



PATIENT

Waylon Driver

SPECIES

Canine

BREED

Lab Ret.

SEX

MN

AGE

12

WEIGHT

82.6lbs

INTERPRETED BY

Dr. Leticia Utsch MV

IMAGING PERFORMED BY

Agnes E. Rupley, DVM

HOSPITAL NAME

All Pets Medical
Center

REFERRING VET

Agnes E. Rupley, DVM

INVOICE

75554

DATE

6-17-26

PRESENTING CLINICAL SIGNS

Presented for: Recently quit moving about as much as is normal. Hyporrhexia.

Exam: fever 103.4. Lost 17 pounds since 5/20/26. Dental disease. Weak in rear. Decreased muscle mass in rear limbs. Lacks proprioception in rear limbs-chronic. Pain on deep muscle palpation of the lumbar spine.

Chronic hip and lumbar pain. Librela has helped. Left laryngeal paralysis. Cushing's syndrome, managed with Vetoryl. Hypothyroid, managed with thyroxine.

Urinalysis results reveal protein 300, pH 5.5, and sp gr 1.049. Pro:Cr Ratio: ≥ 0.5 to < 2.0 Chemistry pael revealed elevated alk phos at 236 (same as previous visit), with normal other results. The CRP is elevated at 103.5. CBc reveals a leukocytosis resulting from a mature neutrophilia at 20.97. The cPLI is normal at < 50 .

No significant abnormality on thoracic rads (repeated today from 5/20/26 (at which time SonoPath interpreted them as normal).

RADIOGRAPHIC STUDY OF THE THORAX, ABDOMEN AND PELVIS

Radiographs of the thorax, abdomen and pelvis in two imaging planes are provided for review.

RADIOGRAPHIC FINDINGS

Thorax

The lungs are normally insufflated and transparent.

The heart and pulmonary vasculature appear normal.

The trachea and principal bronchi have a normal diameter.

The mediastinum and pleural space also appear normal.

Bridging spondylosis seen in the thoracic spine.

Abdomen

The stomach is mildly filled with gas.

The colon is mildly filled with gas.

The small intestines are normally filled with fluid and gas.

The liver, kidney and spleen have a normal size and shape.

The peritoneal and retroperitoneal detail are normal appearing.

The urinary bladder has a normal opacity. No stones seen.

Bridging spondylosis seen in the thoracolumbar and lumbar spine.

Pelvis

The hip joints are incongruent and show bilateral subluxation.

There is severe remodeling of the femoral heads and necks. The acetabula are shallow.

There is also remodeling of the left ischiatic bone, adjacent to the lower trochanter of the left femur.



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Severe periarticular osteophytes seen in both hip joints.

Bilateral and symmetrical muscle atrophy of the upper hindlimbs.

In the lateral view, there is a well-defined, round shaped mineralized structure, measuring around 3,4 cm length.

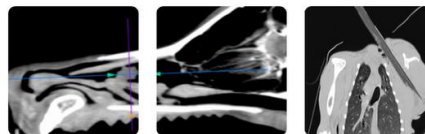
RADIOGRAPHIC DIAGNOSIS

- Severe and bilateral degenerative joint disease secondary to hip dysplasia;
- Anal sac gland mineralization. Likely incidental, but neoplastic disease (anal sac adenocarcinoma) is not excluded;
- Ischiatic remodeling likely incidental and related to chronic left hip changes;
- The thorax and abdomen appear normal.

INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The hip changes seen are contributing to the reported orthopedic clinical signs but not lack of proprioception. Consider concurrent neurological disease (not evident on current radiographs). The other reported clinical signs are not adequately explained by the radiographic findings alone and remain concerning for an underlying inflammatory/ infectious, or, less likely, neoplastic process. Anal sac gland mineralization is also identified. Although this may be incidental, anal sac adenocarcinoma cannot be excluded and should be considered among the differential diagnoses. No radiographic evidence of thoracic or abdominal neoplastic disease is identified.

Further investigation with abdominal ultrasonography, rectal examination and sampling of the anal sacs (cytology and/or biopsy) should be considered, if not already performed. Urine sampling should also be considered to exclude occult urinary tract infection as a source of inflammation. Also consider specialized neurological examination and advanced imaging (MRI/ CT) if clinically indicated.



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

Dr. Leticia Utsch MV

info@sonopath.com