



## PATIENT

Pippa Newishy

## SPECIES

Canine

## BREED

Bull Terrier Mix

## SEX

Spayed Female

## AGE

14 Years

## WEIGHT

23.8 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mariusz  
Chmielinski, DVM

## HOSPITAL NAME

Apex VS, Ltd

## REFERRING VET

Alpine 24/7 - ER doctor  
and Marda Loop Animal

## INVOICE

35294

## DATE

1/8/26

## PRESENTING CLINICAL SIGNS

History: Acute onset lethargy, reduced appetite (2–3 weeks), vomiting (1 episode), mild diarrhea, and fever. Noted cranial abdominal discomfort and history of chronic liver disease. Relevant Medical History Chronic hepatobiliary disease with prior biopsy; history of drug-resistant E. coli cholangitis; on ursodiol and Denamarin Cardiac disease: Chronic degenerative valve disease with grade 3 systolic murmur, moderate MR and LA enlargement; on Vetmedin and Enalapril.

Abnormal PE/Chem/CBC/UA Results: Physical Examination (Jan 6, 2026) T 39.7°C, HR 134 (fluctuating, tachycardic at times), RR 28 Mentation: QAR/lethargic Abdomen: Palpable hepatomegaly, painful cranial abdomen CV: Grade 3 systolic murmur (mitral) MSK: Generalized stiffness, hind limb weakness, muscle atrophy Hydration: Mild dehydration Pain score: 1/4 Diagnostics CBC/Chemistry/UA/SDMA (reported Jan 7): Marked hepatobiliary elevations: ALT 643 ↑, AST 259 ↑, ALP 974 ↑, GGT 49 ↑ Total bilirubin 47.1 μmol/L ↑ (icterus noted) Hypercholesterolemia: 21.97 mmol/L ↑ Mild hypomagnesemia: 0.6 mmol/L ↓ CBC: Neutrophilia and mild monocytosis (inflammation vs stress) UA: USG 1.012 (inadequately concentrated), bilirubin 1+, pH 8 SDMA: 11.3 (within ref) T4: Normal.

## 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 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 this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 7.0 cm. The right kidney measured 6.7 cm. Slight pyelectasia was noted.

### 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 0.5 cm. The right adrenal gland measured 0.6 cm.

### Spleen

The **spleen** revealed a mixed hypoechoic and cavitated 1.55 cm nodule.

### Liver

The **liver** revealed increased portal markings and coarse architecture. Isoechoic nodular changes were noted in the liver. Slight irregular swelling was noted in the caudal aspect of hepatic contour. The gallbladder presented dependent debris and sand with mild overdistention. Posthepatic obstruction



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was evident, as the common bile duct was moderately dilated (0.9 cm) at the level of the duodenal papilla. No overt mass was noted. Some embedded calculi or sand appear to be present.

## Gastrointestinal

The upper **gastrointestinal tract** revealed minor muscularis hypertrophy, yet no overt pathology. The colon was unremarkable.

## Pancreas

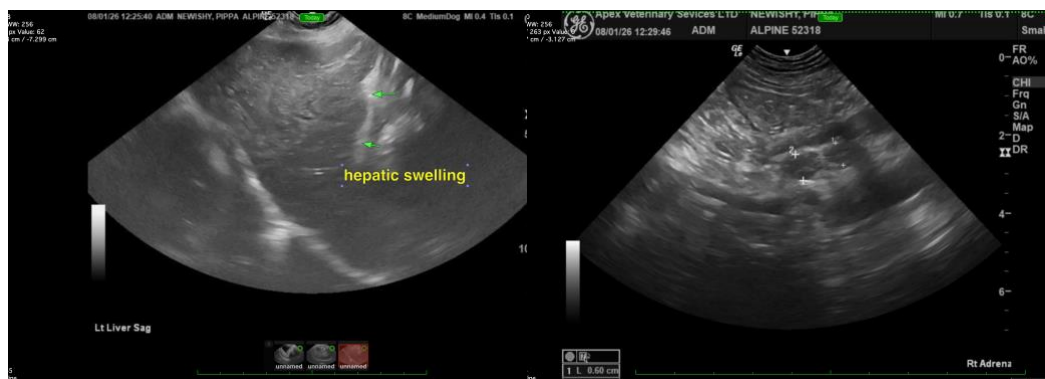
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Swollen irregular liver
- Gallbladder overdistention with sand and dilated/strictured common bile duct at the duodenal papilla is likely at least a component of this presentation. Concurrent parenchymal disease could also be present.
- Splenic nodule
- Minor muscularis hypertrophy in the upper GI tract, yet no overt pathology
- Age-related renal changes with pyelectasia

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for a neoplastic event. Screening 25-gauge FNA of the splenic nodule and 22-gauge FNA of the liver is recommended for further definition. Depending on cytology, then eventual cholecystectomy and common bile duct lavage or redirection of the common bile duct may be appropriate. Leptospirosis titers and assessment for other causes of hepatic toxins is also indicated. The nodular changes in the spleen and liver may be incidental findings. No overt neoplasia was noted.





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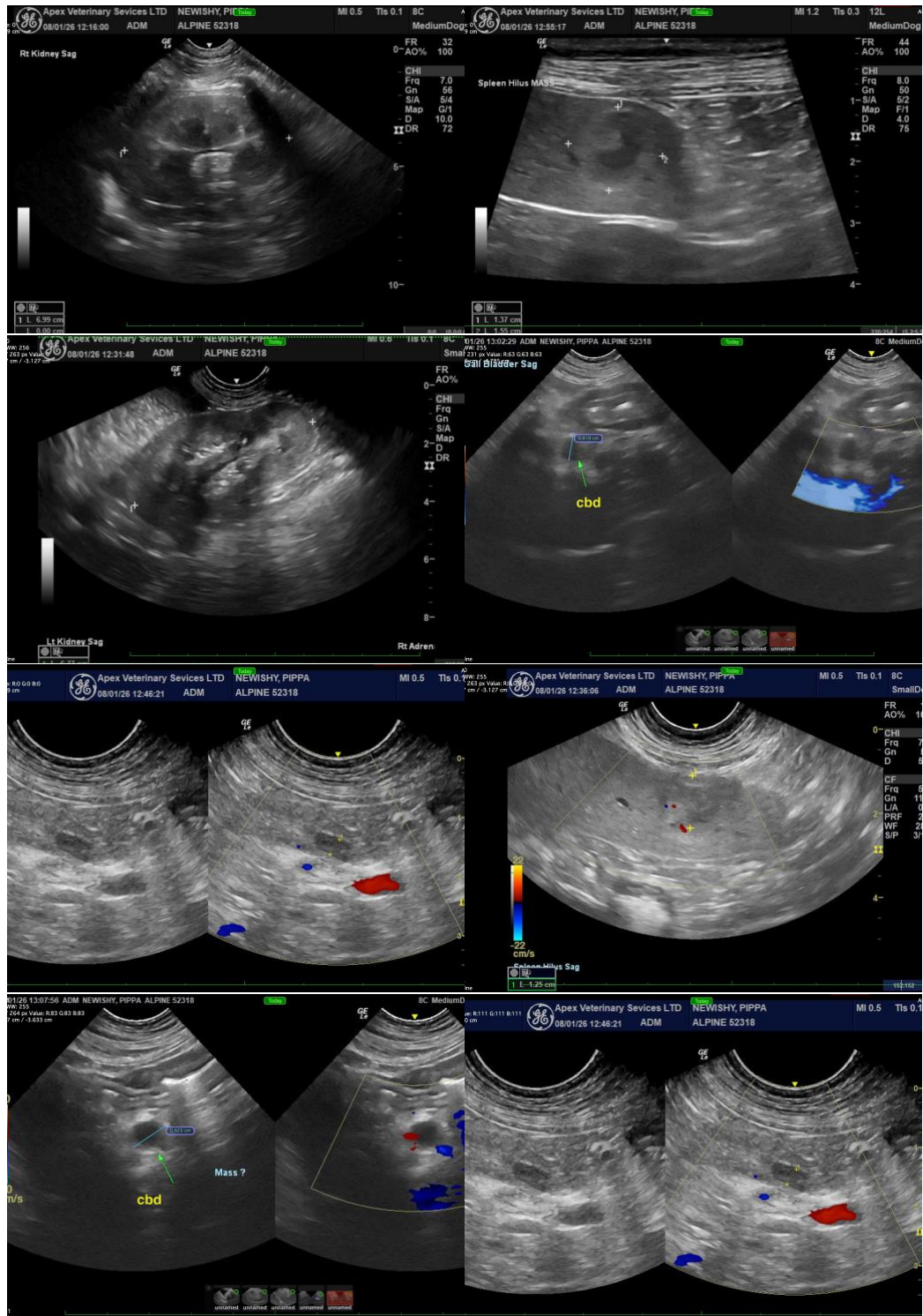
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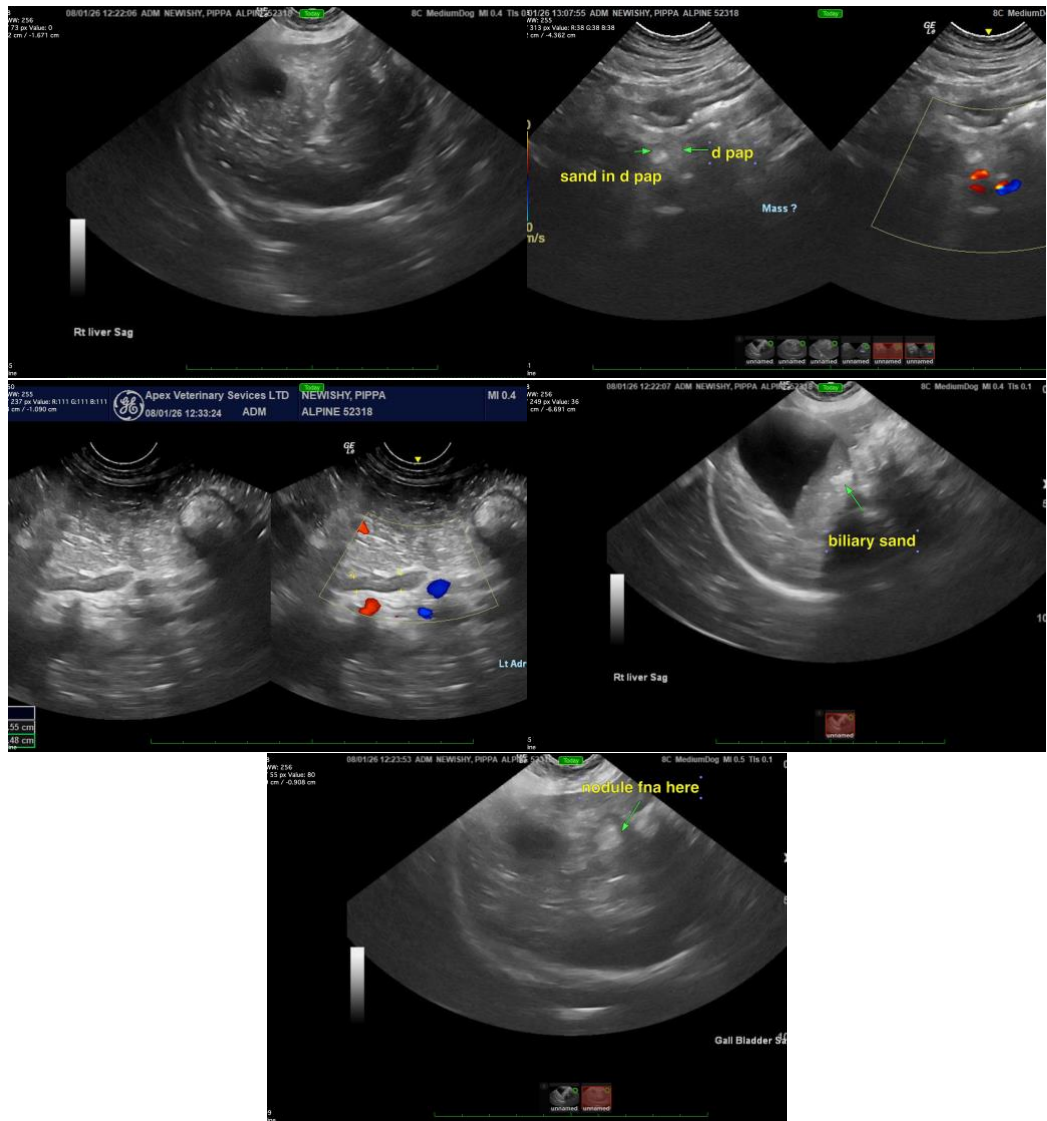
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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