



PATIENT

Gobi Aidi

SPECIES

Canine

BREED

Great Dane

SEX

Neutered Male

AGE

4 Years

WEIGHT

167 lbs

INTERPRETED BY

Brad Harris, DVM,
DACVECC, Residency
trained in cardiology

IMAGING PERFORMED BY

Jenna

HOSPITAL NAME

Emergency AH of
Crystal Falls

REFERRING VET

Dr. Sabelhaus

INVOICE

71854

DATE

11/16/25

PRESENTING CLINICAL SIGNS

Presenting complaint/duration: Has pain, anxiety and fear, shivering on and off. O suspects he has had abdominal pain. He has been doing prayer pose x 4 days. He is reluctant to jump on the furniture - usually jumps on the couch to sleep with O. 3 days ago when he tried to lay down, he whined. P had similar body posture after his gastropexy procedure.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 8.7 cm. Right kidney measures 8.9 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.92 cm x 3.7 cm. Right measures 0.95 cm x 3.0 cm.

Spleen

The spleen measures 2.5 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileoceocolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.



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Pancreas

The pancreas is only partially visualized, but the visible portion appears normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- These findings are consistent with a normal abdomen.

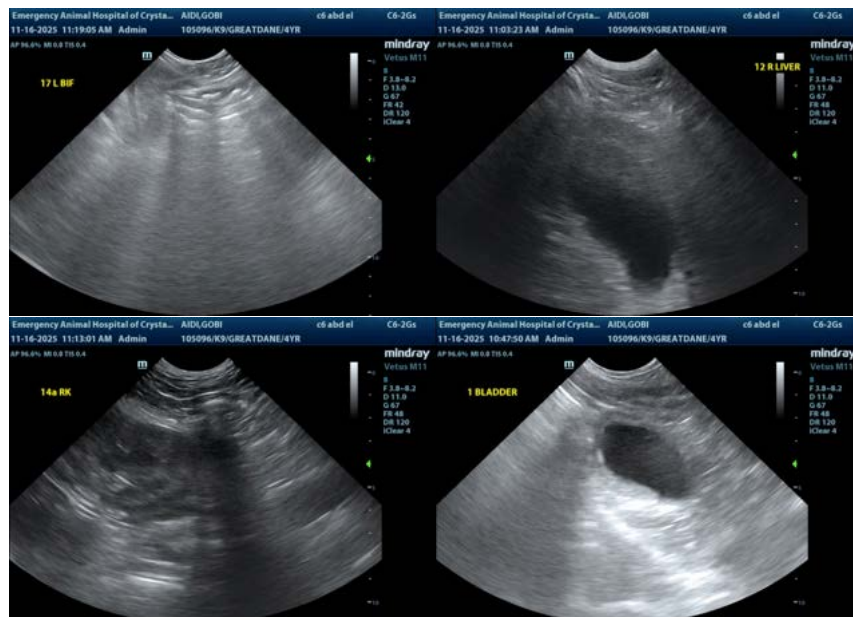
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no overt etiology of the reported abdominal pain noted. Consideration should be given to orthopedic discomfort. However, a normal appearance of the pancreas and gastrointestinal tract cannot excluded occult pancreatitis or gastroenteritis as a potential underlying differential for the possible discomfort.

A cPLI is indicated to further evaluate the pancreas for evidence of active inflammation or pancreatitis.

A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.

Orthopedic radiographs of the hind limbs should also be considered, given the reported clinical signs.





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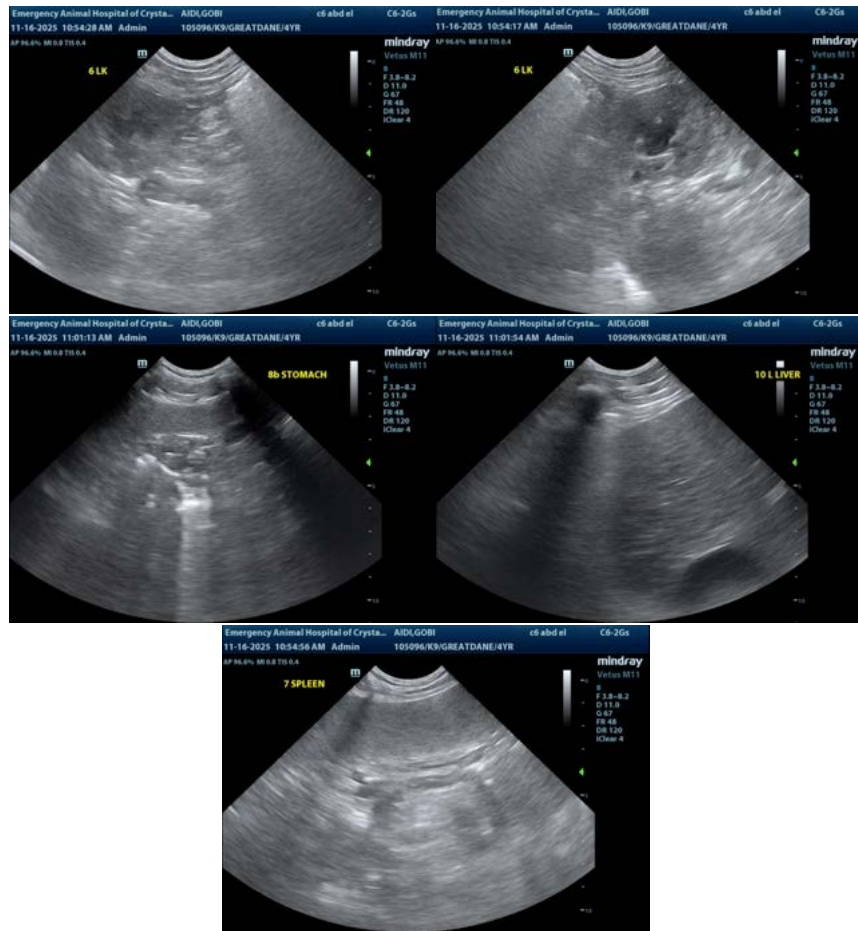
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, Residency trained in cardiology

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