



PATIENT

Henri Meola

SPECIES

Canine

BREED

French Bulldog

SEX

Male

AGE

6 Months

WEIGHT

22 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (Canine &
Feline), Cert. IVUSS

**IMAGING
PERFORMED BY**

Vincent Ravancho, CVT

HOSPITAL NAME

All Creatures Great &
Small, Denville

REFERRING VET

Dr. Ashmore

INVOICE

37360

DATE

6/5/26

PRESENTING CLINICAL SIGNS

History: PU/PD, BCS 2/9. Clinical findings - BAR, No v/d; renal dz. Lyme and Lepto tests both negative. R/O congenital renal dysplasia.

Abnormal PE/Chem/CBC/UA Results: BUN 69, Crea 3.2, SDMA 24, Phos 11.5. USG 1.011

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, measuring 1.5 cm.

The **testicles** were imaged and found to be uniform.

The **kidneys** in this patient were significantly irregular with diffuse hyperechoic cortices, irregular contour and displaced and irregular renal pelvises. The vascular flow to the kidney cortices was disrupted as well. The left kidney measured 4.05 cm. The right kidney measured 5.65 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. The right adrenal gland measured 2.23 cm x 0.73 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 2.34 cm x 0.4 cm at the cranial pole and 0.57 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** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal



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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

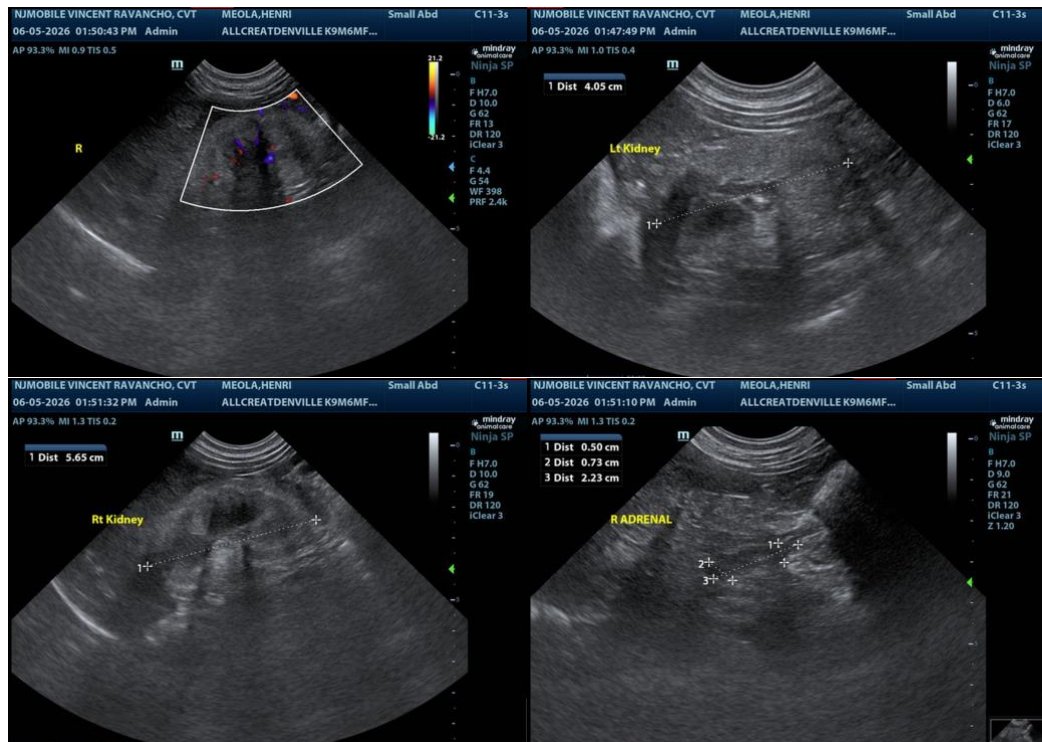
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Degenerative irregular renal changes consistent with primary renal dysplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal biopsy would be necessary for further diagnosis, yet prognosis is poor. Toxin exposure, degenerative changes, infectious agents are possible, yet less likely. This is end-stage renal presentation.





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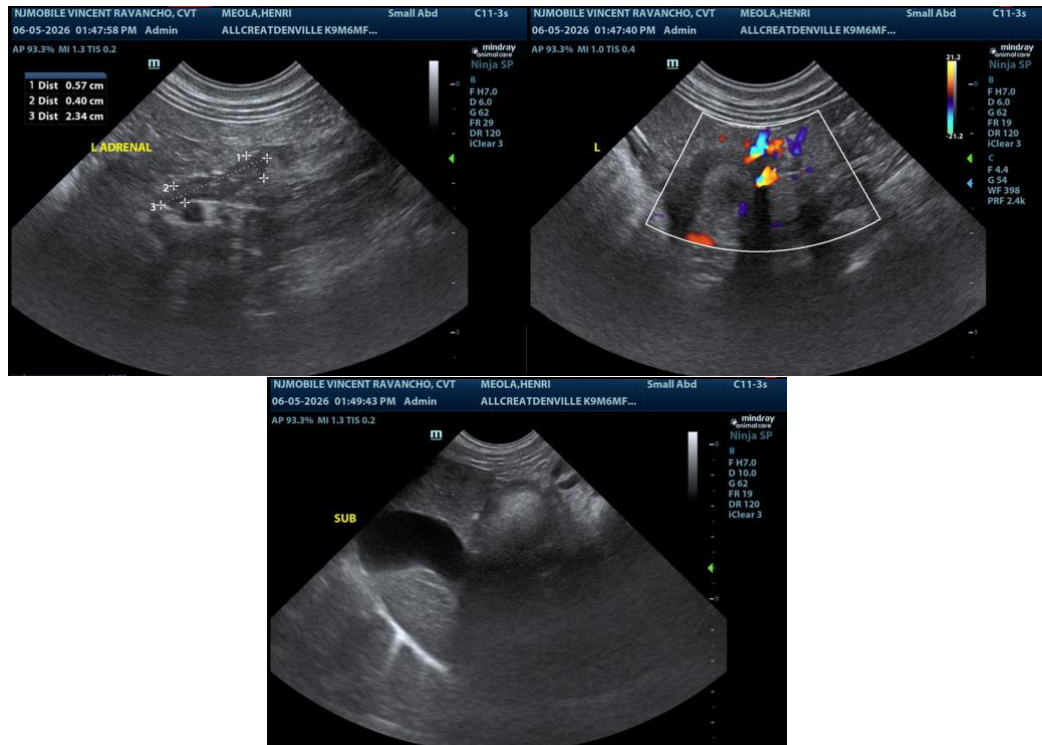
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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