



PATIENT

Paris Jones

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

11 Years 1 Month

WEIGHT

23.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Andover Animal
Hospital

REFERRING VET

Not Provided

INVOICE

74849

DATE

4/30/26

PRESENTING CLINICAL SIGNS

Concern for GB disease, Hx of elevated liver enzymes, Hx of increased T4, presented 4/24/26 for hunching and walking backward, arched back and painful. Meds: Thyrotav 0.2, Denamarin, Gabapentin

Abnormal PE/Chem/CBC/UA Results: Elevated ALT 822, Elevated ALP 11/8/25 374, 4/29/25 822

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 and no evidence of pelvic dilation was present. Slight mineralizations noted. Right kidney measured 4.47 cm. Left kidney measured 4.56 cm.

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. Left measured 1.8 cm x 0.42 cm at the cranial pole and 0.50 cm at the caudal pole. Right measured 2.15 cm x 0.96 cm at the cranial pole and 0.47 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself with mild irregular contour. Isoechoic nodular changes noted. Occasional hyperechoic lipid plaques noted, not pathological.

Liver

The **liver** presented non-specific coarse architecture and increased portal markings. The gallbladder was unremarkable other than minor polyps and a minor amount of physiologic biliary debris. Normal hepatic size.

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 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 **pancreas** presented mild heterogeneous mixed echogenic changes in the right limb, which may be related to the inflammatory hepatopathy in the liver.



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Heart

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Rapid view of the heart revealed no evident pathology.

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ULTRASONOGRAPHIC FINDINGS

- Irregular spleen with lipid plaques and isoechoic nodular changes.
- Non-specific chronic inflammatory hepatopathy.
- History of pancreatitis likely, possible low-grade inflammation.
- Age related renal changes.

BREED

Boston Terrier

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Ultrasound guided screening FNA of the spleen and liver would be ideal in this patient for further definition. No evidence of neoplasia. Leptospirosis titers indicated to assess potential underlying disease. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. A clinical trial of Amoxicillin/Metronidazole and nutraceuticals indicated.

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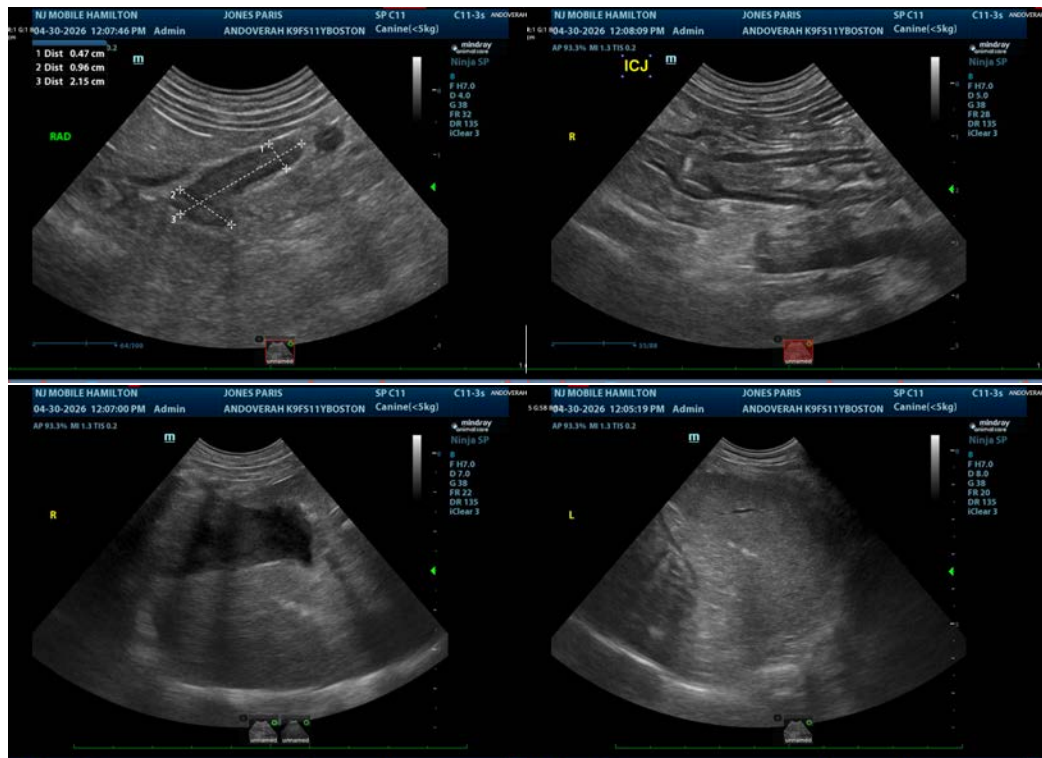
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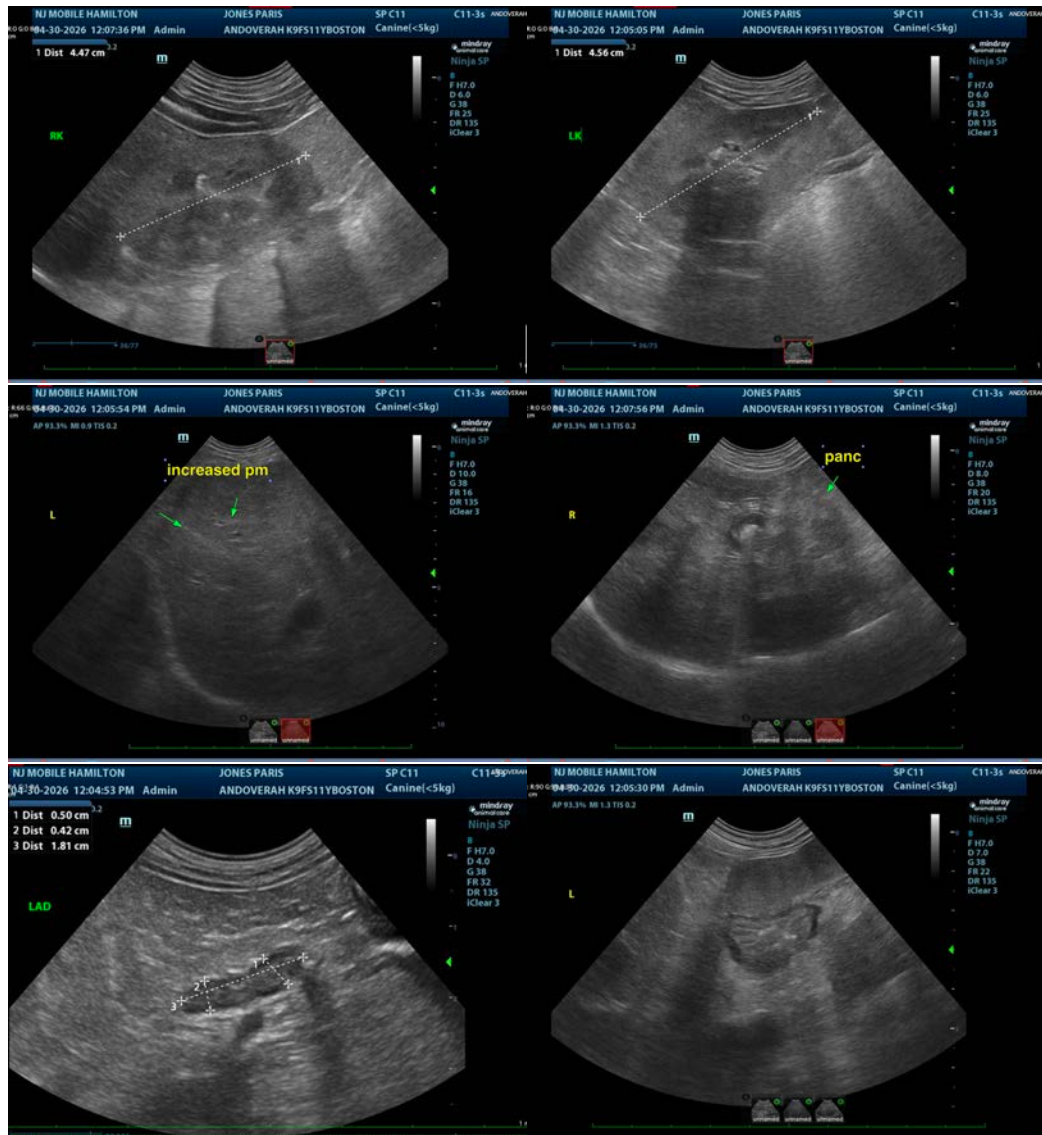
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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