



## PATIENT

Nala Arvedon

## SPECIES

Canine

## BREED

Great Pyrenees

## SEX

Spayed Female

## AGE

6 Years 7 Months

## WEIGHT

38.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Nicole Goldstein

## HOSPITAL NAME

Hudson AH

## REFERRING VET

Dr. Nicole Goldstein

## INVOICE

36204

## DATE

3/12/26

## PRESENTING CLINICAL SIGNS

- History chronic diarrhea with gradual weight loss, recent progressive inappetence/anorexia
- History chronic mild ALP elevation, recently worsened liver enzymes
- Chronic progressive severe paraparesis of unknown etiology
- History Horner's syndrome bilaterally and xeromycteria right nostril
- Abnormal PE/Chem/CBC/UA Results: Chem: GGT H 55 , AST H 80, ALP H 1452, Chol H 548 - ALP was 231 7/2025 CBC/UA/T4 WNL, USG 1.020

## 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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **left kidney** 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 7.0 cm.

The **right kidney** was not visualized.

### *Adrenal Glands*

The **left adrenal gland** was visualized and recognized as having largely normal shape, position and acceptable echogenicity for this age group and breed. 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 was slightly enlarged, measuring 1.03 cm at the caudal pole and 0.76 cm at the cranial pole.

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

### *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** 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. There was no overt suspicion of



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neoplasia. This is a moderate change. Occasional hypoechoic ill-defined nodular changes were noted. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **gastrointestinal tract** revealed normal curvilinear patterns with minor variable thickening and excessive GI gas. The colon was unremarkable.

**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.

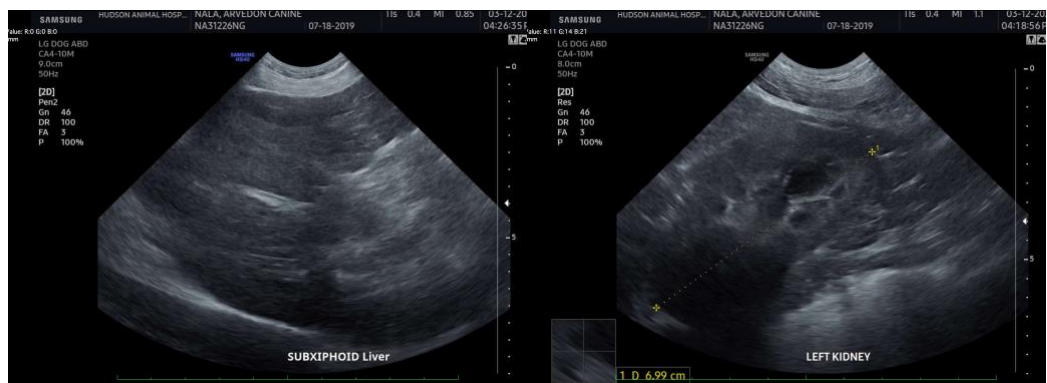
**ULTRASONOGRAPHIC FINDINGS**

- Subjectively benign hepatopathy with geriatric changes
- No right kidney visualized, possible right renal aplasia
- Minor variable GI thickening and excessive GI gas
- Slightly enlarged left adrenal gland with age related changes
- Age-related pancreatic changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full sedation and further imaging or radiographs are recommended to assess the right kidney. FNA of the liver could be considered for further definition, however, subjectively appears benign yet given the clinical history, screening FNA is warranted.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.





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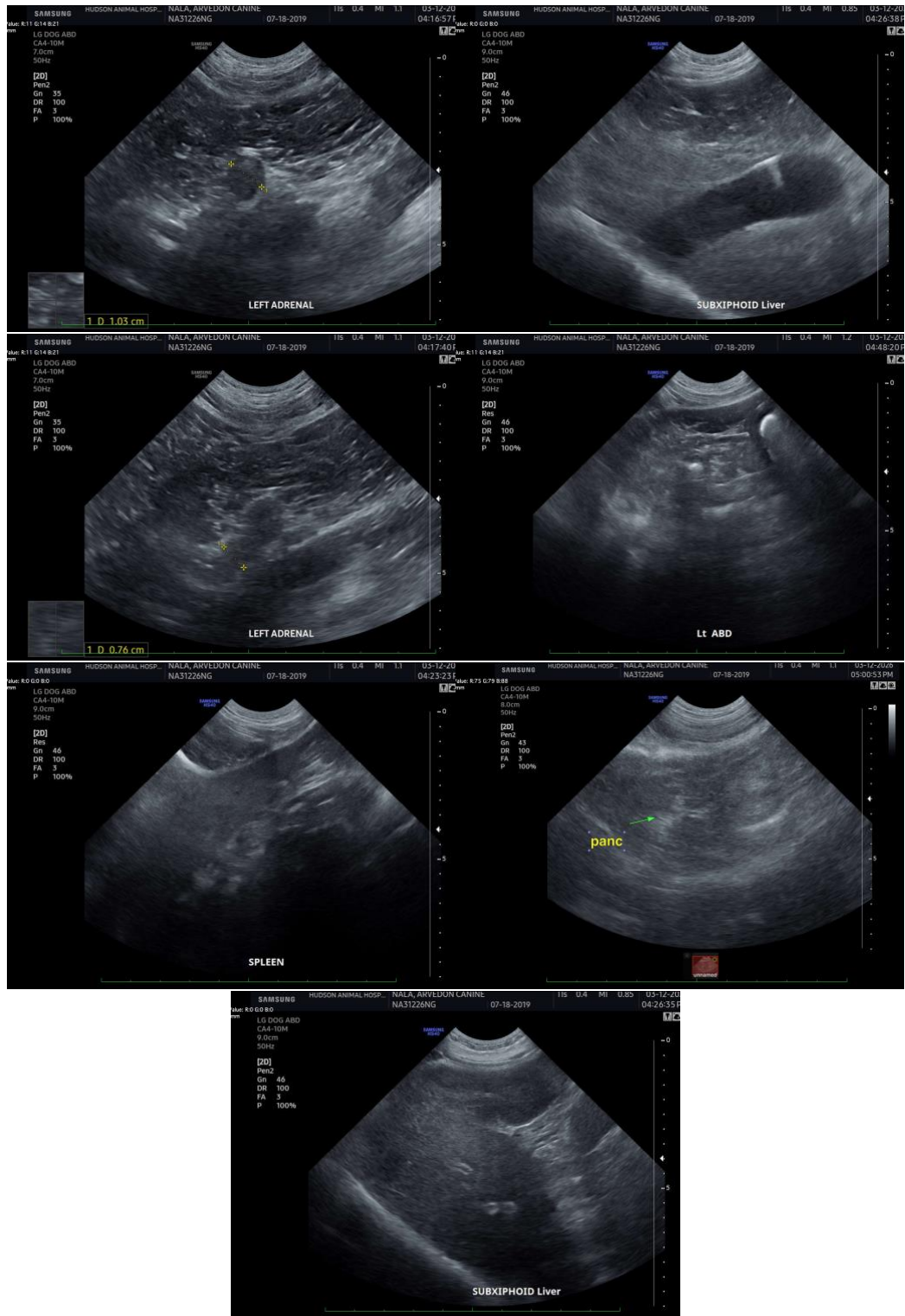
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The information and recommendations provided are based on the images presented by the referring



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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, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)