



PATIENT	PRESENTING CLINICAL SIGNS
Viggo Mainwaring	Owner reports overall energetic for big dog - runs up and down a large hill. Had an episode of weakness at the beginning of December. Difficult time getting up, just laid around, didn't want to get on or off furniture or in the car. Lasted for about 8 hours. Upon exam QAR, Multiple large lipomas, 1.5/3 muscle loss along lumbar spine, tartar, gingival hyperplasia. We drew blood almost unsuccessfully first time; his veins are very flaccid. Worried about spleen, CV function, other?
SPECIES	
Canine	
BREED	Abnormal PE/Chem/CBC/UA Results: Chem 25 12/13/22 ALT high 140 SDMA 10 (-14) wnl Sodium/Potassium (NA/K) Ratio low normal 29 T4 1.9 (slightly low for our standards, above 2.0) CBC 1/2/23- ProBNP high 1018 (-900) Lymphocytes low 853 (1060-) SDMA 14 ALT increased 207 Heart Rate and Respiratory Rates HR -80 / RR - Panting Blood Pressure Measurements N/A Current Medications Herbal Supplements, Glucosamine
Great Pyrenees	
SEX	
M/N	
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
10 years	Urinary System
WEIGHT	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
87.5 lbs.	
INTERPRETED BY	No evidence of medial Iliac or sublumbar lymphadenopathy.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.2 cm in length. The right kidney measured 7.4 cm in length.
IMAGING PERFORMED BY	Adrenal Glands
Sara Hansen	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.7 cm length x 0.70 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.5cm length x 0.77 cm width at the caudal pole.
HOSPITAL NAME	Spleen
Balanced VC	The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
REFERRING VET	
Dr. Wright	
INVOICE	
15892	
DATE	
1/20/23	



PATIENT	<i>Liver/ Gallbladder</i>
Viggo Mainwaring	The liver presented subjective borderline to mild enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal. The gallbladder was non-distended in size containing primarily anechoic content with mild to moderate, non-dependent to dependent, variably hyperechoic, nonorganized gallbladder debris. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.
SPECIES	
Canine	
BREED	
Great Pyrenees	
SEX	<i>Gastrointestinal</i>
M/N	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.
AGE	
10 years	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.
WEIGHT	
87.5 lbs.	Normal visible colon wall layers were present with apparent formed feces in lumen.
INTERPRETED BY	<i>Pancreas</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
IMAGING PERFORMED BY	<i>Free Abdomen</i>
Sara Hansen	No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
Balanced VC	<ul style="list-style-type: none"> • Age-related renal changes • Normal spleen - no evidence of neoplastic criteria / tumors • Low-grade benign hepatopathy • Moderate gallbladder debris (non-mucocele)
REFERRING VET	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Wright	Overall, no sonographic evidence of significant pathology. Some degree of low-grade inflammatory hepatopathy / hepatobiliary disease could be possible given the mild ALT elevation and concurrent presence of gallbladder debris, i.e., low-grade cholangiohepatitis, FNA hepatic cytology could be considered primarily to assess for evidence of inflammatory cells.
INVOICE	Hepatosupportive medications including Denamarin and Ursodiol may prove beneficial. No evidence of intraabdominal neoplastic criteria.
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BREED

Great Pyrenees

SEX

M/N

AGE

10 years

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87.5 lbs.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Balanced VC

REFERRING VET

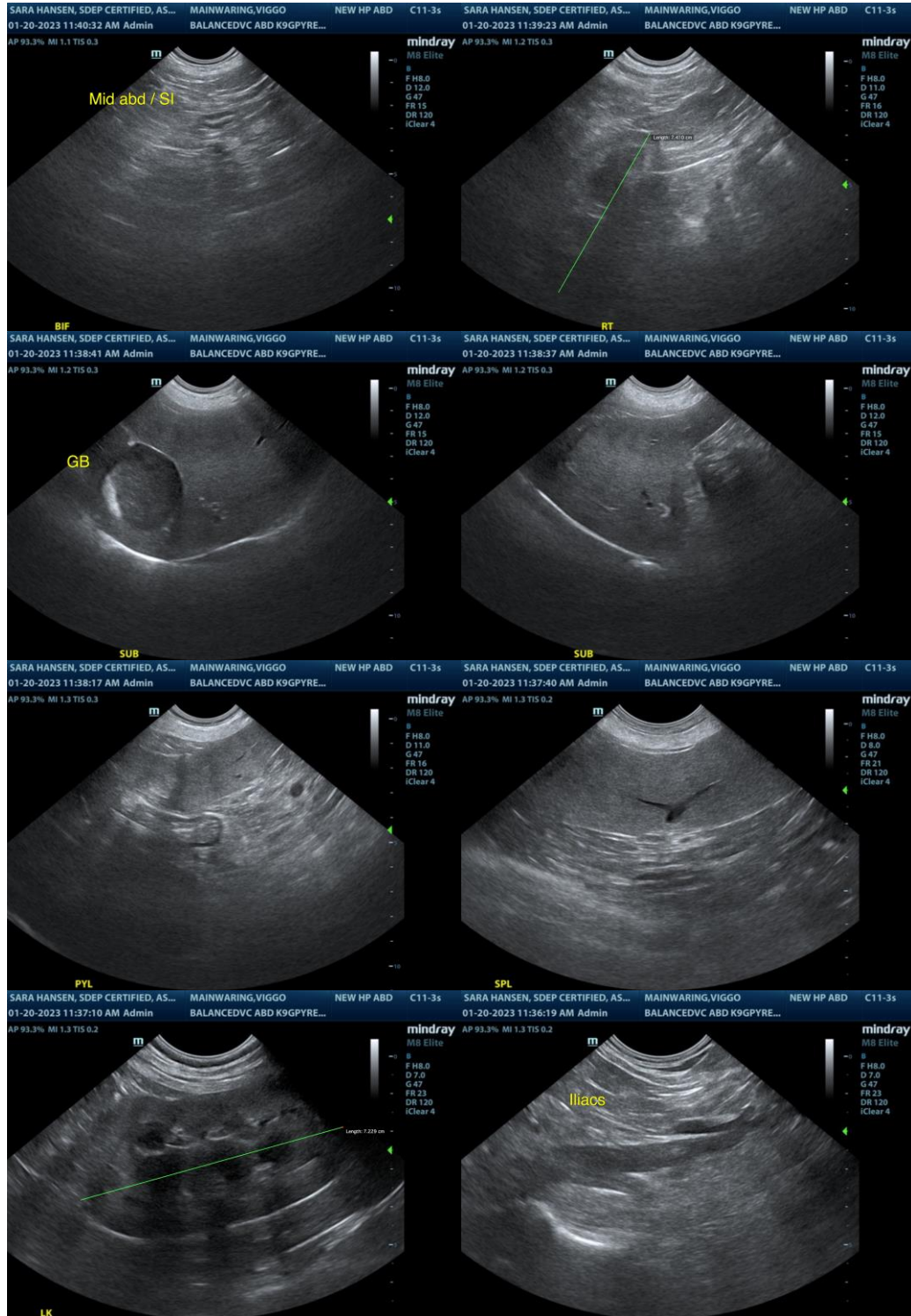
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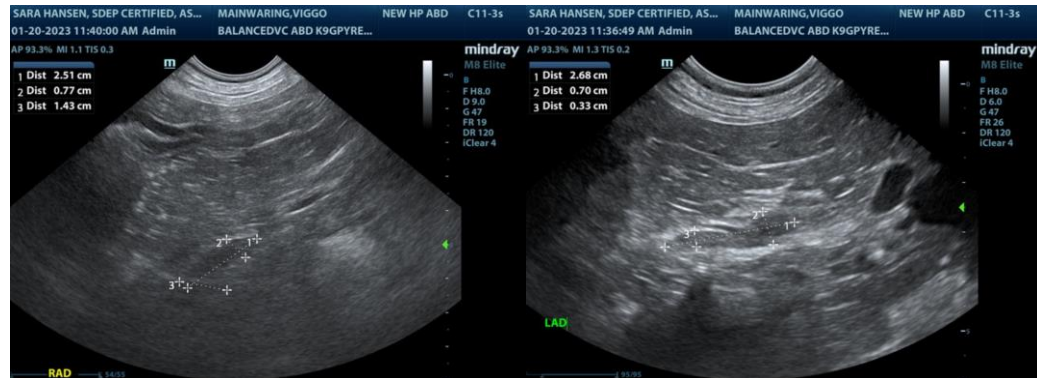
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com