



**PATIENT**

Marley Tertanian

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

24.4 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

Park Ridge AH

**REFERRING VET**

Dr. Doyle

**INVOICE**

36764

**DATE**

4/24/26

**PRESENTING CLINICAL SIGNS**

History: Hx of severe elevated LE, long hx of IBD, weight loss, decreased energy  
Current meds: Budesonide 0.6mg EOD

Abnormal PE/Chem/CBC/UA Results: RBC 5.53, HCT 37.9, HGB 13.9, WBC 18.1, Neuts 15.584, Alb 2.3, ALT 1879, AST 142, ALP 2817, GGT 139, T bili 0.6

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate measured 7.0 mm.

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 4.45 cm. The right kidney measured 3.93 cm.

*Adrenal Glands*

The **left adrenal gland** was slightly swollen at the caudal pole, measuring 0.69 cm, with a slight hyperechoic nodular change. The cranial pole measured 0.4 cm x 2.0 cm in length.

The **right adrenal gland** was normal in size and contour with minor heterogenous parenchymal changes, measuring 1.91 cm x 0.83 cm at the cranial pole and 0.61 cm at the caudal 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** revealed increased portal markings. The gallbladder walls were echogenic. Minor gallbladder sand was noted. The common bile duct and portal hilus were unremarkable.

*Gastrointestinal*

There was some residual chyme and gas noted in the **stomach**. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. The pylorus in this patient revealed an echogenic 4.0 cm mass, which appeared to be deriving from the mucosal layering, as submucosa and muscularis appeared to be unremarkable. The small intestine and colon were unremarkable. The upper duodenum and duodenal papilla appeared to be unaffected. The mass appears to derive from the mucosa directly in the pyloric antrum. The colon was unremarkable.



**PATIENT**

***Pancreas***

Marley Tertanian

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

French Bulldog

- Polyploid pyloric mass- differentials include a well differentiated epithelial tumor, carcinoma, stromal tumor possible/less likely. The mass appears to be deriving from the mucosal layering, which would suggest epithelial based tumor or carcinoma less likely.

**SEX**

Neutered Male

- Increased portal markings in the liver, consistent with cholangiohepatitis or history of cholangiohepatitis.

**AGE**

8 Years

- Echogenic gallbladder walls and minor gallbladder sand.

**WEIGHT**

24.4 Pounds

- Left adrenal gland slightly swollen at the caudal pole.

- Minor heterogenous parenchymal changes in the right adrenal gland.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If no proteinuria is present, then protein losing enteropathy may be the cause of low albumin. Screening for Addison's is indicated, even though the adrenals appear normal. Given the ALT elevations and the sonographic appearance, cholangiohepatitis appears to be an issue and likely a second comorbidity. No evidence of metastatic disease in the liver is present. There are likely two separate issues in this patient or potentially three. The low albumin may be owing to liver failure as well. This type of mass in the pylorus does not readily exfoliate on FNA and therefore surgical or endoscopic biopsies would be warranted. Ultrasound guided FNA of the liver could be considered as a cursory evaluation. The most direct approach to this patient is likely leptospirosis titers, supportive care for the hepatic failure, followed by a surgical intervention with Bill Roth procedure, and liver biopsy. Prognosis is guarded.

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
CVT

**HOSPITAL NAME**

Park Ridge AH

**REFERRING VET**

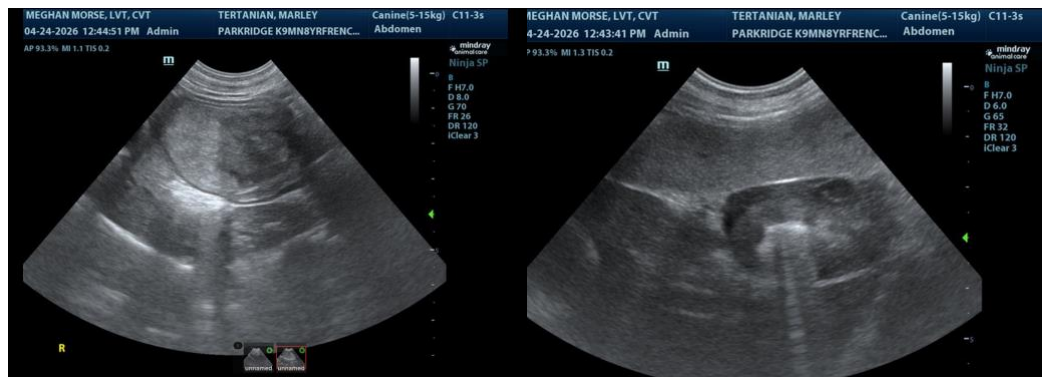
Dr. Doyle

**INVOICE**

36764

**DATE**

4/24/26





**PATIENT**

Marley Tertanian

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

24.4 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
 CVT

**HOSPITAL NAME**

Park Ridge AH

**REFERRING VET**

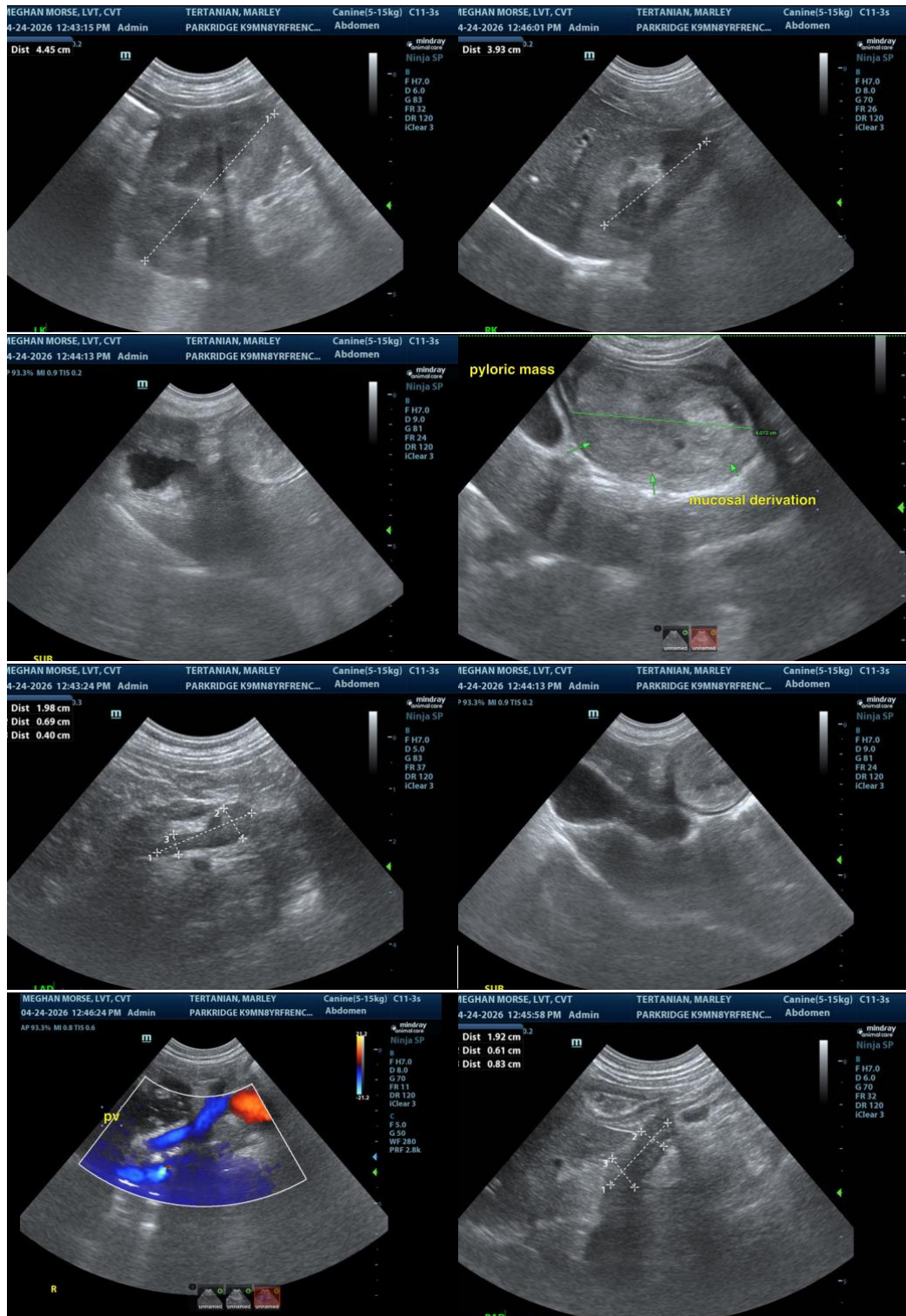
Dr. Doyle

**INVOICE**

36764

**DATE**

4/24/26





**PATIENT**

Marley Tertanian

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

24.4 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT,  
 CVT

**HOSPITAL NAME**

Park Ridge AH

**REFERRING VET**

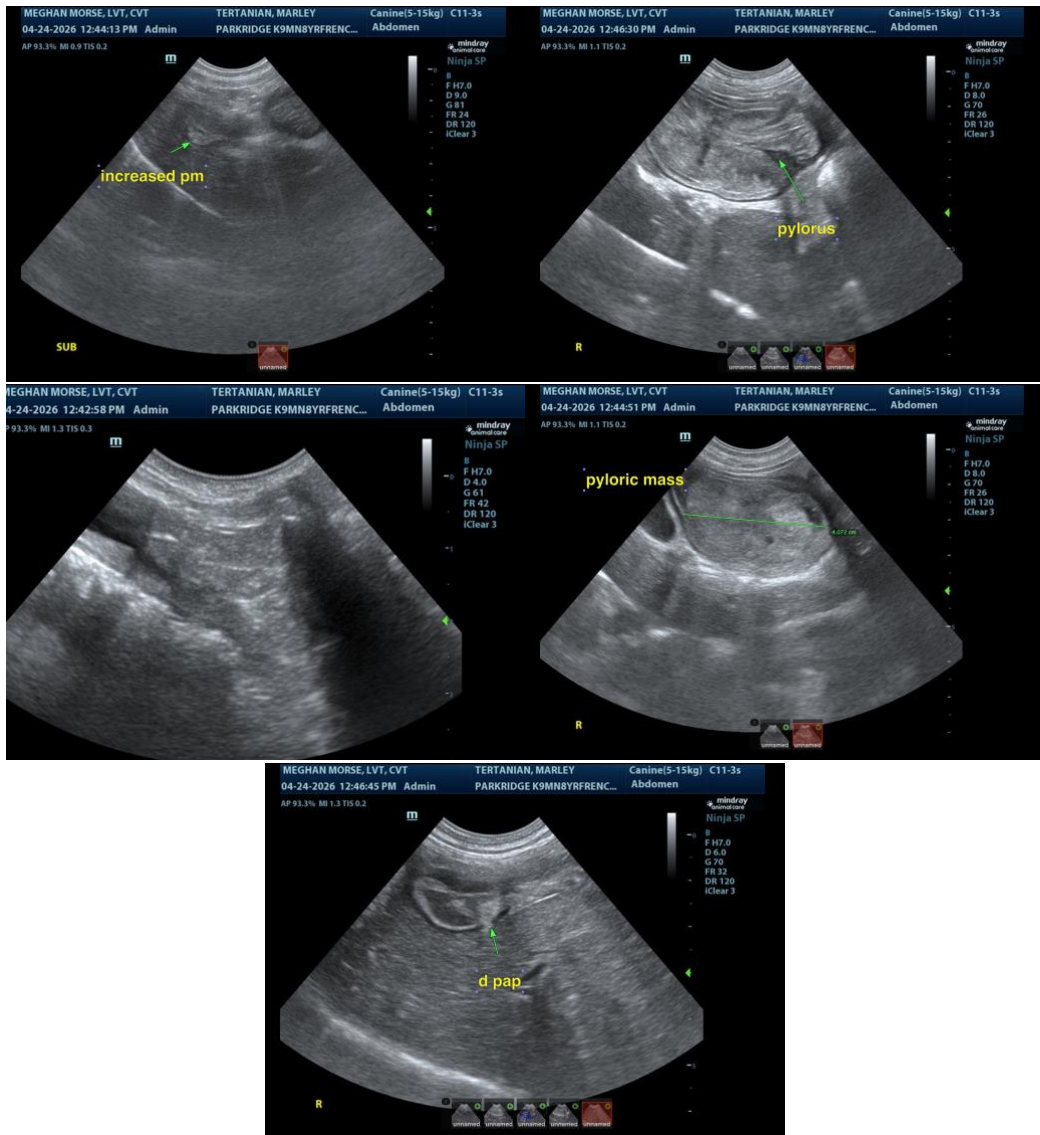
Dr. Doyle

**INVOICE**

36764

**DATE**

4/24/26



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,**  
 CEO, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)