



**PATIENT**

Arrow Harrison

**SPECIES**

Canine

**BREED**

Great Dane

**SEX**

Neutered male

**AGE**

8 ½ years

**WEIGHT**

130 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Ginny Dodd DVM,  
DABVP (CFP)

**HOSPITAL NAME**

Monroe Road AH

**REFERRING VET**

Dr. Fackrell

**INVOICE**

69166

**DATE**

11/28/25

**PRESENTING CLINICAL SIGNS**

History: First seen 8/10/25 for coughing (white foam sometimes) and now vomiting and occasional diarrhea. On PE and 2/6 heart murmur was noted; Sent out a urine P/C and UA showed +3 protein with 1.030 USP. prescribed Cerenia. UPC was high (3.5) so RX Enalapril 30 mg OD. Seen 11/28 for rapid decline, anorexia, 5# wt loss, a productive cough (green mucus) and very lethargic. H/O vomiting, weight loss, possible regurgitation, and diarrhea in past 2 months.

Abnormal PE/Chem/CBC/UA Results: PE: heart murmur 2/6, some abdominal discomfort on palpation, listless, won't get up but can walk slowly once erect CBC- neutrophilic leukocytosis (immature or toxic neutrophils), low Retic-hgb (decreased iron availability- consider iron deficiency, PSS, inflammation, or breed related microcytosis) CHEM- normal except cholesterol (387), bun 7, creat 0.7, T4 sl low (0.9) UA- sending off UPC. QOL issues discussed- owner oked AUS next

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. The urethra was mildly thickened. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 8.04 cm. The right kidney measured 8.76 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized and recognized as having 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. The left adrenal gland measured 2.75 x 0.89 cm at the caudal pole and 0.78 cm at the cranial pole. The right adrenal gland measured 3.21 x 0.94 cm at the cranial pole and 0.75 cm at the caudal pole.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.



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**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

**Gastrointestinal**

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**Heart**

Rapid view of the heart revealed mitral insufficiency without volume overload. This is consistent with stage B1 valvular disease.

**ULTRASONOGRAPHIC FINDINGS**

- Chronic cystitis, urethritis pattern.
- Stage B1 valvular disease.
- Coughing does not appear to be cardiogenic.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of calculi or neoplasia. Urine culture and sensitivity is indicated. There is no overt evidence of visceral disease responsible for the weight loss. There is some lower urinary tract thickening. Work-up for any evidence of UTI is indicated. If the patient was n.p.o. at the time of the sonogram, soft foreign body is possible. Recheck sonogram is recommended at full n.p.o. status.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.



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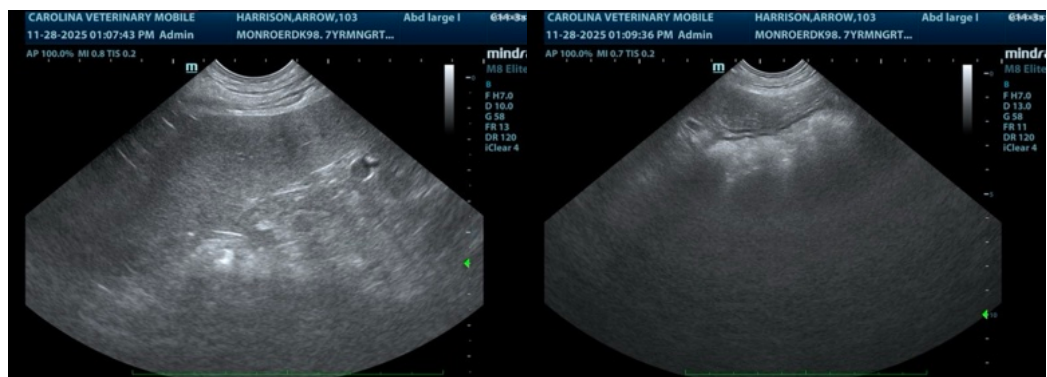
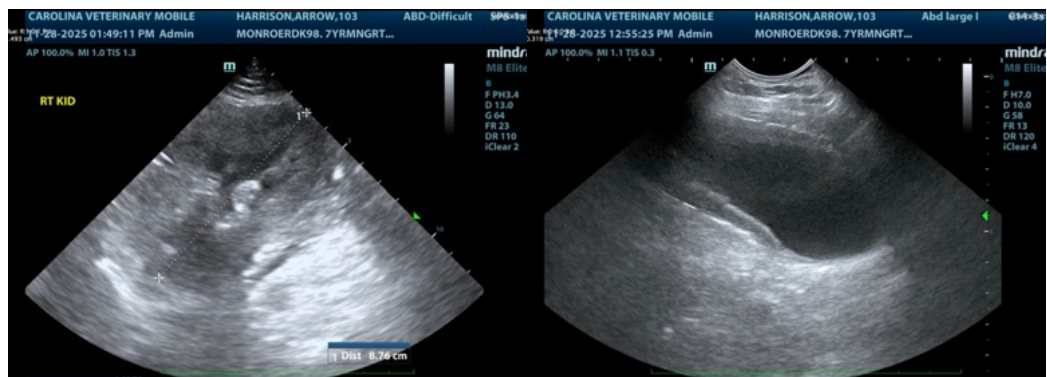
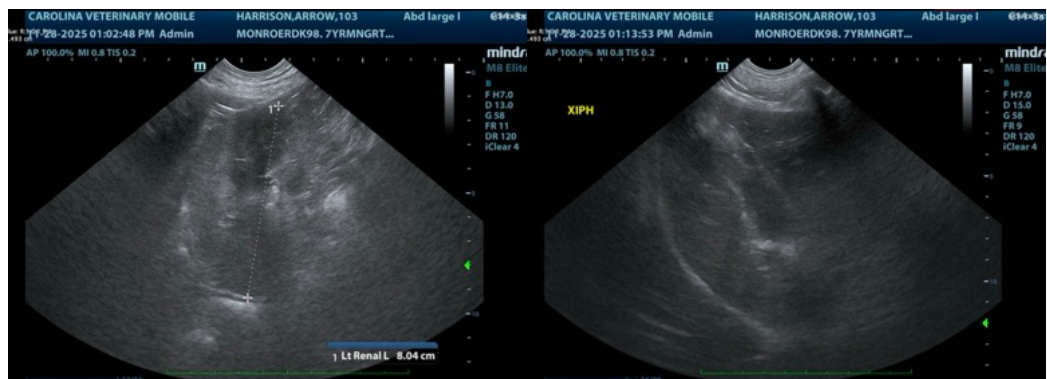
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**

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