



## PATIENT

Sky Lane Murphy

## SPECIES

Canine

## BREED

Pomeranian Mix

## SEX

Spayed female

## AGE

11 years

## WEIGHT

21.8 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Ashley Whitesell

## HOSPITAL NAME

Dickson AC

## REFERRING VET

Dr. Levine

## INVOICE

77709

## DATE

5/19/26

## PRESENTING CLINICAL SIGNS

History: Elevated Liver enzymes, Wanting to have TPLO surgery soon  
Abnormal PE/Chem/CBC/UA Results: PE: Slight cranial drawer on left, Bilateral MPLS Chem: Total protein 8.6 g/dL(high), Albumin 4.1g/dL (high), ALT 360U/L (high), ALP 355 (high) U/L CBC: MCV 60.0 fL (low)

## 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Moderate mineralization was noted in the kidneys. Occasional, microcystic cortical change was noted. The left kidney measured 4.9 cm. The right kidney measured 4.6 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 0.65 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 1.27 cm at the cranial pole and 0.5 cm at the caudal pole and 2.6 cm in length.

### 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



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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.

## 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 **pancreas** revealed variable areas of hyperechoic remodeling. There was no overt evidence of inflammation noted. However, history of pancreatitis is likely.

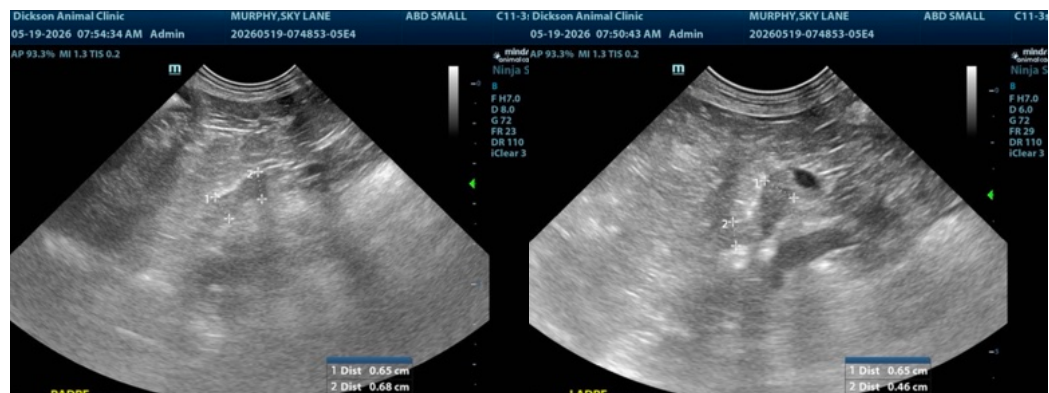
## ULTRASONOGRAPHIC FINDINGS

Non-specific, benign, low-grade inflammatory hepatopathy.

Excessive gallbladder sludge/congealed bile.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver can be considered for further definition. Bile acid profile could be performed as a precaution to ensure an early dysfunction is not an issue. Ursodiol therapy could be justified. There is no overt contraindication to anesthetic procedure if necessary.





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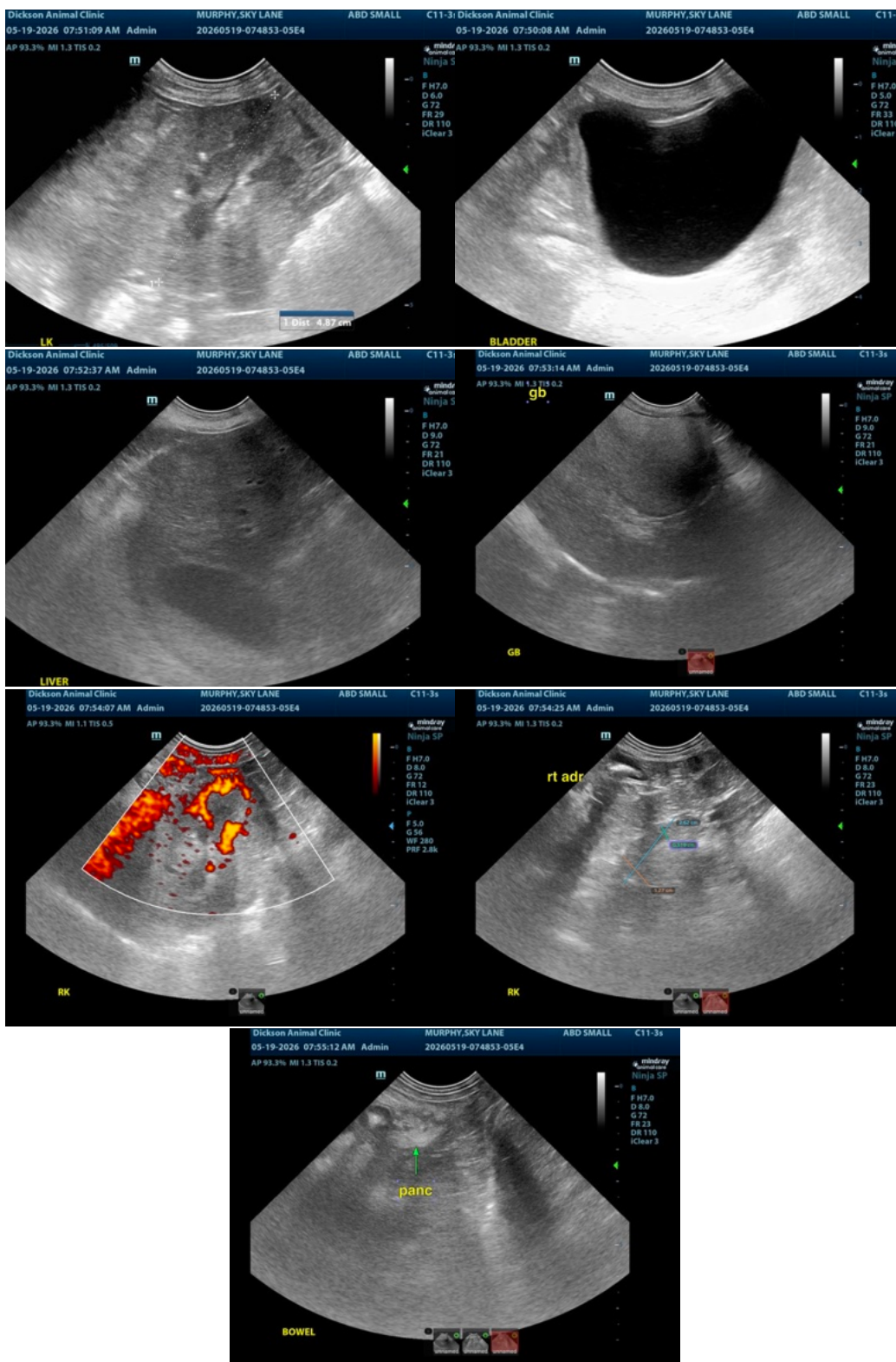
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com

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