



## PATIENT

Murphy Bourque

## SPECIES

Canine

## BREED

Brittany Spaniel

## SEX

Spayed Female

## AGE

5 Years 4 Months

## WEIGHT

37 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Julie Deter

## HOSPITAL NAME

Village Veterinary  
Clinic (California)

## REFERRING VET

Dr. Julie Deter

## INVOICE

73414

## DATE

3/4/26

## PRESENTING CLINICAL SIGNS

2 month history of decreased appetite, elevated liver values, recurrent UTI during this time. No improvement in liver values after course of Denamarin. Exam unremarkable other than 4 lbs weight loss in 2 months.

Abnormal PE/Chem/CBC/UA Results: 1/8/26: ALP 316, ALT 1515 UTI, cultured e. coli, treated x 7 days based on culture, confirmed resolution on UA 1/17, negative leptospira PCR 2/19: ALP 479, ALT 1872 (after Denamarin), UTI (did not culture), currently on amoxi/clav.

## 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 3.0 cm beyond the cystourethral junction.

The **kidneys** presented normal size and contour with mild hyperechoic corticomedullary band. This is an idiopathic finding. The left kidney measured 4.9 cm. The right kidney measured 5.5 cm. Assessment for any inflammatory sediment or protein loss indicated.

### 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 0.52 cm at the cranial pole and 0.61 cm at the caudal pole. Right measured 0.48 cm at the caudal pole and 0.37 cm at the cranial pole.

### Spleen

The **spleen** was mildly enlarged and folded upon itself caudally.

### Liver

The **liver** present mild generalized enlargement. The caudate liver revealed a hyperechoic 3.4 cm macronodular change. The change did not disrupt architecture even though the echotexture changed. Slight increased portal markings noted.

### 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.



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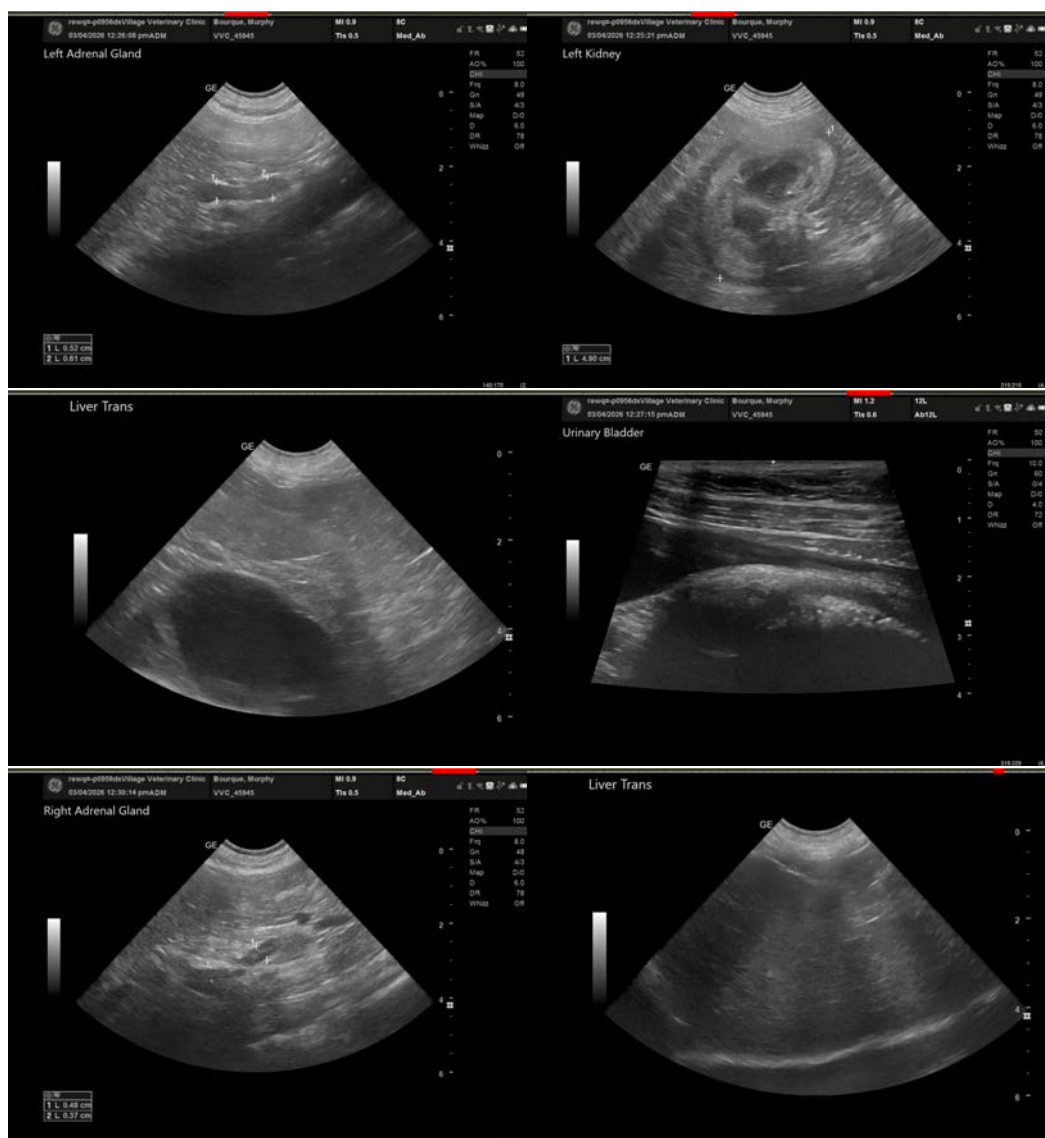
3/4/26

## ULTRASONOGRAPHIC FINDINGS

- Mild splenic enlargement.
- Macronodular liver changes with slight remodeling/non-specific inflammatory hepatopathy.
- Undefined medullary rim kidney – Likely normal variant yet may be indicative of tubular disease.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the caudate nodule and general liver indicated. Leptospirosis titers indicated. FNA of the spleen indicated to ensure this is a benign hyperplastic state. Full urinary workup warranted. No overt evidence or suspicion of neoplasia, however this should be ruled out with aspirates.





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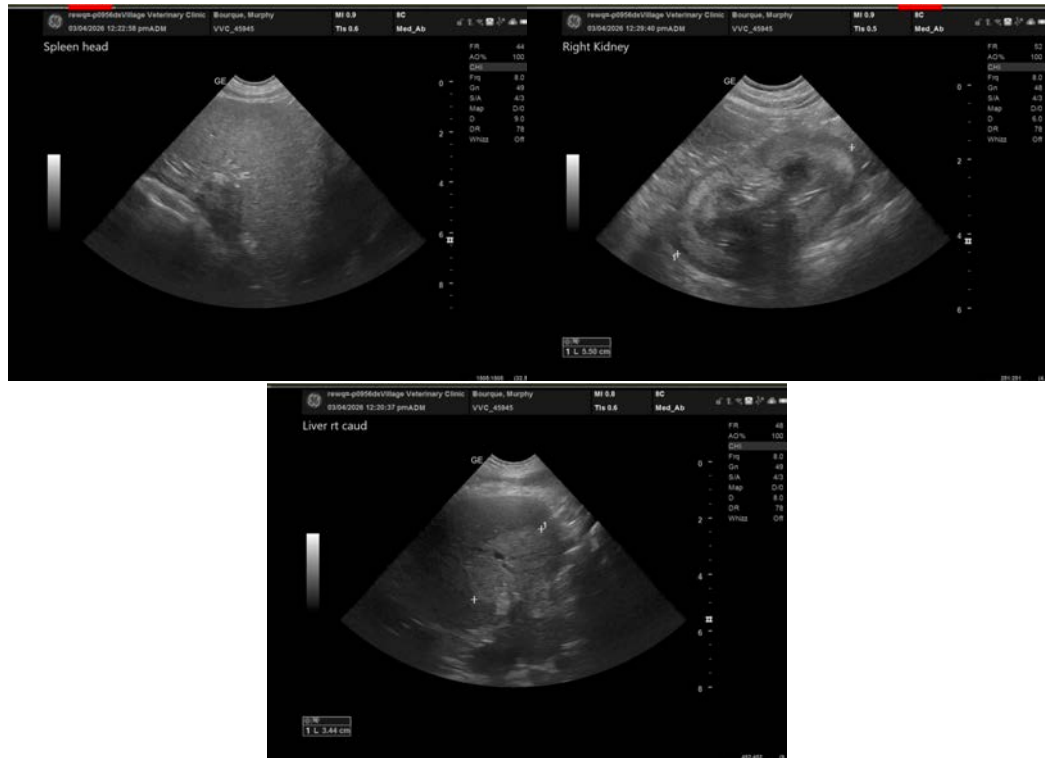
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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