



## PATIENT

Murphy Rappold

## SPECIES

Canine

## BREED

Schnauzer Mix

## SEX

Spayed female

## AGE

17 years

## WEIGHT

5.1 kg

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Maria Lara

## HOSPITAL NAME

Allure Veterinary  
Hospital & Urgent Care

## REFERRING VET

Dr. Lara

## INVOICE

68391

## DATE

11/6/25

## PRESENTING CLINICAL SIGNS

History: Patient presents with a history of disorientation and decreased appetite. Murphy has a history of chronic liver and kidney values elevations and a history of a left liver "cyst/mass". She has no history of leptovaccine. Patient is currently on Proin, Ursodiol, Omeprazole & Probiotics. ALT elevations started in 2021 ALT and ALP elevations in 2022 BUN, ALT, ALP elevations in 2024 11/06/2025 HCT 31.6% (L) ALP 611U/L (H) ALT 148 U/L (H) BUN 36mg/dL (H) UPC 0.66 SNAP Lepto Positive.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 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. Slight mineralization was noted in the kidneys. Blood flow appeared adequate on power Doppler assessment. The left kidney measured 4.7 cm. The right kidney measured 4.3 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 left adrenal gland measured 1.37 x 0.41 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 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** revealed mild, non-specific, heterogenous parenchymal changes with hypoechoic nodules. A hypoechoic nodule was noted in the left lateral liver and hyperechoic in the right cranial liver.



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Hyperechoic nodule presented ill-defined margins measuring 2.2 x 1.5 cm. The gallbladder revealed slight echogenic mineralizing polyp or calculus measuring 0.9 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 demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

## Pancreas

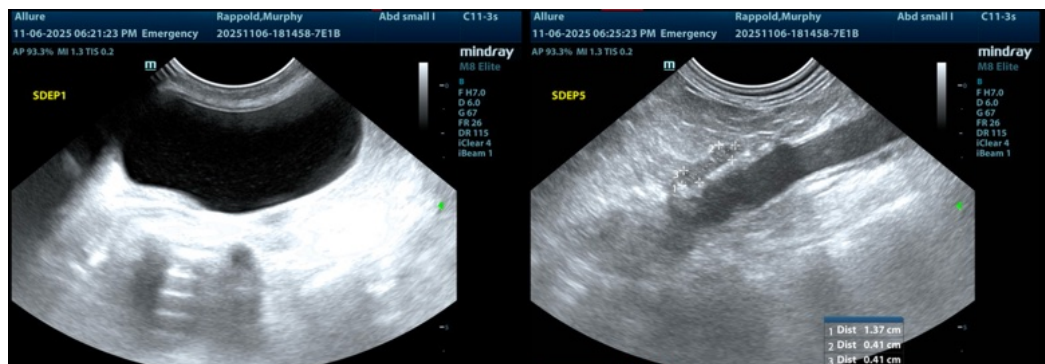
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Undefined hepatic nodular changes. Pronounced nodular hyperplasia versus hepatic carcinoma.
- Minor renal mineralization.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the hepatic nodules is strongly encouraged of both the hypoechoic and hyperechoic nodular changes. The poor appetite and disorientation does not have any direct related changes with visceral presentation. The cause of anemia is unclear. GI blood low and bone marrow disease should be a primary concern. FNA of the liver is strongly recommended. CBC path review, ultrasound guided FNA of the liver nodules and bone marrow aspirate would all be appropriate as well as empirical GI protectant protocol.





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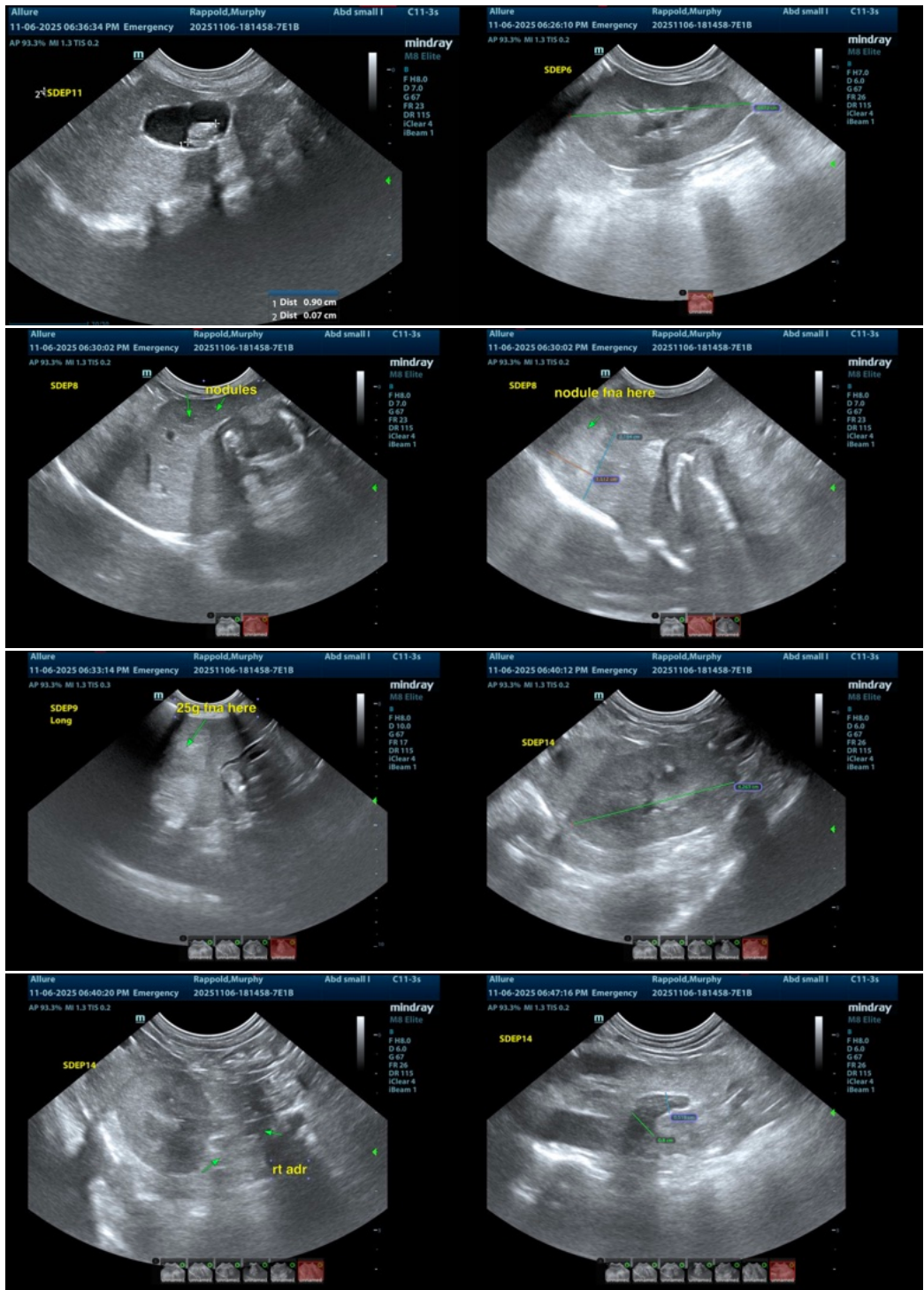
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS, CEO of SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)