



PATIENT

Moose Paravch

SPECIES

Canine

BREED

Boston Terrier

SEX

Neutered Male

AGE

12 Years 4 Months

WEIGHT

10.5 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Mariusz
Chmielinski DVM

HOSPITAL NAME

Apex Veterinary
Services LTD

REFERRING VET

Alpine 24/7 ER Doctor

INVOICE

12943

DATE

01/02/2026

PRESENTING CLINICAL SIGNS

Re-presented for recurrent seizures after being seen earlier the same day. Diagnostics and hospitalization were initially declined. Patient experienced another seizure at ~3:00 PM; owners administered intranasal diazepam, with seizure duration <1 minute.

Physical Examination Mentation: BAR post-ictal recovery Vital Signs: T 37.8°C | HR 156 bpm | RR 32 rpm MM/CRT: Pink; CRT <2 sec Hydration: Normal Notable Findings: Cardiac: Grade 3-4/6 heart murmur Eyes: Bilateral cataracts Dermatologic: Alopecia of caudal thighs Oral: Periodontal disease grade 2/4 Remainder of physical and neurologic exam unremarkable Laboratory Results: CBC: Platelets 511 ×10⁹/L Chemistry: Albumin 41 g/L ALT 186 U/L (↑) ALP 1857 U/L (markedly ↑) Total bilirubin 25 μmol/L (↑)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra (to a depth of 2.0 cm) 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 residual **prostate** measured 0.67 cm in diameter.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 5.12 cm in length. The right kidney measured 5.3 cm in length.

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 0.69 cm width at the caudal pole and 0.51 cm width at the cranial pole.

Heterogenous changes were noted in the **right adrenal gland**. The right adrenal gland measured 0.54 cm width at the caudal pole and 0.67 cm width at the cranial pole.

Spleen

The **spleen** presented with uniform enlargement and swollen contour.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical



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significance to this presentation. The hepatic lymph nodes were unremarkable. The gallbladder revealed a minor amount of coalesced bile.

Gastrointestinal

Mucosal speckling/striations were noted in the **small intestine**. Soft stool was noted in the colon. The stomach was unremarkable.

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

- Age-related renal changes with mineralization.
- Age-related nonspecific hepatic changes with minor gallbladder debris- no evidence of significant structural disease.
- Mucosal speckling in the small intestine with soft stool in colon.
- Suspect reactive spleen with emerging round cell neoplasia possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening FNA of the liver and spleen is indicated to ensure more significant disease is not an issue given the seizure activity. Leptospirosis titers or other is warranted. Other causes of acute hepatic insult is indicated as the structural presentation is most consistent with age-related change. Ventral skull CT with contrast is indicated.





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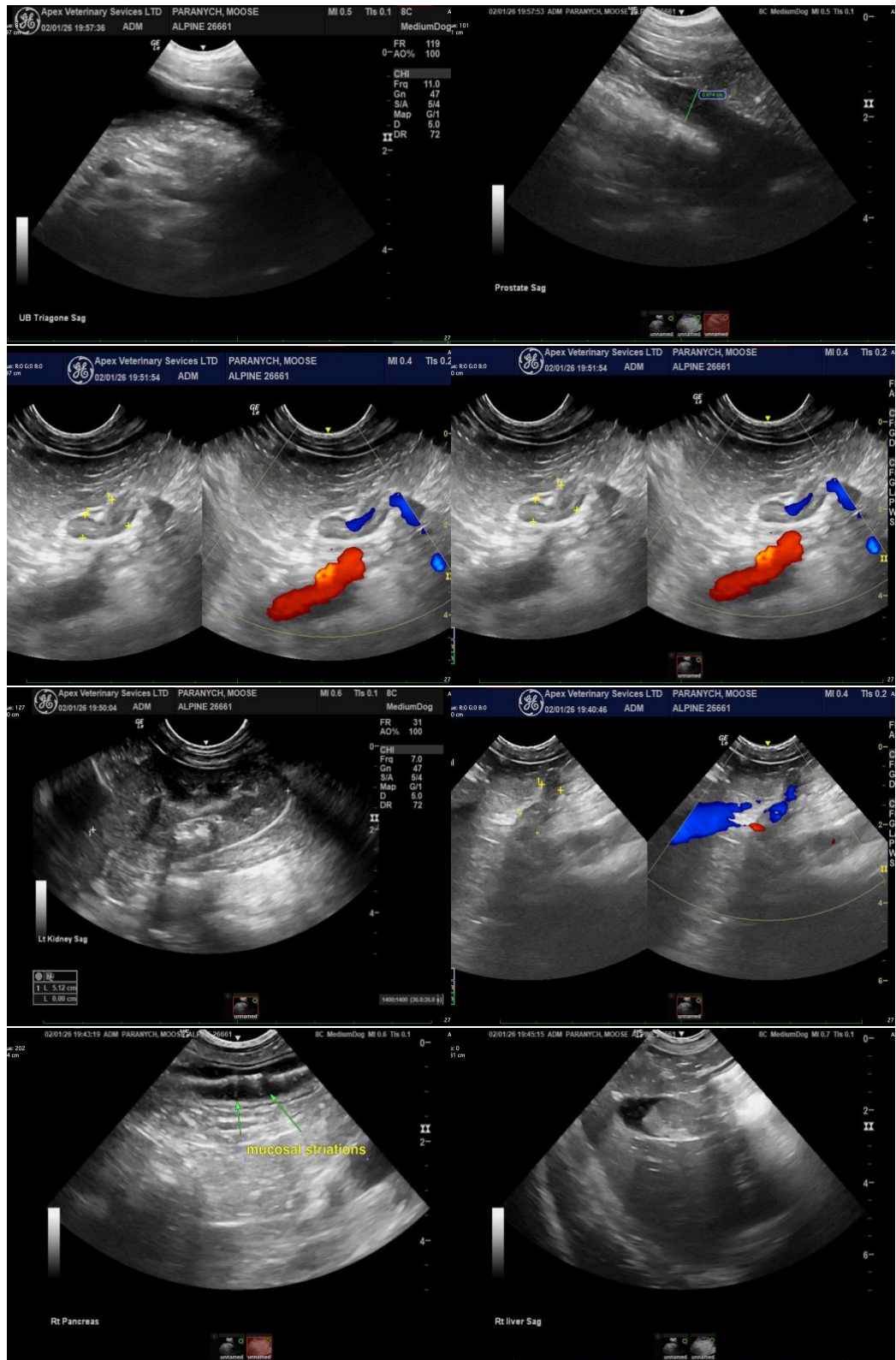
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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