

PATIENT

Boomer Guzman

SPECIES

Canine

BREED

French Bulldog

SEX

Intact Male

AGE

13 Months

WEIGHT

27.8 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Meghan Morse LVT,
CVT

HOSPITAL NAME

Animal General on the
Hudson

REFERRING VET

Dr. DiGiuseppi

INVOICE

14173

DATE

03/09/26

PRESENTING CLINICAL SIGNS

- Elevated LEZ

Abnormal PE/Chem/CBC/UA Results: AST 142, ALT 800, Phos 6.1 CBC- WNL

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 **prostate** was uniform and measured 2.35 cm.

The **iliac trifurcation** was unremarkable.

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. The left kidney measured 4.37 cm in length. The right kidney measured 4.57 cm in length.

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 1.57 cm x 0.36 cm width at the cranial pole and 0.41 cm width at the caudal pole. The right adrenal gland measured 1.9 cm x 0.36 cm width at the caudal pole and 0.71 cm width at the cranial pole.

Spleen

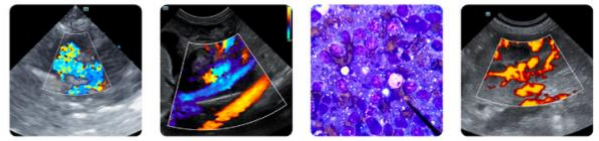
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** presented mildly subnormal in size with uniform parenchyma. The gallbladder and common bile duct were unremarkable. The portal vein revealed normal volume and branching up to 0.57 cm in width. No evidence of intrahepatic or extrahepatic shunting. Portal vein/vena cava ratio was 0.9:1. The vena cava measured 0.70 cm.

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

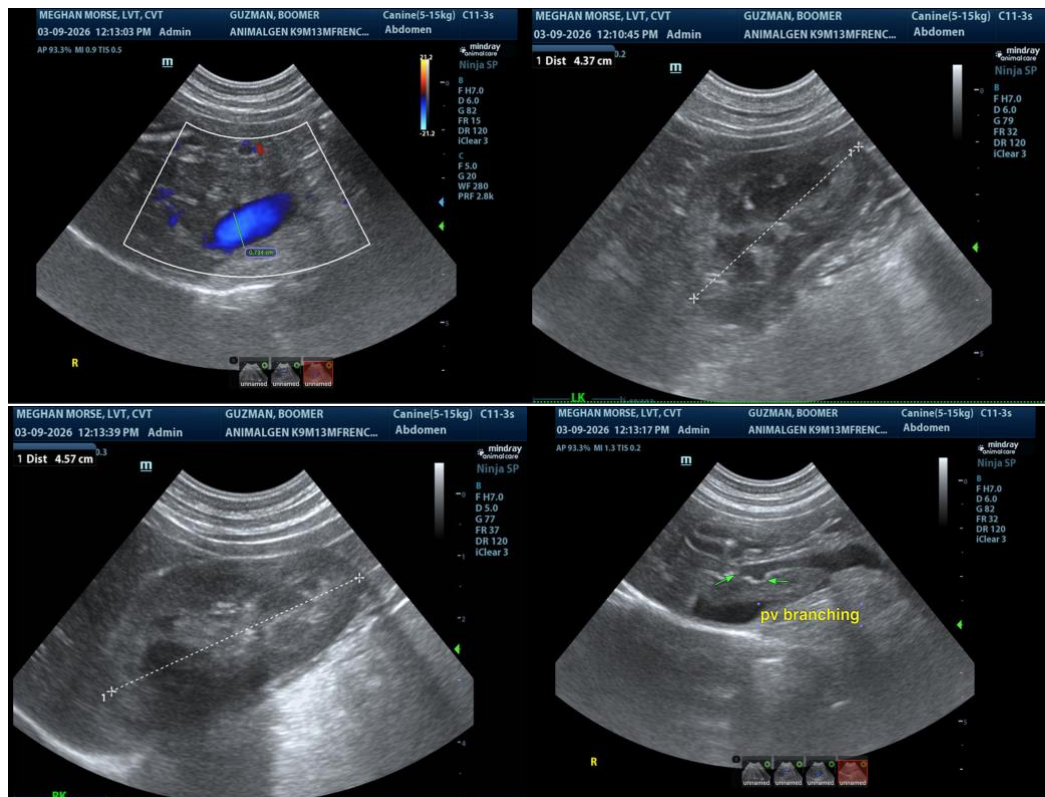
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

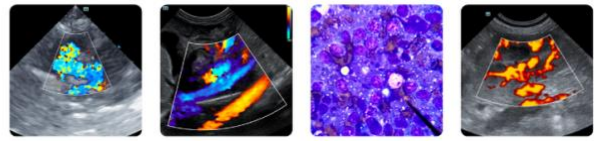
ULTRASONOGRAPHIC FINDINGS

- Mild microhepatica- no evidence of macroscopic shunting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If bile acid elevations are present, then portal hypoplasia/microvascular dysplasia is a possibility which would necessitate liver biopsy for further definition. Nonspecific inflammatory hepatopathy given the ALT elevations without structural change at this time. Leptospirosis titers is indicated. If empirical management is not adequate, then ultrasound guided FNA to assess inflammatory cell type or core biopsy would be necessary to assess for portal hypoplasia/microvascular dysplasia. Yet this would not be suspected if bile acids are not elevated.





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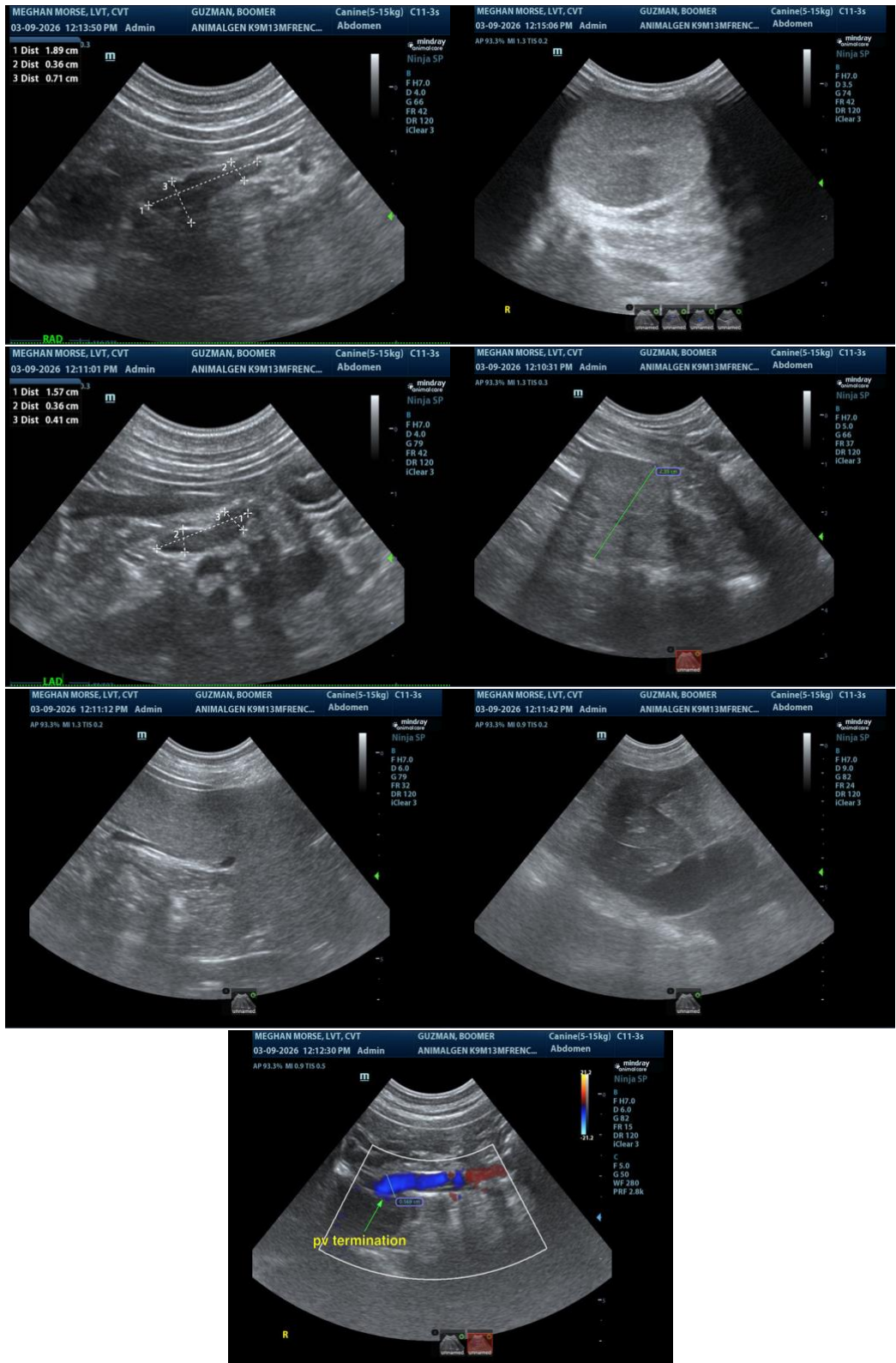
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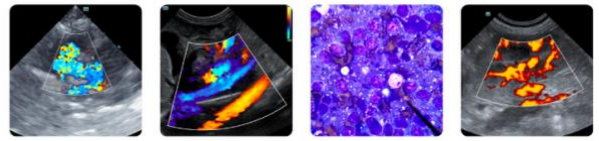
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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CEO, Owner, Founder -- SonoPath.com

info@SonoPath.com

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