



PATIENT

Murphy Wilde

SPECIES

Canine

BREED

Irish Wolfhound

SEX

Spayed Female

AGE

6 Years

WEIGHT

65.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Torske

INVOICE

15173

DATE

04/17/26

PRESENTING CLINICAL SIGNS

Lethargic. PU/PD. Dark urine per owner and having accidents around house. Not eating x 3 days. Current meds: Stilbestrol, fish oil supplement

PE: Jaundiced, bruising on mid-caudal abdomen T: 39.0 P: 140 R: normal/whining CBC: Lymph $0.67 \times 10^9/L$ (1.05-5.10) Mono $1.20 \times 10^9/L$ (0.16-1.12) Plt $100 \times 10^9/L$ (148-484) (confirmed on smear) MPV 15.4fL (8.7-13.2) CHEM: BUN 2.3 (2.5 - 9.6 mmol/L) ALT 1780 U/L (10-125) ALKP 1744 U/L (23-212) GGT 15 U/L (0-11) TBIL 321 umol/L (0-15) Urinalysis: (free catch) USG 1.004 Bili: 4+ pH: 7 protein: 1+ sediment: quiet

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 **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. The left kidney measured 9.7 cm in length. The right kidney measured 8.2 cm in length.

Adrenal Glands

The **left adrenal gland** was 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 0.62 cm width.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** presented mildly enlarged and uniform with swollen contour and minor heterogenous changes.

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 overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident. Acute insult is suspected. The hepatic lymph nodes appeared mildly enlarged and rounded measuring 2.9 cm x 2.8 cm.

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

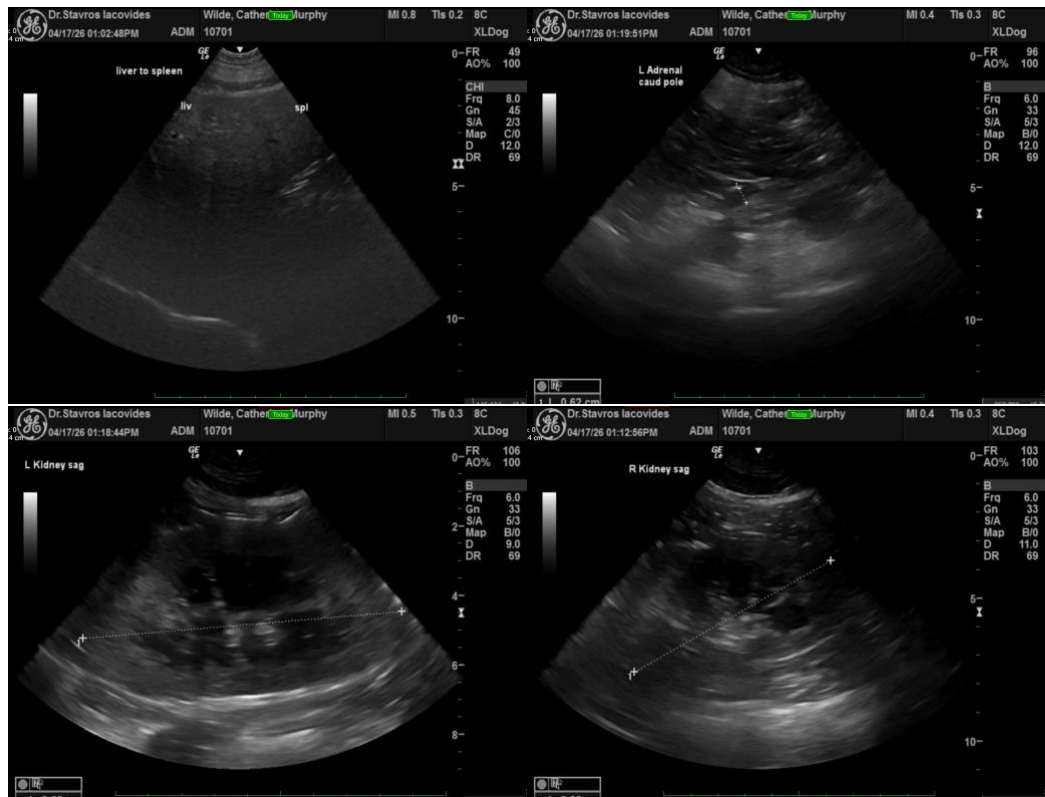
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Spleen enlargement.
- Structurally unremarkable abdomen with likely acute hepatitis. No evidence of posthepatic obstruction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis or similar should be considered. FNA is indicated of the liver, accessible hepatic lymph nodes and spleen after coagulation panel. Prognosis is guarded depending upon cytology results. Cannot rule out an emerging round cell neoplastic pattern, yet not an obvious presentation.





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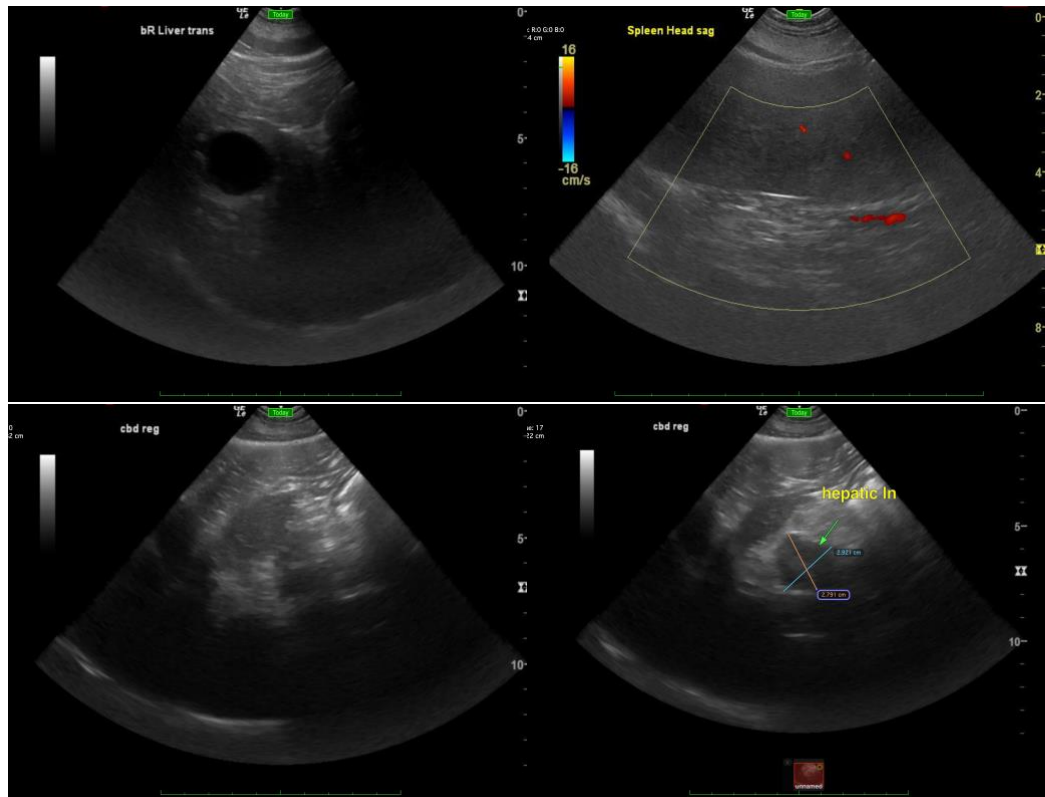
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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