



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Lucky Scott	Chronic weight loss and documented non-regenerative anemia. Patient has urinary accidents occasionally. He didn't finish dinner last night and vomited once and had episodes of potential tenesmus MEDS: Galliprant 20 mg Client giving Miralax on food Patient received butorphanol and judicious use of Alfaxalone (titrated) for AUS due to profound anxiety and poor compliance.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: PE: Geriatric changes (lenticular sclerosis OU), missing most teeth. Significant weight loss (BCS = 2/9) with lean muscle atrophy. Soft heart murmur appreciated today. Stiff on ambulation. Blood work (11/12/22): RBC 5.37 5.65 - 8.87 M/ $\mu$ L LOW HCT 34.1 37.3 - 61.7 % LOW HGB 12.2 13.1 - 20.5 g/dL LOW LYM 0.75 1.05 - 5.10 K/ $\mu$ L LOW PDW 7.7 9.1 - 19.4 fL LOW CHEM: BUN 49 7 - 27 mg/dL HIGH CREA 1.7 0.5 - 1.8 mg/dL (WNL) UA Color Pale Yellow Clar Slightly Cloudy SG 1.026 pH 6.0 PRO 30 mg/dL BLD 50 Ery/ $\mu$ L Remainder sediment unremarkable.
<b>BREED</b>	
Miniature Pinscher Mix	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
MN	<b>Urinary System</b>
<b>AGE</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm 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 were noted.
15yr	
<b>WEIGHT</b>	Normal size and mild asymmetrical 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral mild to moderate pyelectasia was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.0 cm in length.
6.5kg	
<b>INTERPRETED BY</b>	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.
<b>IMAGING PERFORMED BY</b>	<b>Adrenal Glands</b>
Patti Mayfield DVM	The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.7 cm length and 0.49 cm width in the caudal pole. The right adrenal gland measured 1.5 cm length and 0.66 cm width in the caudal pole.
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Tumalo Animal Hospital	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.
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Kinnear	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild to moderate non-dependent non-organized
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11/22/2022	



<b>PATIENT</b>	subjectively mobile debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
Lucky Scott	
	<b>Gastrointestinal</b>
<b>SPECIES</b>	The stomach presented intact wall layering with a normal wall layer ratio. A regional area of mucosal hyperplasia and likely gastric polyp present in the area of the antrum/pylorus measuring ~ 3.0 cm x 1.5 cm. This did not overtly appear to be obstructive to pyloric outflow. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Normal appearing gastric wall measured 0.43 cm in width.
Canine	
<b>BREED</b>	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.
Miniature Pinscher Mix	
<b>SEX</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
MN	
<b>AGE</b>	<b>Pancreas</b> The pancreas was normal in size and contour with mildly echogenic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.
15yr	
<b>WEIGHT</b>	<b>Free Abdomen</b> No omental masses or peritoneal effusion was present.
6.5kg	A solitary mildly prominent to enlarged pancreaticoduodenal lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 1.9 cm.
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Sonographically normal urinary bladder</li> <li>• Moderate chronic degenerative renal changes with bilateral pyelectasia</li> <li>• Regional subjective non-obstructive antrum/pylorus mucosal hyperplasia to gastric polyp-subjectively benign</li> <li>• Unremarkable small bowel</li> <li>• Mild to moderate gallbladder debris (non-mucocele)</li> <li>• Mild pancreatic remodeling-may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible</li> <li>• Focal benign/reactive pancreaticoduodenal lymph node</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Patti Mayfield DVM	The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
<b>HOSPITAL NAME</b>	The potential for low-grade or chronic pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec cPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended given the chronic weight loss in this patient. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.
Tumalo Animal Hospital	A thorough musculoskeletal and neurological examination is suggested if clinically indicated.
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	Small more frequent feedings of canned bland or hydrolyzed diet with as needed gastric protectant protocol may be considered if inappetence, vomiting or similar are present.
	11/22/2022



**PATIENT**

Lucky Scott

**SPECIES**

Canine

**BREED**

Miniature Pinscher  
Mix

**SEX**

MN

**AGE**

15yr

**WEIGHT**

6.5kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Patti Mayfield DVM

**HOSPITAL NAME**

Tumalo Animal  
Hospital

**REFERRING VET**

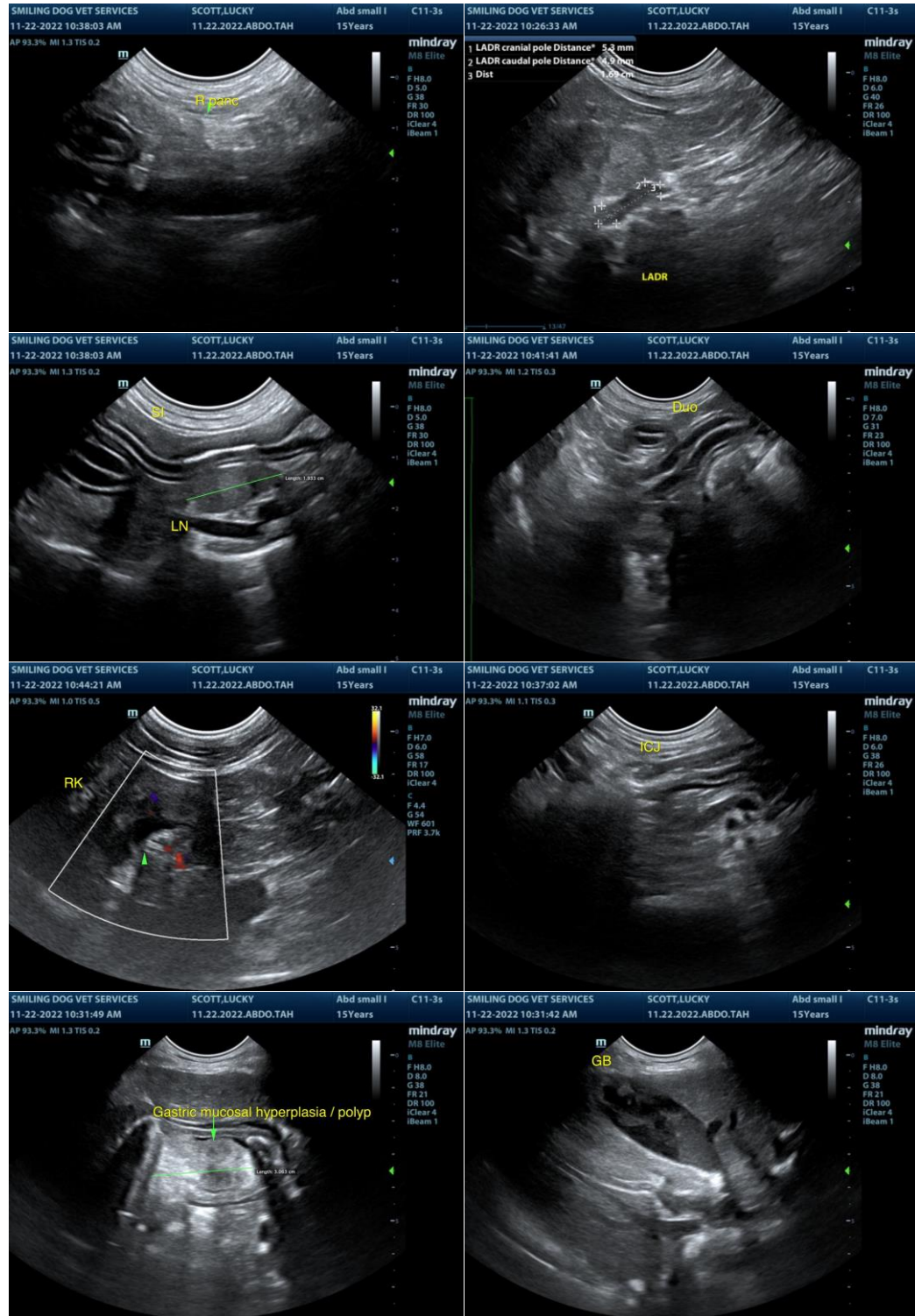
Dr. Kinnear

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**PATIENT**

Lucky Scott

**SPECIES**

Canine

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Miniature Pinscher  
Mix

**SEX**

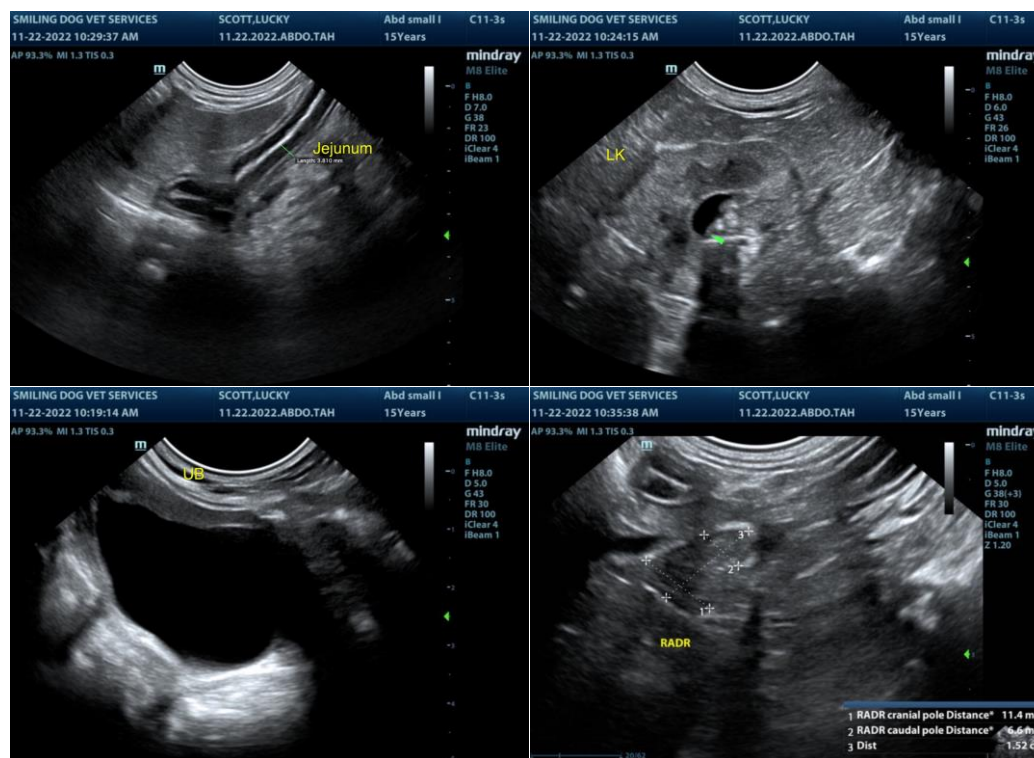
MN

**AGE**

15yr

**WEIGHT**

6.5kg



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Patti Mayfield DVM

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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.

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