



## PATIENT

Marley Murphy

## SPECIES

Canine

## BREED

Boston

## SEX

Spayed Female

## AGE

11 Years

## WEIGHT

9.4 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Dr. Shally Gastelu

## INVOICE

16278

## DATE

06/03/26

## PRESENTING CLINICAL SIGNS

Urinated multiple times yesterday AM per husband (not completely abnormal for her). Urinated normally then repeated straining to urinate last night. Slept overnight okay. Straining to urinate again this morning, producing small puddles in the house. No blood seen in urine. Ataxia and hind end discomfort a little worse now since have been missing consistent carprofen dosing Eyes: LS OU. Oral: brachycephalic, class 3 malocclusion with moderate tartar. Cardiovascular: Grade III/VI systolic heart murmur. Integument: scar caudal ventrum from previous mass removals with palpable sutures, small dermal masses. Nervous system: delayed CPS with mild hind end ataxia. Rectal: soft smooth abnormal ventral structure; AGs normal

Abnormal PE/Chem/CBC/UA Results: Single abdominal radiograph: Small urinary bladder with no radiopaque stones, soft tissue opacity caudal to bladder

## 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 uterine stump was dilated in this patient with fluid consistent with uterine pooling measuring 1.6 cm width.

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 his age patient. Medullary structure differed distinctly from that of the cortex. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 4.7 cm in length. The right kidney measured 4.7 cm in length.

### Adrenal Glands

The **left adrenal gland** was slightly enlarged in size. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.78 cm width.

### 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 were noted.

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely



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not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### ***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.

### ***Free Abdomen***

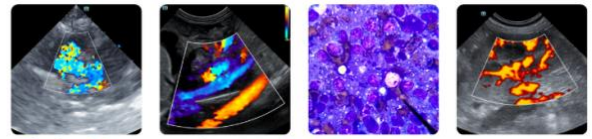
The mid caudal abdomen revealed a 1.07 cm rounded mixed hyperechoic structure consistent with remodeled lymph node.

## ULTRASONOGRAPHIC FINDINGS

- Vaginal urine pooling with fluid filled uterus.
- Age-related abdominal changes.
- Prominent left adrenal gland.
- Mid caudal abdomen structure.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical consult is recommended. Further reduction of the remaining uterus is indicated. Examination of the vaginal vestibule for predisposing issues. Urine culture and sensitivity is indicated. Cannot rule out underlying obstructive pathology in the vaginal vestibule. Vaginoscopy is indicated. Pelvic CT may be optimal in this patient.



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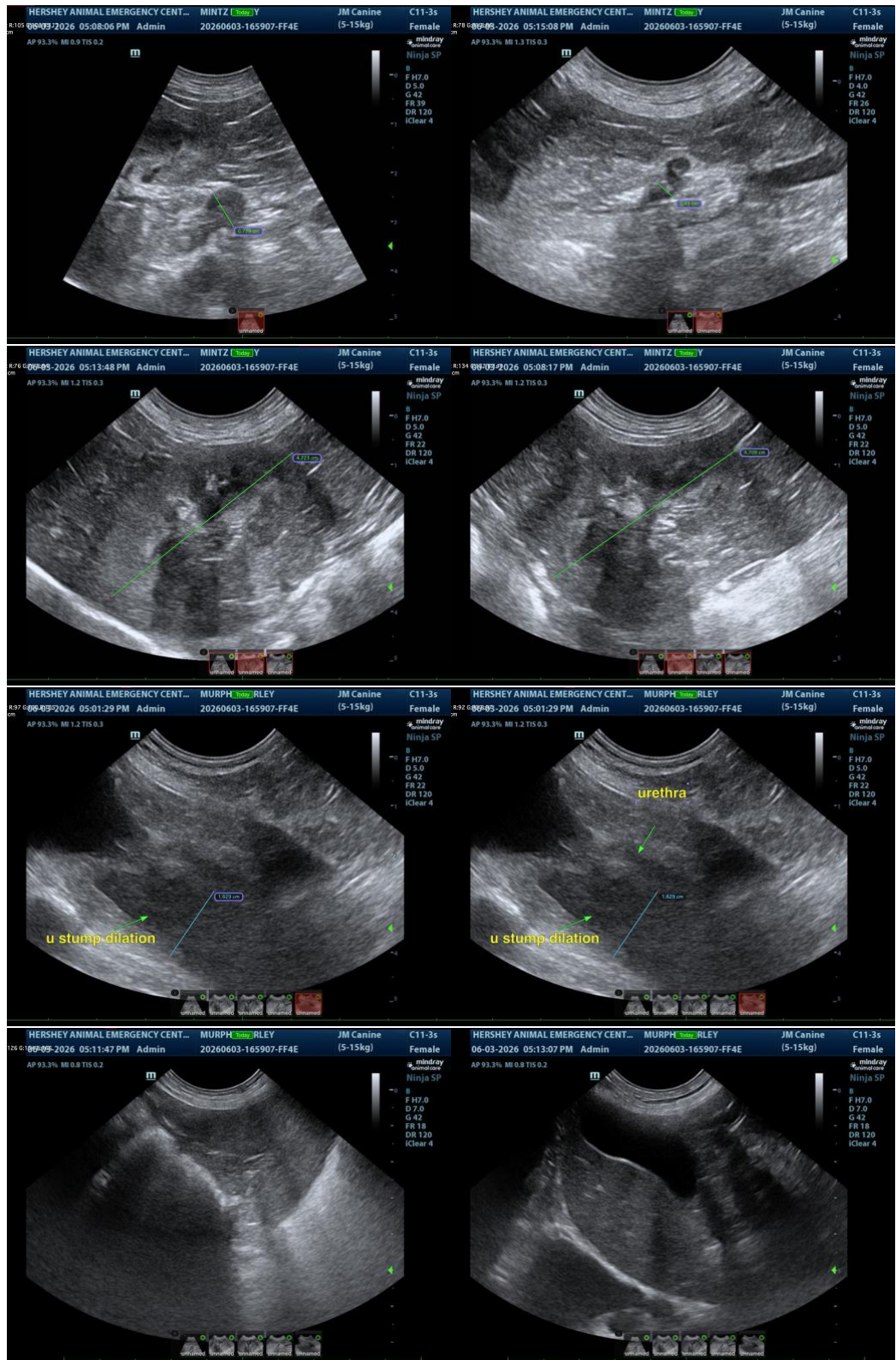
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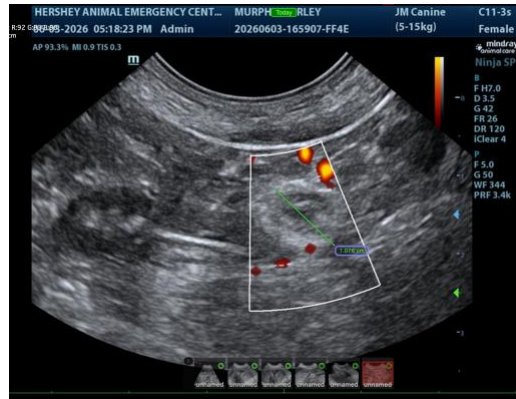
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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