



PATIENT PRESENTING CLINICAL SIGNS

Gracie McKnight
SPECIES Canine
BREED Great Dane
SEX Intact Female
AGE 4 years
WEIGHT 47 kg

History: Presented at our hospital for vaginal d/c. Patient was in heat 2 weeks ago. Decreased appetite since Thursday, PU/PD. Previous Health Concerns: Similar infection 2 yrs ago

Current Medications: none
 Appetite/When did they eat last: decreased since Thursday Diet: Purina One

Abnormal PE/Chem/CBC/UA Results:
 Abdominal: tense; difficult to assess Genitourinary: very thickened vulva. Mild mucoïd d/c 8/13/23: bun 5.6 creat 0.3 tp 8.7 globulin 6.2; WBC 21.38; NEU 17.09; MCV 57.6 Flex 4: negative x 4
 Rads: extensive gas-filled intestinal loops but no evidence of a pyometra

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (11.99 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Moderate pyelectasia is present (0.87 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (12.12 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The caudal pole of the left adrenal gland is visualized and is normal in size (0.67 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is subjectively prominent-to-enlarged (2.78 cm in width at the level of the hilus) slightly rounded peripheral contours. The parenchyma is diffusely mottled. No distinct focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

INTERPRETED BY

Andrea Nicastro,
 DVM, Diplomate
 ACVIM (Small Animal
 Internal Medicine)

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr Miller

INVOICE

14083

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Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

Trace free fluid is observed. A few prominent mesenteric lymph nodes are visualized (one of the larger nodes measuring 2.15 x 0.74 cm). The nodes are normal in shape and echogenicity.

The uterine body is visible and is normal in size (0.63 cm in width). No obvious pathology is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild bilateral renomegaly. Differentials include interstitial nephritis, infiltrative neoplasia (less likely), or a normal variation for this large-breed patient. The left pyelectasia may be secondary to pyelonephritis, PU/PD, fluid therapy (if applicable) or some combination thereof.
- The splenic parenchymal changes could be consistent with a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation. Alternatively, emerging neoplasia (i.e., round cell tumor) is also possible.
- Trace ascites

Secondary Findings

- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the PU/PD, consider the following:
 1. Urine culture and sensitivity
 2. Resting cortisol level to screen for hypoadrenocorticism
 3. Vaginal cytology to further evaluate for pyometra (although there is no sonographic evidence of pyometra).
- Regarding the splenic changes, consider a fine-needle aspirate (if clotting status is appropriate). A 25-gauge needle should be used.
- Regarding the hyperglobulinemia, consider a serum protein electrophoresis, particularly if the results from the above diagnostics are inconclusive.



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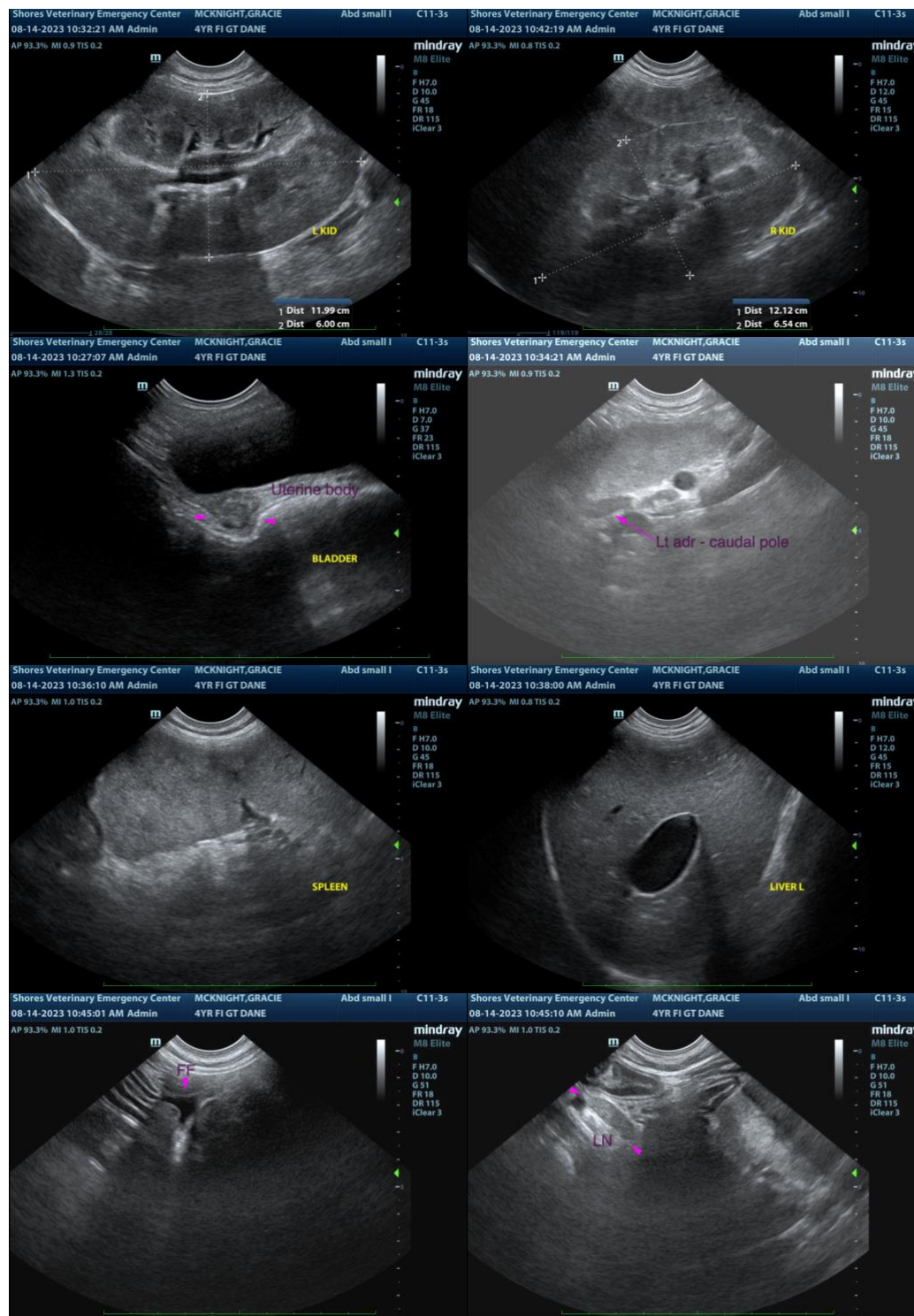
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@SonoPath.com

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