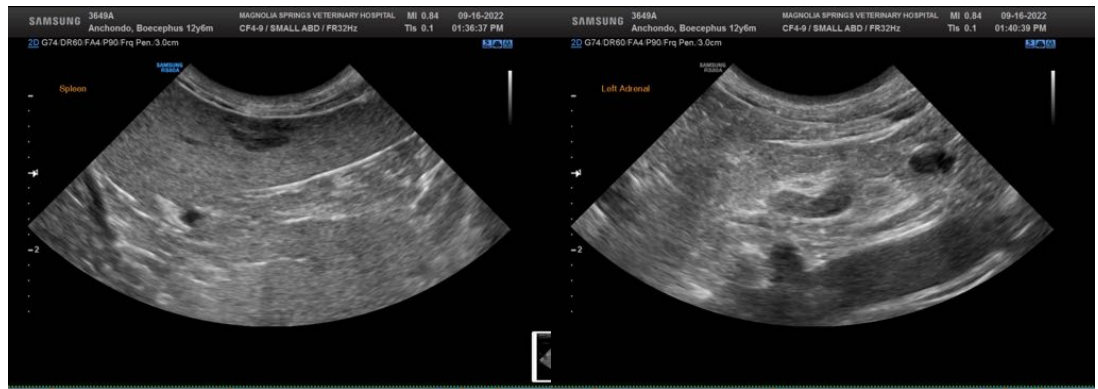
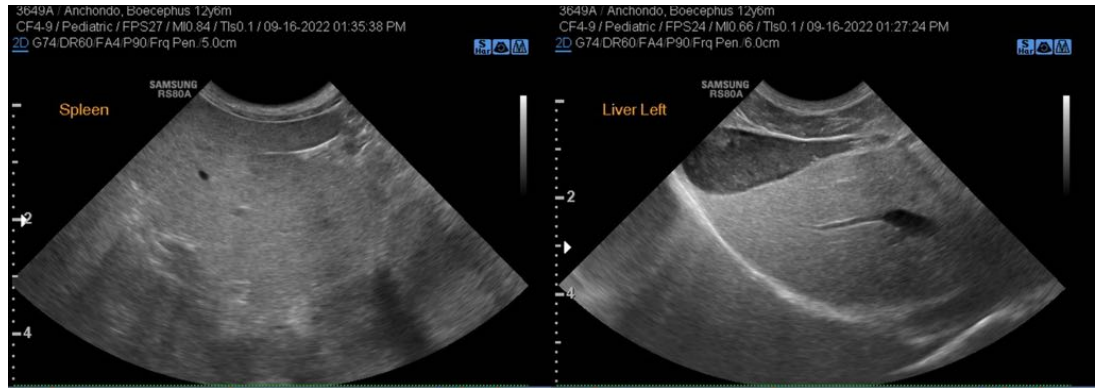
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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