



**PATIENT**

Dane Chaplin

**SPECIES**

Canine

**BREED**

Great Dane

**SEX**

Intact Male

**AGE**

2015

**WEIGHT**

158 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

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

**HOSPITAL NAME**

Flowerstown AH

**REFERRING VET**

Dr. Randenelli

**INVOICE**

11651

**DATE**

9.16.22

**PRESENTING CLINICAL SIGNS**

Thirty-eight lb. weight loss since January (16 lbs since July).  
Intermittent large bowel diarrhea.  
Recent inappetence.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **prostate** is enlarged (6.87 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic relative to surrounding omental fat and heterogenous in appearance, with a few, ill-defined cystic areas. The prostatic urethra is not overtly dilated.

The **left kidney** is normal size (9.45 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The **right kidney** is normal size (9.08 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The **left adrenal gland** is normal size (0.87 cm at cranial pole) (0.92 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The **right adrenal gland** is normal size (1.41 cm at cranial pole) (0.81 cm at caudal pole) (3.67 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

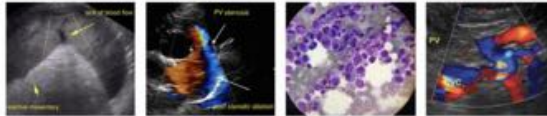
**Spleen**

The **spleen** is contracted (1.25 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is subjectively hypoechoic and homogenous in appearance. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

**Liver**

The **liver** is subjectively enlarged with swollen peripheral contours. The parenchyma is hyperechoic relative to the spleen and slightly mottled in appearance. No distinct focal lesions are observed. Intrahepatic biliary tracts are normal.

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.



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**Gastrointestinal**

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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.

**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**

A small to moderate amount of free fluid is present. The mesentery in the cranial abdomen is mildly hyperechoic. The abdominal **lymph nodes** are normal/not visible.

**Other**

The caudal vena cava is subjectively dilated.

A brief echocardiogram reveals mild pericardial effusion, pleural effusion and subjectively poor cardiac contractility. An arrhythmia is also visualized (ausculted on physical examination).

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The tricavitary effusion, dilated caudal vena cava and cardiac changes are concerning for right-sided congestive heart failure.
- The liver changes could be secondary to passive congestion (i.e., secondary to right-sided congestive heart failure) or underlying hepatopathy (i.e., vacuolar, regenerative nodular hyperplasia, inflammatory disease, other).

**Secondary Findings**

- The prostate changes are most consistent with benign prostatic hyperplasia with parenchymal cysts.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A full cardiac work-up is recommended, including an EKG, blood pressure, thoracic radiographs and echocardiogram.



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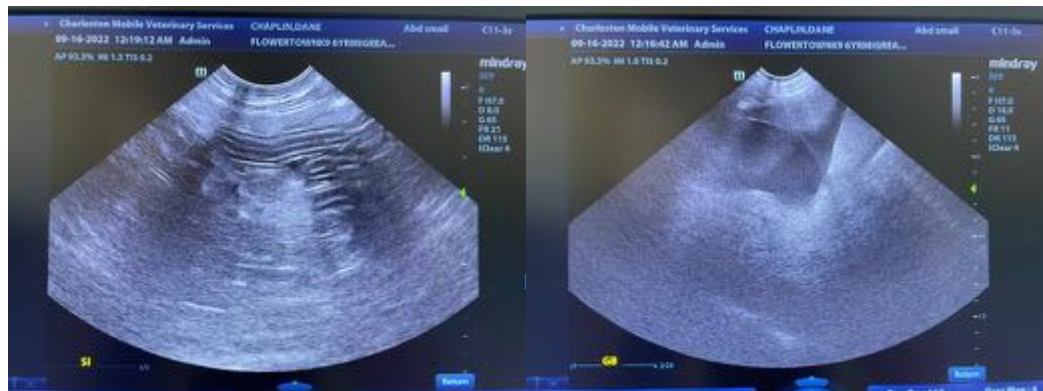
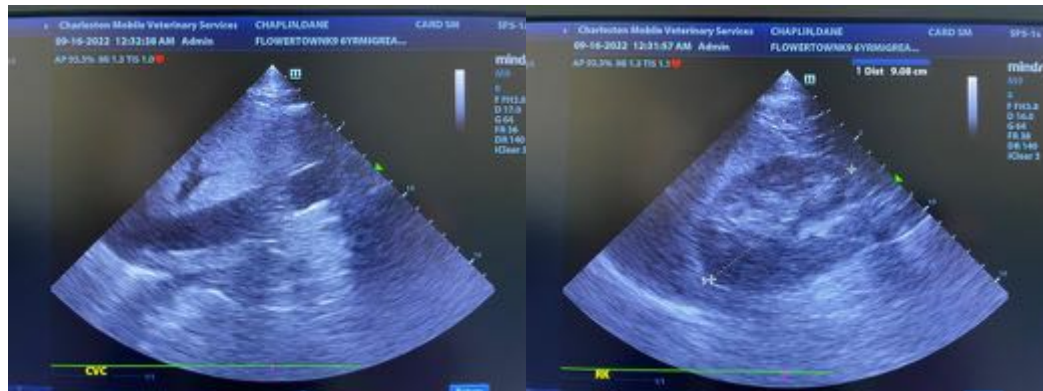
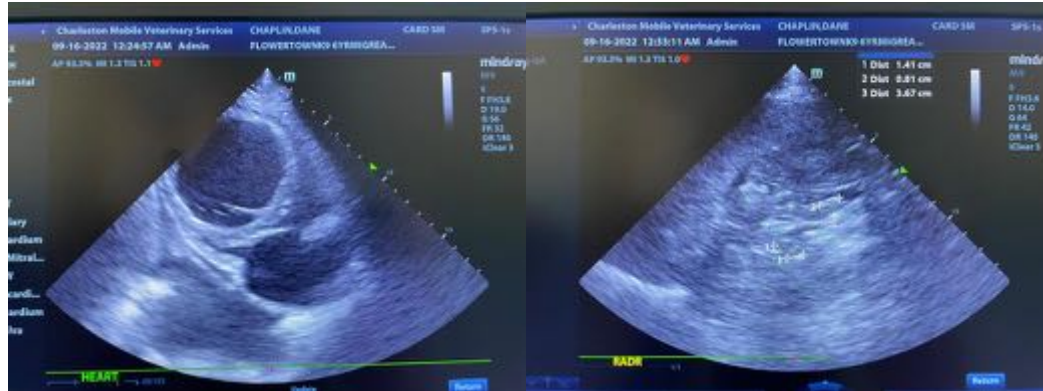
Dr. Randenelli

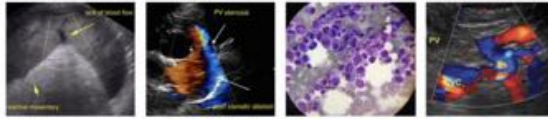
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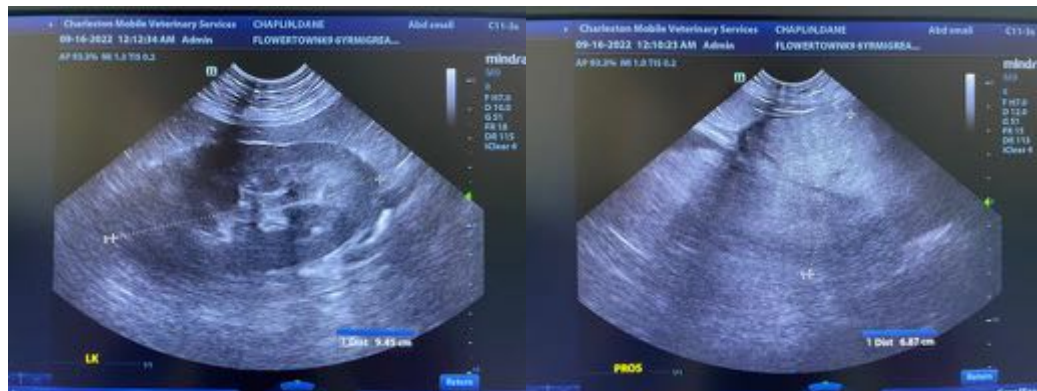
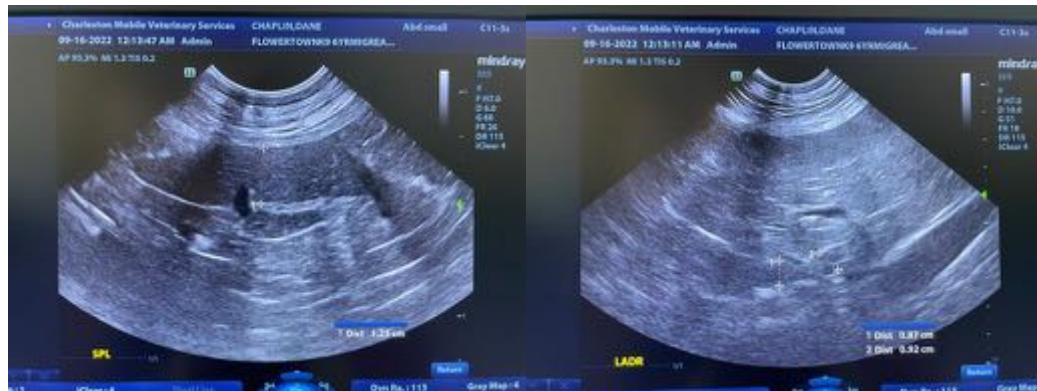
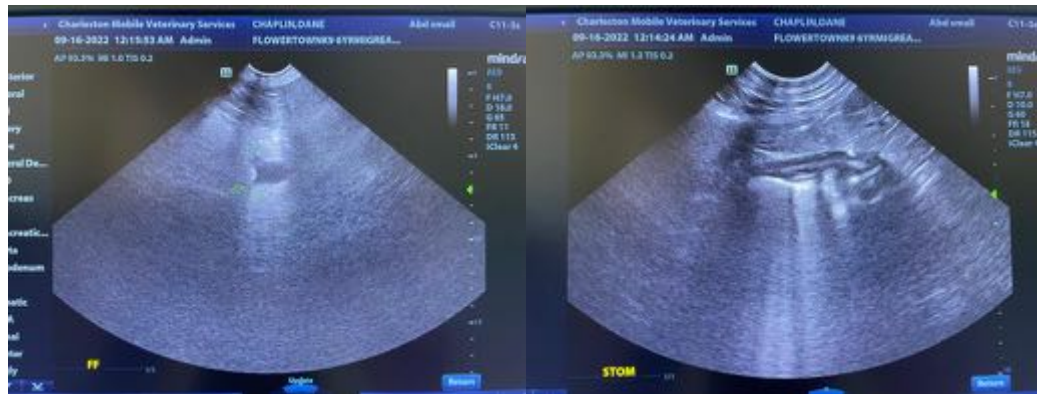
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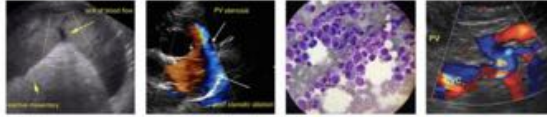
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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](mailto:info@SonoPath.com)

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