



PATIENT

Gronk Garcia

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

12 years

WEIGHT

40.6 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

15597

DATE

12/2/22

PRESENTING CLINICAL SIGNS

Hx of slightly pot-bellied appearance, increased panting, shakiness in hind limbs gradually worsening over the past few months.

Abnormal PE/Chem/CBC/UA Results: 9/20/22 BW (not fasted): CBC: NSF Chem: ALP high (2016) - has been high at least since 2021, but increasing over time; hypercholesterolemia (639); lipase high (501) UA: low USG (1.015) with proteinuria (UPC = 1.2) - similar to 2021 labs T4: WNL 4Dx: negative x 4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

No overt pathology was noted in the area of the residual prostate.

The area of the aortic trifurcation was free of pathology.

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild nonuniform cortex echotexture was noted. No evidence of pelvic dilation or pyelectasia was present. Small cortical cysts and pinpoint areas of medullary mineral were noted in both kidneys. The left kidney measured 6.0 cm in length. The right kidney measured 6.7 cm in length.

Adrenal Glands

The bilateral adrenal glands exhibited borderline prominent size based on caudal pole width measurement in light of body weight. No adrenal tumors were noted. Maintained homogeneous adrenal parenchyma was present. No mineralization was noted. The left adrenal gland measured 0.65 cm width at the caudal pole and 0.96 cm width at the cranial pole. The right adrenal gland measured 0.62 cm width at the caudal pole and 0.74 cm width at the cranial pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. No evidence of splenic masses or neoplastic criteria was noted.

Liver/Gallbladder

The liver presented 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



PATIENT	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.
Gronk Garcia	
SPECIES	<i>Gastrointestinal</i>
Canine	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.
BREED	
Mix	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.
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
MN	<i>Pancreas</i>
AGE	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.
12 years	
WEIGHT	<i>Free Abdomen</i>
40.6 lbs.	No overt lymphadenopathy or peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Vacuolar hepatopathy pattern - subjectively benign • Normal gallbladder • Nonspecific chronic renal changes • Borderline bilateral prominent adrenal glands
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Hannah Fearing	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
HOSPITAL NAME	Full adrenal workup with LDDST or ACTH Stimulation test is warranted, given the patient's clinical signs, decreased urine specific gravity, and hepato-adrenal presentation.
Lanier AH	Hepatosupportive medications including Denamarin +/- Ursodiol may prove beneficial. No evidence of intraabdominal neoplastic criteria was noted.
REFERRING VET	
Dr. Hannah Fearing	
INVOICE	
15597	
DATE	
12/2/22	



PATIENT

Gronk Garcia

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

12 years

WEIGHT

40.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

15597

DATE

12/2/22





PATIENT

Gronk Garcia

SPECIES

Canine

BREED

Mix

SEX

MN

AGE

12 years

WEIGHT

40.6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

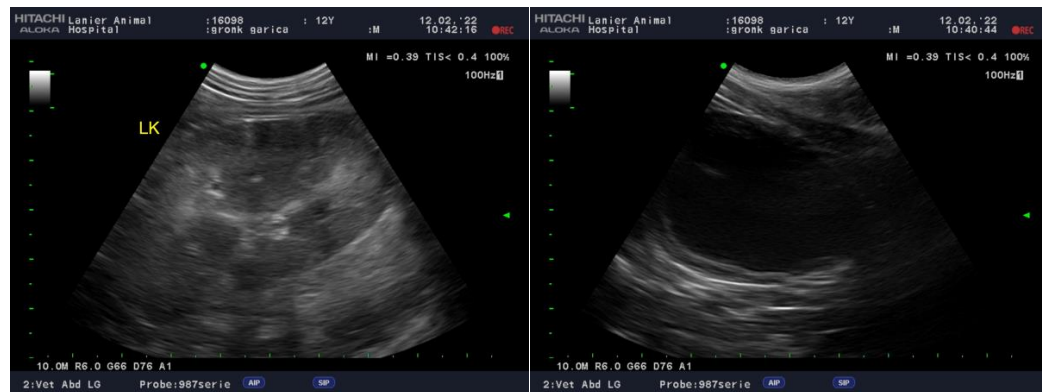
Dr. Hannah Fearing

INVOICE

15597

DATE

12/2/22



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