



PATIENT

Griffey Collins

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

12 Years 7 Months

WEIGHT

26 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Marsh Animal Hospital

REFERRING VET

Dr. Armani

INVOICE

72699

DATE

12/18/25

PRESENTING CLINICAL SIGNS

Recent Hx of pancreatitis +/- 6 months. Poor appetite. MEDS: Omeprazole, Gabapentin, Maropitant as needed, B12 injection.

Abnormal PE/Chem/CBC/UA Results: ALP 144, CPL 1094. USG 1.026

ULTRASONOGRAPHIC EXAMINATION OF THE HEART & ABDOMEN

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (M-Mode)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	Up to 1.6	28-40	40-100	<0.6
PATIENT	--	2.5	1.0	--	50	80	0.1
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (lbs)	LAD LA MAX 4 Chamber	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6				
PATIENT	--	1.24	--	26	--	2.7	--

E-wave velocity = 1.2

Cardiac Presentation

The left atrium and left ventricle appeared to be volume contracted. The cranial and caudal mitral valve leaflets presented vegetative thickening consistent with endocardiosis. Doppler indicated measurable insufficiency. The left ventricular outflow tract demonstrated normal laminar flow and subjective structural integrity. The right atrium and auricle revealed normal size, structure and content. No evidence of masses was noted or chamber overload. Tricuspid insufficiency noted. The right ventricle was of normal size (1/3 diameter of LV), chordae structure, myocardial echogenicity and thickness. Pulmonic tract assessment revealed normal valve structure, laminar flow, and diameter (approx. 1:1 pa/ao ratio). Tachycardia noted. No visible pericardial or free pleura fluid was noted. No echographically detectable evidence of infiltrative disease was visible. The cranial mediastinum and pericardial regions were free of masses in the visible window.

Urinary System

The urinary bladder presented a grouping of sand measuring 2.0 cm. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The kidneys revealed normal size and structure, corticomodullary 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.



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The capsules were acceptably uniform without significant irregularities. Left kidney measured 4.84 cm. Right kidney measured 4.56 cm.

Adrenal Glands

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The **adrenal glands** were enlarged and echogenic. Right measured 4.0 cm x 1.44 cm x 0.84 cm. Left measured 3.55 cm x 1.3 cm x 1.09 cm.

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Spleen

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The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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Liver

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The **liver** presented multifocal hypoechoic nodular changes with generalized enlargement. The gallbladder was mildly overdistended with striating bile, consistent with immature mucocele formation. Focal areas of mineralization also noted.

Gastrointestinal

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Areas of mucosal striations and fogging noted in the intestinal tract.

Pancreas

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Rebecca Hamilton

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

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- Bilateral adrenal hypertrophy.
- Undefined nodular hepatic changes.
- Lymphangiectasia GI pattern.
- Urinary bladder sand.
- Age related pancreatic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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EKGs and blood pressures indicated. Assessment for hydration status indicated. Preparation for cystotomy and potential GI and liver biopsies indicated. Ursodiol therapy could be justified, given the excessive gallbladder debris, even though overt mucocele formation is not present.

The pancreas appears to be stable, yet remodeling is evident. Albumin levels should be monitored carefully, as mucosal striations appear to be present, which would suggest lymphangiectasia. Potential



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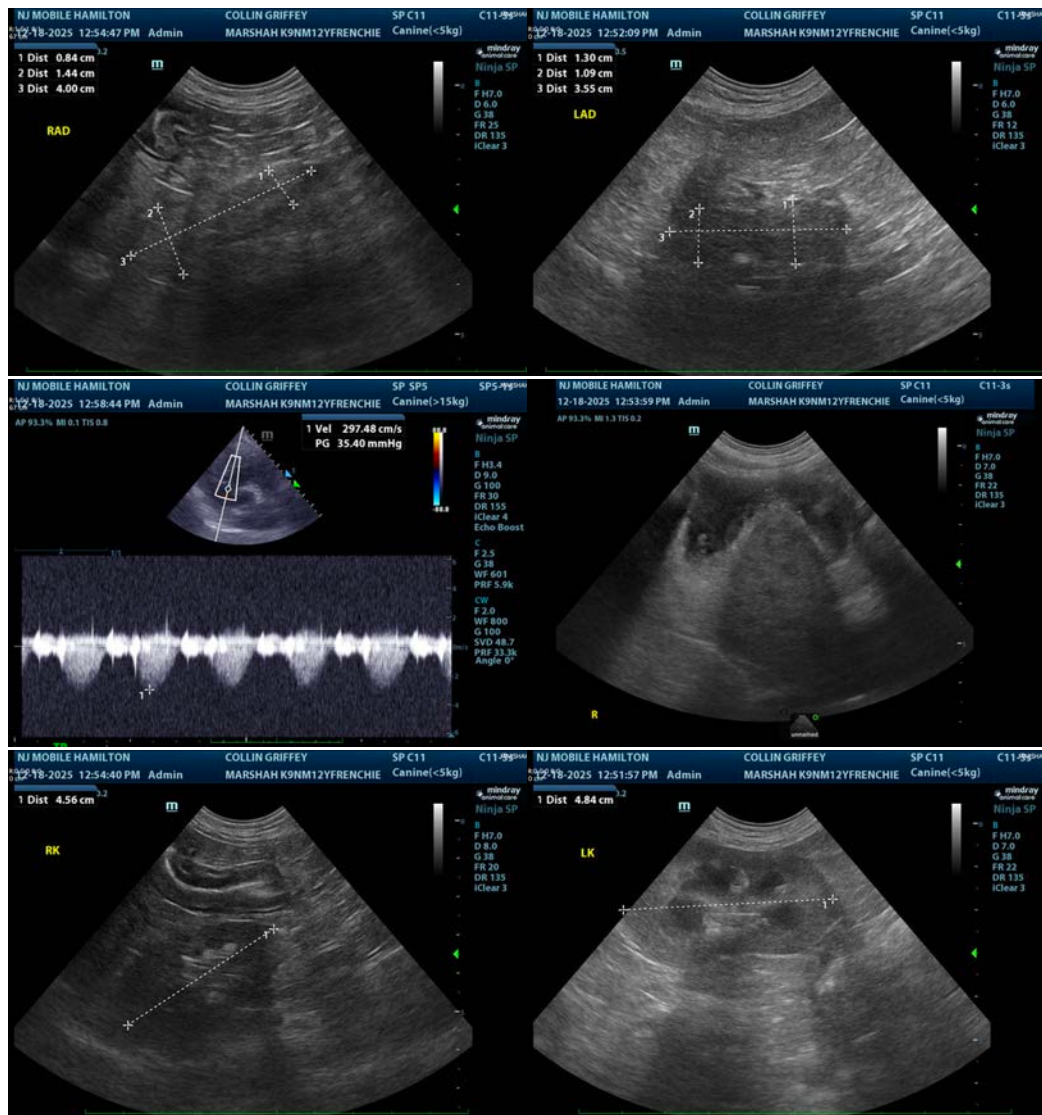
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cystotomy, GI and liver biopsies could be considered. If liver enzymes continue to elevate, and weight loss may be an issue, then FNA of the liver nodules warranted. However, the nodular changes in the liver and liver appearance are most consistent with benign hepatopathy and nodular hyperplasia. However, I cannot rule out underlying more significant disease.





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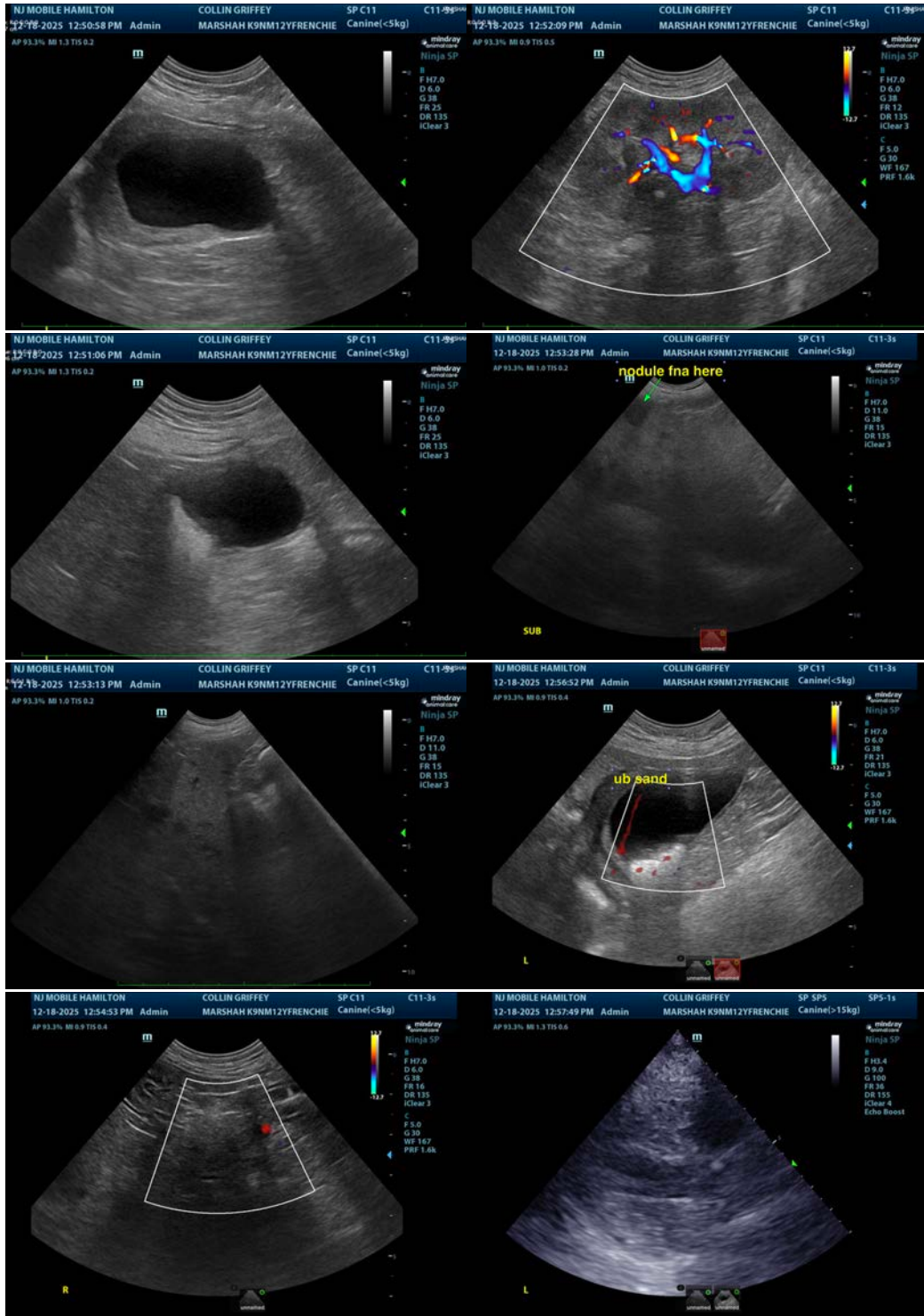
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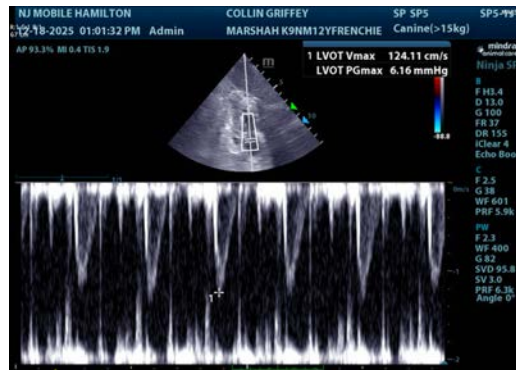
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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