



PATIENT

Sophie Murphy

SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

AGE

10 Years

WEIGHT

15.2 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Agnes Rupley DVM

HOSPITAL NAME

All Pets Medical
Center

REFERRING VET

Dr. Agnes Rupley DVM

INVOICE

13695

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- PRESENTED FOR: COHAT. Thoracic radiographs revealed pulmonary edema. COHAT was delayed and furosemide was begun. Abdominal ultrasound performed due to elevated albumin at 4.0 ALT at 177, alk phos at 709; GGT at 17, triglycerides at 249, and CK at 432.
- HISTORY of Cushing's syndrome (on Veteryl), hypothyroidism (on thyroxine); hypertriglyceridemia (chronic but improved), chronically elevated liver enzymes. Previous gallbladder sludge.
- VITALS: 15.2#
- Temperature: 103.1
- HR: 80 bpm
- RR: 40 bpm
- MM: pink, <2
- MEDS: Furosemide (started 2/9), Thyroxine, Veteryl, 1/2 pump of fish oil. Enalapril. Proheart.
- EXAM: Pain on deep muscle palpation of the lumbar spine and hips. Dental disease. Body score of 6/9. Grade III Medial Patella Luxation (Bilaterally). Pain on deep muscle palpation of the lumbar spine and hips.
- LABS: Chemistry panel revealed elevated albumin at 4.0 ALT at 177, alk phos at 709; GGT at 17, triglycerides at 249, and CK at 432. Normal glucose, bun, phos, total Ca, tCO2, TP, glob, bile acids, amylase, lipase, total cholesterol, and ldh today. No parasites seen on fecal float. Negative heartworm antiben, normal PT and aPTT clotting. 11/28/25: T4 normal at 2.86. ACTH Stim test performed today. Liver aspirate cytology: Interpretation Mild to moderate mixed inflammation, mild glycogen accumulation. Medical progress exam, chemistry with electrolytes, SDMA, PCV/TX, BP, and UA in 7 days.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 2.0 cm 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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. The left kidney measured 4.05 cm in length. The right kidney measured 5.29 cm in length.

Adrenal Glands

The **adrenal glands** appeared mildly enlarged and swollen. The right adrenal gland was visualized obliquely. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease, then ACTH testing would be indicated. The left adrenal gland measured 0.86 cm width. The right adrenal gland measured 0.96 cm width.



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Spleen

The **spleen** was largely normal with a focal hyperechoic mildly disruptive nodule measuring 0.75 cm.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Nondisruptive minor ill-defined nodular hepatic changes were noted, likely hyperplasia.

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

- Splenic nodule.
- Age-related renal changes.
- Bilateral adrenal hypertrophy- consistent with PDH or Cushing's syndrome.
- Benign hepatopathy with slight nodular changes- nodular hyperplasia, likely emerging round cell neoplasia are possible. Hemangiosarcoma is thought less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No direct relationship of the abdominal presentation and the pulmonary edema reported unless a neoplastic process is manifesting in the spleen, liver and thorax. Ultrasound guided FNA of the splenic nodule and hepatic nodules with a 25-gauge needle is indicated.



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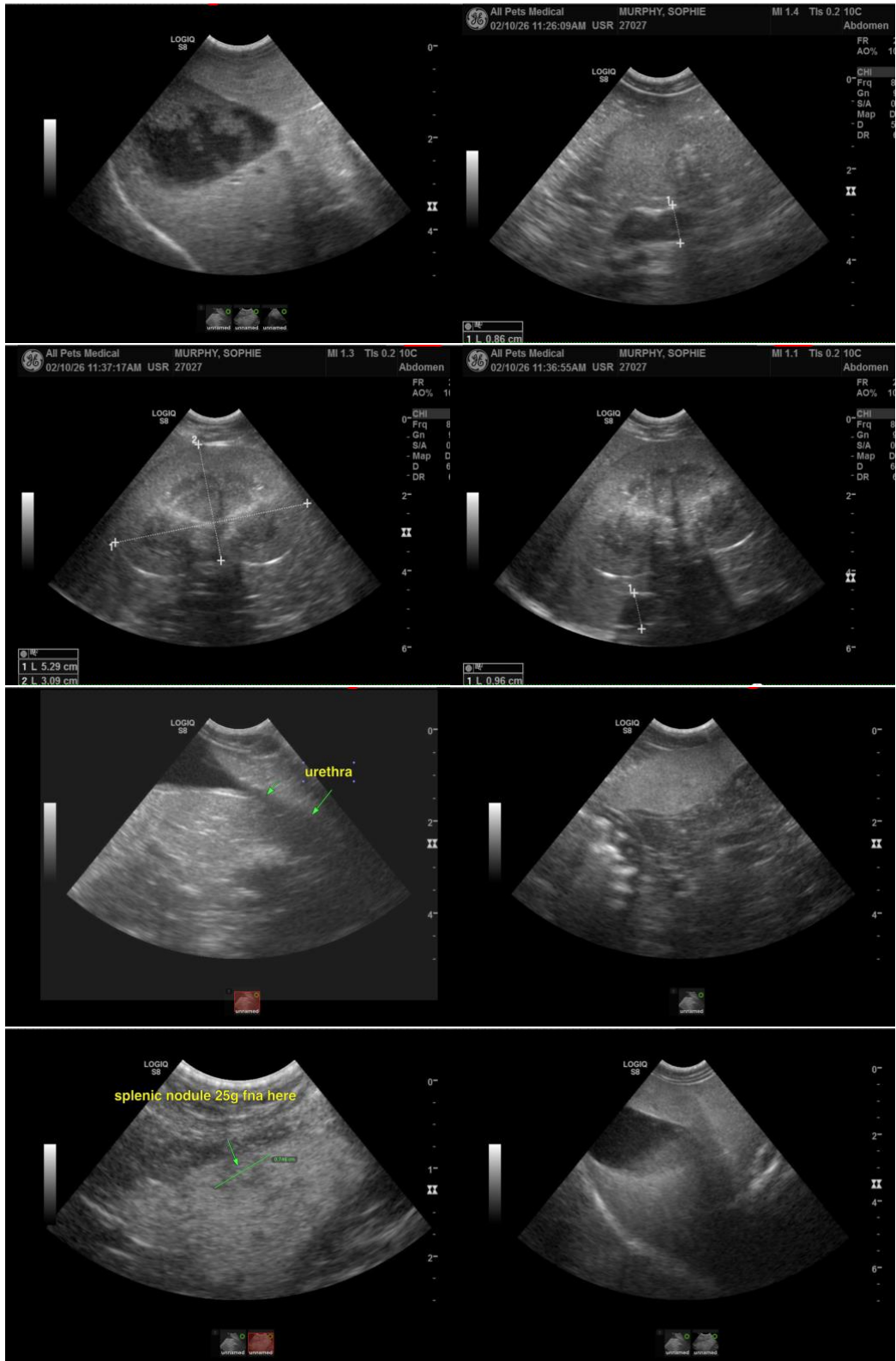
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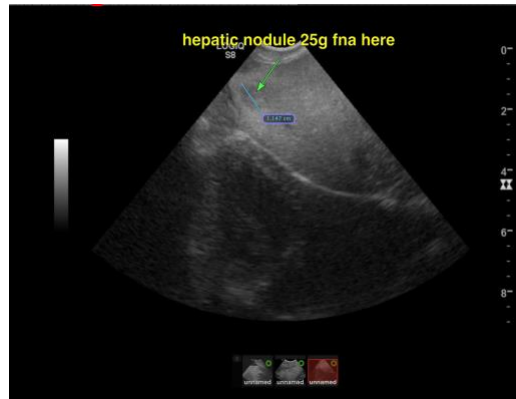
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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