



**PATIENT**

Boston Schaafsma

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

8.4 kg

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Burford Veterinary  
 Hospital

**REFERRING VET**

Dr. Fernandes

**INVOICE**

72326

**DATE**

12/4/25

**PRESENTING CLINICAL SIGNS**

Patient presented for physical examination post multiple seizures. Patient has a history seizures as a young dog that stopped in approximately 2018. The client found that human food triggered the seizures, specifically gluten rich foods. In the last two weeks though, has been having seizures again. A couple days where he has had multiple seizures. The seizures last approx. 30 seconds and typically comes out of them fast. Last night, seizure at 6 pm that patient is slow to come out of. Vomited post seizure, and has some proprioceptive deficits (back feet) and absent menace response on left and delayed menace response on the right. Bloodwork showed extremely elevated ALT, elevated creatinine, elevated BUN, elevated phosphorus and very mild hypokalemia. Concerns of liver pathology. Current Medications Metronidazole 250 mg - 1/4 tab SID (starting on Nov 28), Lactulose - 4.2 ml TID (starting on Nov 28), Levetiracetam 250 mg - 1 tablet TID (starting on Nov 28)

Abnormal PE/Chem/CBC/UA Results: See attached BW Primary Question to Be Answered in This Exam  
 Hepatic pathology? Renal disease? Neoplasia?

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male.

The right kidney is normal is size (4.26 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (X3.77 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (0.91 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.53 cm at cranial pole and 0.60 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and



<b>PATIENT</b>	homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
Boston Schaafsma	
<b>SPECIES</b>	The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.
Canine	
<b>BREED</b>	<b><i>Gastrointestinal</i></b>
Boston Terrier	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
<b>SEX</b>	The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Neutered Male	
<b>AGE</b>	The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.
11 Years	
<b>WEIGHT</b>	<b><i>Pancreas</i></b>
8.4 kg	The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.
<b>INTERPRETED BY</b>	<b><i>Free Abdomen</i></b>
Beth Johnson, DVM DACVIM	There is no visible free peritoneal effusion noted in these images.  There is no apparent pathologic lymphadenopathy noted in these images.
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Amanda Stewart	<ul style="list-style-type: none"> <li>• This is a largely unremarkable/structurally normal abdomen without a definitive ultrasonographically visible intraabdominal explanation for patient's reported history.</li> <li>• An obvious cause for the reported increased liver enzymes is not identified in these images. Microscopic disease such as Leptospirosis, bacterial cholangiohepatitis, chronic active hepatitis, copper-associated hepatotoxicity, other hepatotoxicity, other reactive hepatopathy, infiltrative neoplasia (considered unlikely), etc. cannot be definitively ruled out.</li> </ul>
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Burford Veterinary Hospital	Given patient's reported azotemia, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ratio is recommended.
<b>REFERRING VET</b>	A blood pressure is also recommended if not recently evaluated.
Dr. Fernandes	Bile acids are recommended if patient's total bilirubin is not increased.
<b>INVOICE</b>	Testing for Leptospirosis is recommended.
72326	Otherwise, as the ALT could be in part a post seizure change, monitoring is recommended, with further workup for hepatopathy being indicated if ALT remains increased and a diagnosis is not obtained.
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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.

**Beth Johnson, DVM, DACVIM**  
 info@sonopath.com