



## PATIENT

Holly Rudy

## SPECIES

Canine

## BREED

Beagle Mix

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

21.4 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Mary Pearce

## HOSPITAL NAME

Chambersburg Animal  
Hospital

## REFERRING VET

Dr. Mary Pearce

## INVOICE

12624

## DATE

12/05/25

## PRESENTING CLINICAL SIGNS

P has not been herself for the last week, has had hyporexia, refusing her normal dog food. O put her on a bland diet which she did start eating but then she developed diarrhea. O transitioned her back to her regular food this morning and she did eat some of it. Her BM today was still softer than normal but improved. She has seemed stiff and is not wanting to move around as much, acting stiff/slow but with no lameness. She was not wanting to jump onto the couch. She is on monthly Flea/tick prevention. No previous significant or chronic medical concerns. BW was performed which found significant liver enzyme elevations, and abd. ultrasound was pursued. Concerns for hepatitis, cholangiohepatitis, other hepatopathy, neoplasia, less likely leptospirosis, infectious disease, open. Tx plan to start Denamarin, ursodiol, amoxi/clav, Cerenia.

PE: Mild dehydration 2-3%, pink MM. Abdomen soft on palpation, no obvious masses/organomegaly. Mild discomfort on cranial lumbar palpation. BW: HCT 55.1%, MCV 59.8 (L), MCH 20.8 (L), RDW 21.8% (H), WBC normal. nRBC suspected. PLT normal. Glu 98, Creat 0.9, BUN 11. TP 8.6 (H), ALB 4.4 (H), glob 4.2, ALT 426 (H), ALP 656 (H), GGT 32 (H), tбили 1.6 (H), otherwise normal chem/lytes. 4Dx Negative. Radiographs: Thoracic structures unremarkable. Mild hepatomegaly with slightly rounded margins. Prominent spleen but no obvious masses. Otherwise, unremarkable abdomen. Mild cranial lumbar spondylosis.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 1.0 cm) 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 4.37 cm in length. The right kidney measured 4.94 cm in length.

### *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 1.84 cm x 0.40 cm width at the cranial pole and 0.56 cm width at the caudal pole. The right adrenal gland measured 1.78 cm x 0.82 cm width at the cranial pole and 0.70 cm width at the caudal pole.

### *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. Hyperechoic lipid plaques were noted.



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## Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. Slight hypoechoic nodular abscess was noted in the right cranial liver measuring approximately 1.3 cm. The gallbladder and common bile duct 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

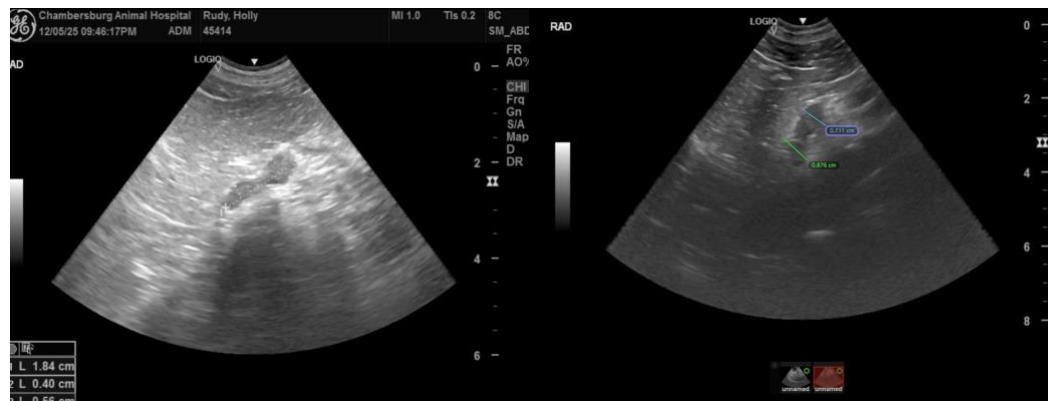
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

## ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes with mineralization.
- Structurally benign hepatopathy.
- Age-related pancreatic changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA of the hepatic parenchyma from an SDEP 12 position may be possible with cytology and culture. If the liver values are persistently elevated, leptospirosis titers are indicated. Largely, the abdomen appears benign.





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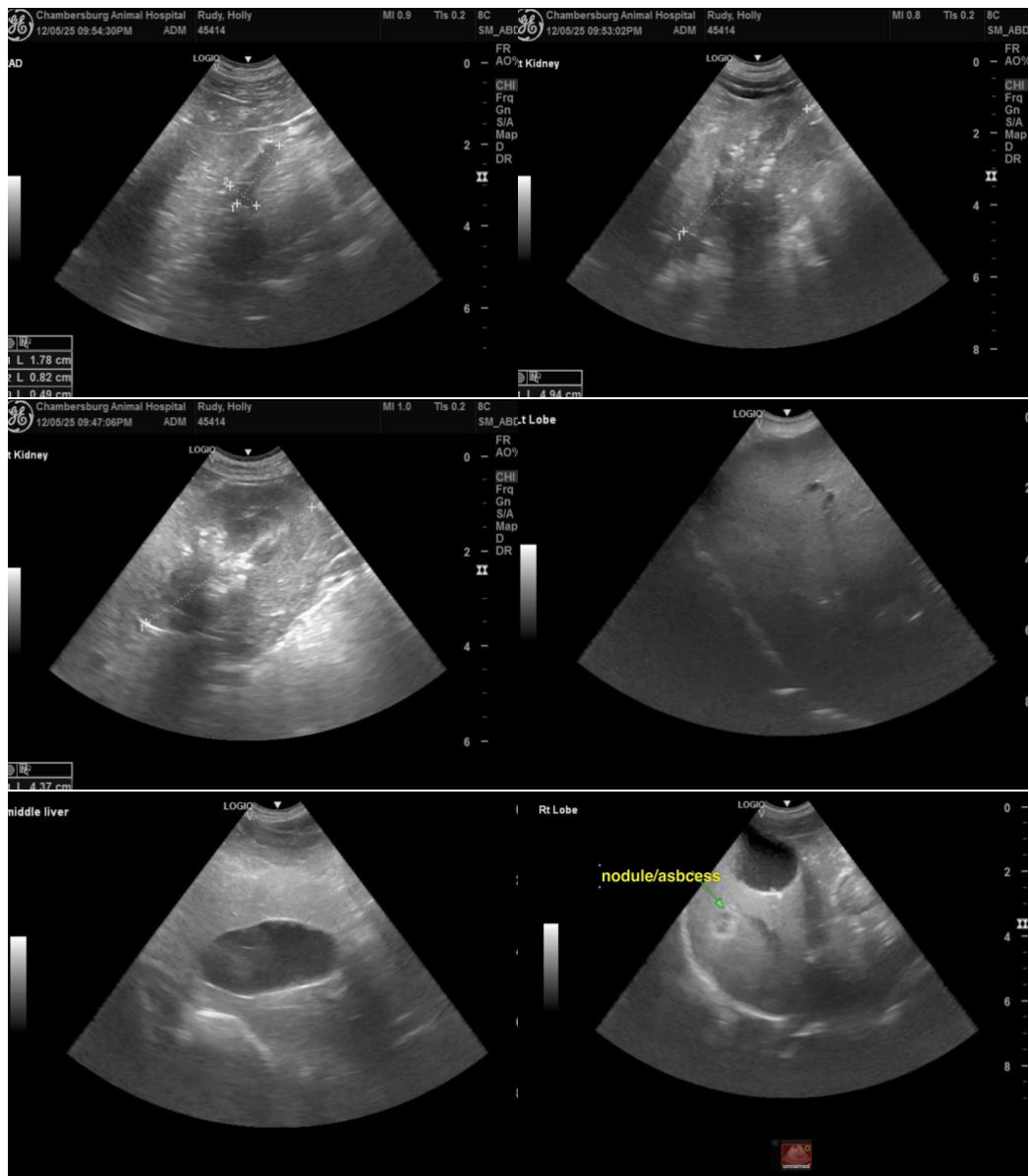
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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