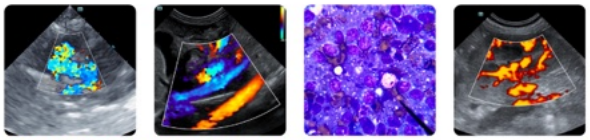


PATIENT

Leon Chronister

SPECIES

Canine

BREED

Pitbull

SEX

Neutered male

AGE

7 years

WEIGHT

72.8 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Dr. Jocelyn Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Oberer-Gerber

INVOICE

71255

DATE

2/5/26

PRESENTING CLINICAL SIGNS

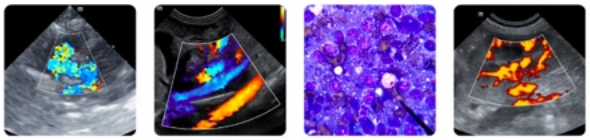
- Fell off bed 1/6/26 - was painful and presented for work-up. CCL + Bilateral hip dysplasia with secondary OA + Spondylosis at the LS junction. NOW presenting for neck pain w/ NEW PANCREATITIS
- Yesterday: CBC = HCT = 36% (further decrease on machine though in-house PCV = 45%), Retic = 7.8 LOW, CHEM = NSF, PL = 536 HIGH -- r/p pancreatitis, T4 = 2.5 normal
- Ortho Consult 1/19/26 Bilateral hip dysplasia with secondary OA. Spondylosis at the LS junction - mild LS disease is expected - recommended period of controlled activity for 6-8 weeks.
- 1/5/26 CBC: HCT = 43% (normal) --> but 10% decrease noted in HCT since last year on 11/2024. CHEM: NSF. Lytes: NSF. 4Dx = (-) x4. UA = 1.008, 7.0pH, quiet sediment
- Rads to IDX CONCLUSIONS: Mod bilat coxofemoral DJD & joint laxity, most likely secondary to bilathip dysplasia. Minimal to mild bilateral stifle joint effusion, most likely secondary to intracapsular soft tissue injuries (cruciate disease, meniscal injury, collateral ligament injury). T12-T13 intervertebral disc disease. Mod lumbosacral degenerative changes, potentially associated with degenerative lumbosacral stenosis. The curvilinear mineral dorsal to the L5 to L7 intervertebral disc spaces may represent dorsal longitudinal ligament mineralization, mineralized extruded disc material, or lateralized spondylosis deformans. Multifocal cutaneous soft tissue nodules/masses, consistent with the reported history. Normal abdomen with no evidence of splenic pathology.
- BAR. Patient seems very uncomfortable/nauseated today. ABD = YTP - would not allow deep palpation, plump spleen. Heart = NSF. excessive panting though lungs sound clear. Very uncomfortable, will not allow manipulation of the neck, back has mild kyphosis while standing. RH lameness -- keeps stifle straight and swings leg forward. (+) drawer RIGHT stifle. Swings hips while walking. Decreased ROM bilateral hips. Numerous masses with concern for neoplasia though FNAs declined. Grade 2 dental disease. PINK CRT<2 sec. Anal mass at 6 o'clock position approx 1/2 inch ventral to rectum - Approx 1/4in diameter. NECK, Thoracic spine, & Chest Rads to IDX are pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 6.25 cm and the right kidney was 6.7 cm in length.



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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 acceptable. The left adrenal gland was 2.31 cm by 0.51 cm by 0.61 cm and the right adrenal gland was 2.4 cm by 0.61 cm by 0.4 cm in size.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a moderate amount of hyperechoic food and ingesta within the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

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

ULTRASONOGRAPHIC FINDINGS

Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient has a normal appearing spleen with no evidence of splenic masses, nodules or changes to the splenic capsule. The region of the sublumbar lymph nodes was also normal, which is important since there is a history of this patient having an anal mass. It is recommended to continue with generalized

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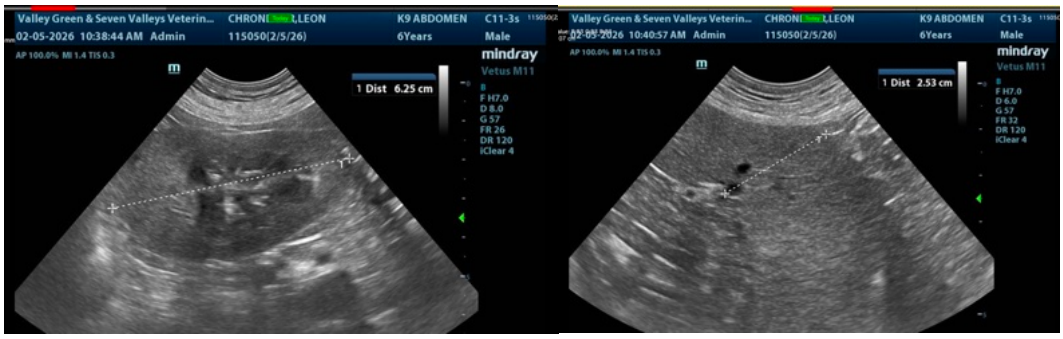
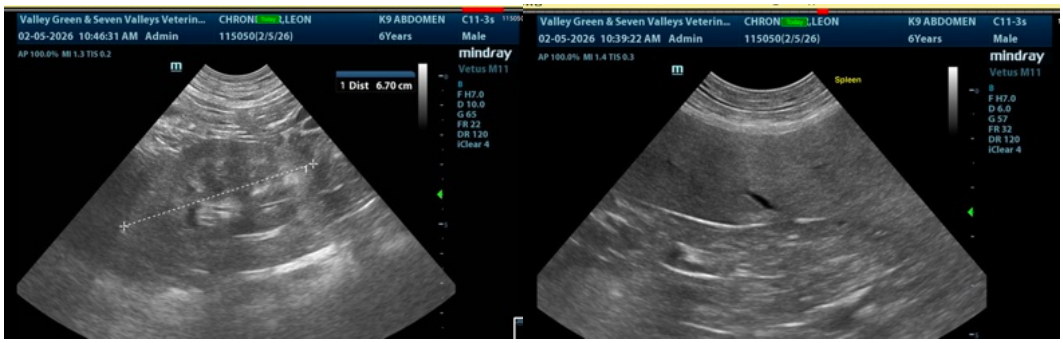
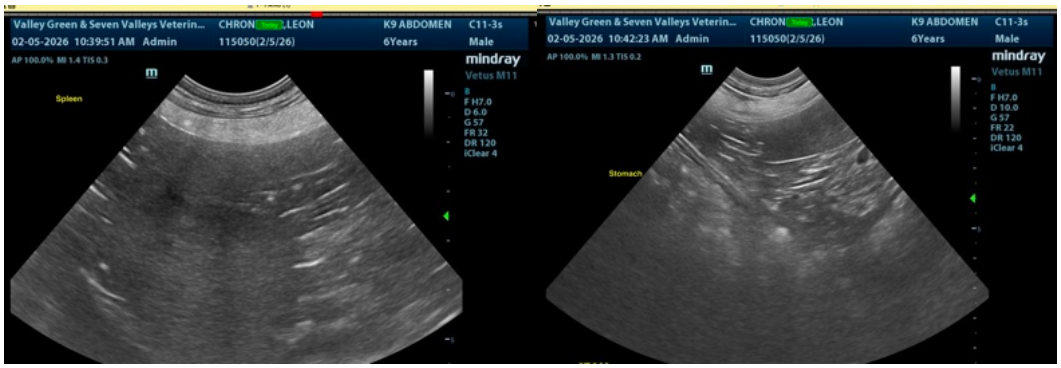
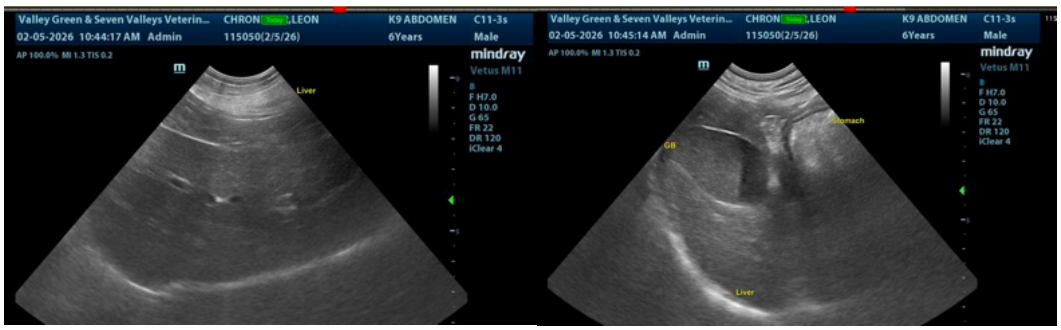
care of the severe degenerative joint disease and back pain present in this patient. Thyroid function by submitting a full thyroid panel should be considered for further information.









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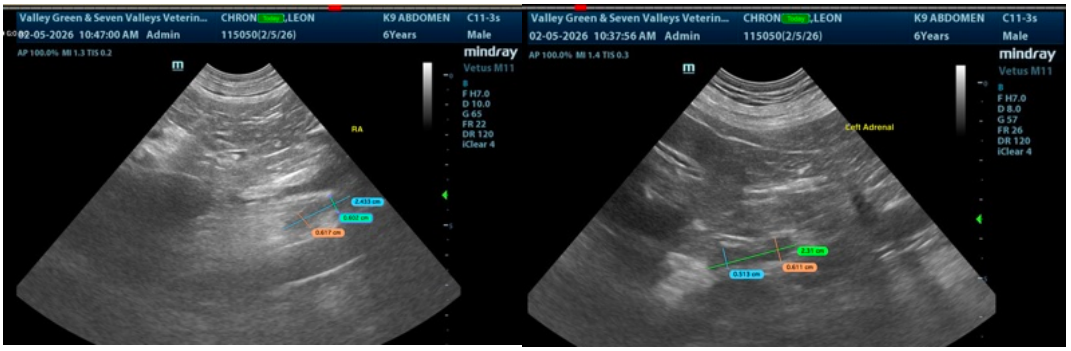

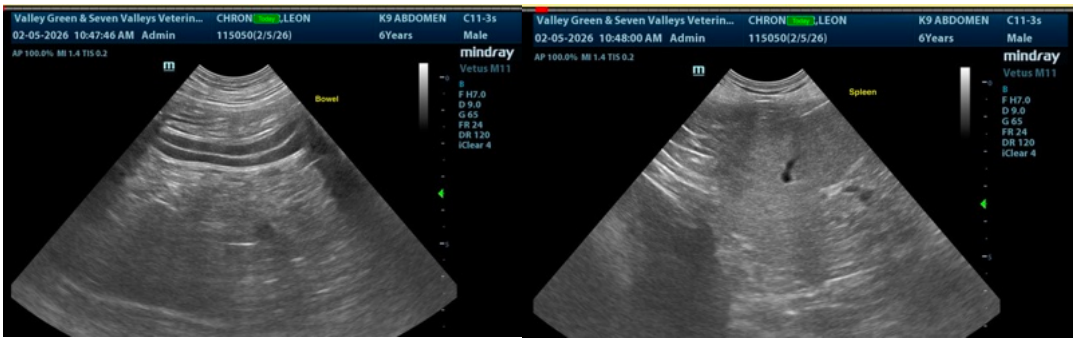

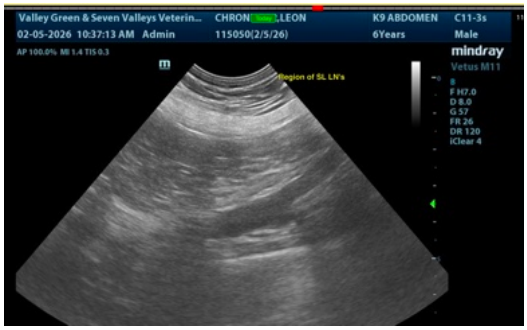

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com