



PATIENT

Merlot Waldman

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed female

AGE

15 years

WEIGHT

17.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Animal General
 Hudson

REFERRING VET

Dr. Zainki

INVOICE

68260

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: Recent Collapse episodes, renal DZ chronic vomit, HX of IVDD, Hx Seizure ~ 1 per year for 3-4 years, 10/31/25 Pneumonia. Meds: Famotidine, Cerenia, 100-150 IRS Q 1-2 d. AlumHydrox, Marbofloxacin, Clavamox
 Abnormal PE/Chem/CBC/UA Results: Blood from 10/31/25: Creat 3.7, BUN 85 (stable for this pet) HCT 40%, Phos 4.8, 10/31/25 Pneumonia.

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed moderate degenerative changes, pyelectasia and loss of corticomedullary definition. The right kidney was subnormal in size and measured 3.9 cm. The left kidney was also subnormal in size and measured 3.43 cm with corticomedullary mineralization.

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 1.88 x 0.76 cm at the cranial pole and 0.38 cm at the caudal pole. The left adrenal gland measured 1.84 x 0.45 cm at the cranial pole and 0.46 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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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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 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 EXAMINATION OF THE HEART

The echocardiogram in this patient presented mild concentric left ventricular hypertrophy with trivial centralized mitral insufficiency. Mild tricuspid insufficiency and aortic insufficiency was also noted. There was no evidence of clinical cardiac disease noted. The left atrium appeared subjectively small and may be secondary to the chronic renal disease and azotemia.

| CANINE CARDIAC PARAMETERS | MR VMAX (m/s) | TR VMAX (m/s) | LA/AO | LA/AO (Heart Base) | FS (%) | EF (%) | EPSS (cm) |
|----------------------------------|----------------------|----------------------|---------------------|---------------------------|--|---|---|
| NORMAL PARAMETER | 4.5-5.5 | <2.7 | 1.3 | <1.6 | 28-40 | 40-100 | <0.6 |
| PATIENT | | 3.8 | 1.06 | 1.06 | 50 | 90 | 0.1 |
| CANINE CARDIAC PARAMETERS | HR (BPM) | AV VMAX (m/s) | PV MAX (m/s) | BODY WEIGHT | LA 2D short axis Base view (cm) | 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 | BELOW | BELOW | BELOW | BELOW |
| PATIENT | 171 | 1.0 | 0.9 | 17.5 lbs | 2.8 | 2.4 | |

ULTRASONOGRAPHIC FINDINGS

Moderate to age stage degenerative renal disease with pyelectasia, potential embedded infection or scarring.
Sludge in gallbladder.
Age related hepatic changes.
Trivial, minor centralized mitral insufficiency.



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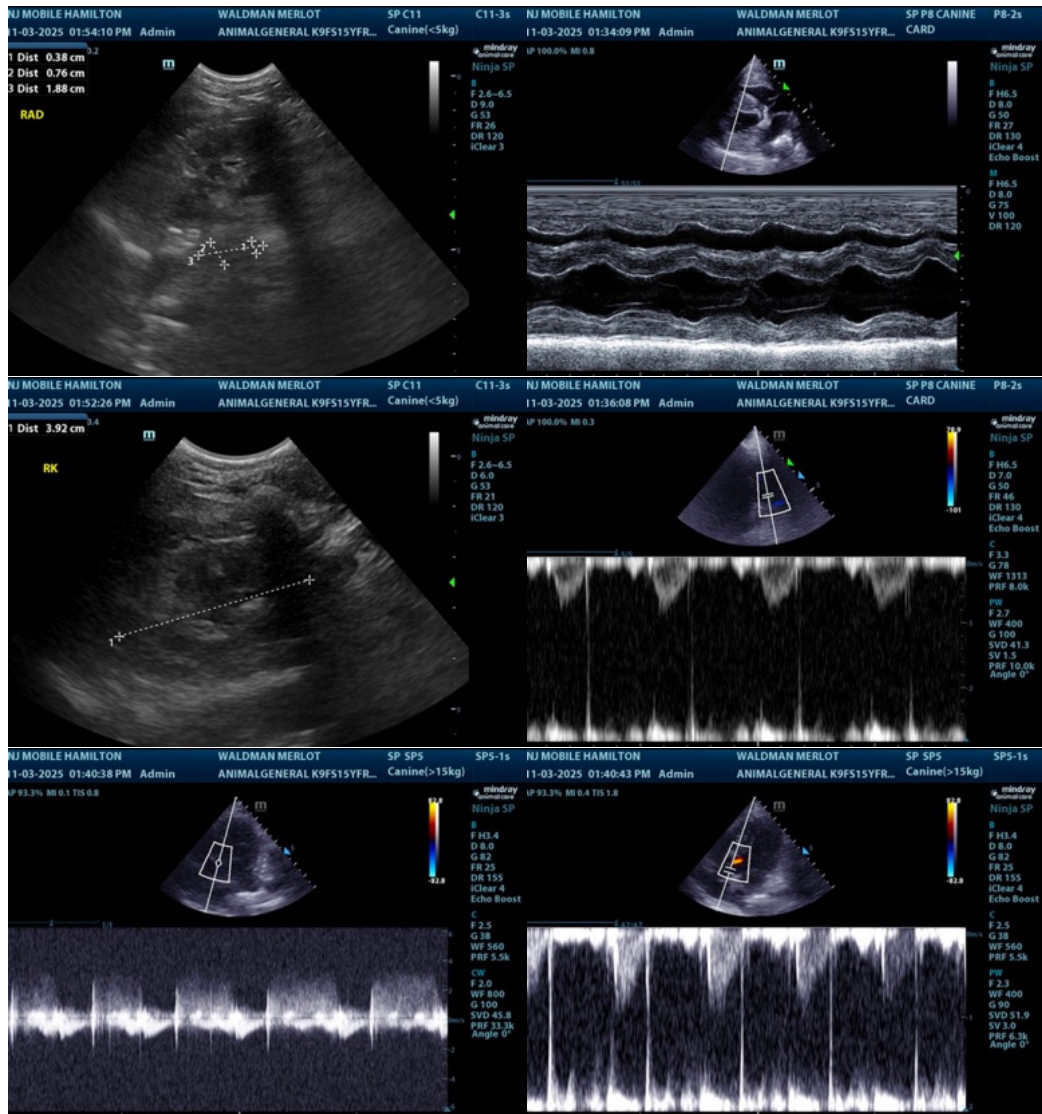
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large amount of respiratory interference during the echocardiogram in this patient. Blood pressure measurements are indicated. No primary cardiac medications are recommended at this time. However, underlying systemic hypertension should be ruled out if not already performed. End stage renal disease with dystrophic mineralization and subnormal size. Prognosis long term is very guarded.





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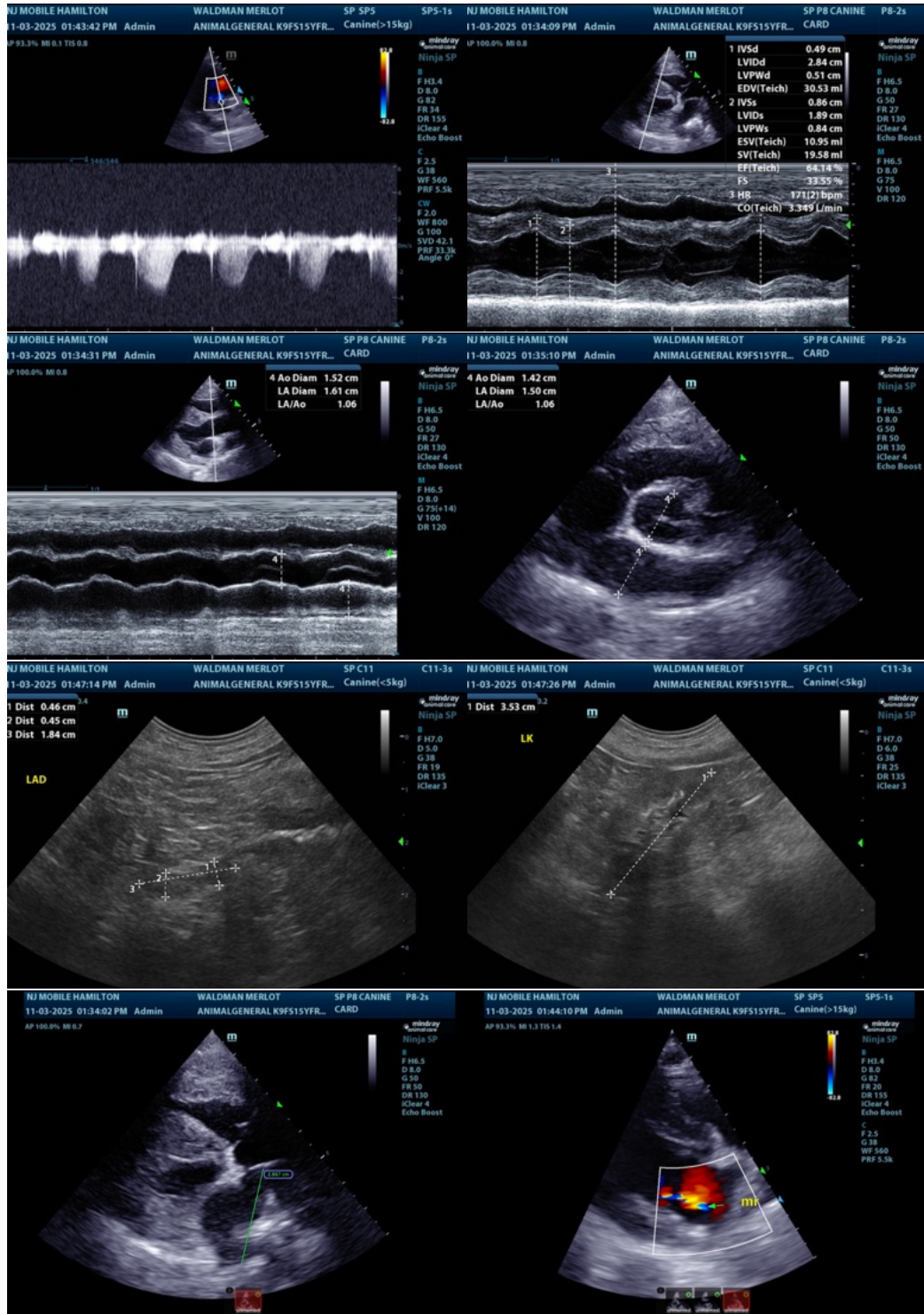
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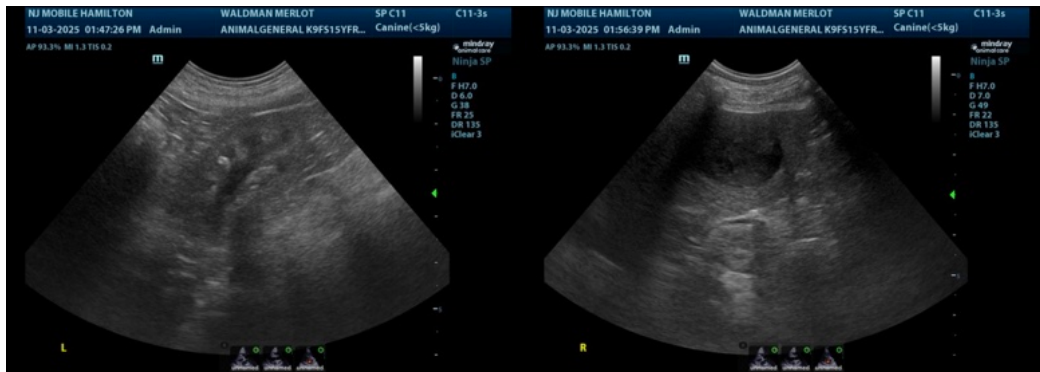
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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