



<p>PATIENT</p> <p>Strava Cann</p> <p>SPECIES</p> <p>Canine</p> <p>BREED</p> <p>Rottweiler</p> <p>SEX</p> <p>Intact Female</p> <p>AGE</p> <p>5 ½ years</p> <p>WEIGHT</p> <p>113.2 lbs</p> <p>INTERPRETED BY</p> <p>Kim Radway, DVM, DABVP (Canine/ Feline)</p> <p>IMAGING PERFORMED BY</p> <p>Dr. Arms</p> <p>HOSPITAL NAME</p> <p>Gilbertsville VH</p> <p>REFERRING VET</p> <p>Dr. Arms</p> <p>INVOICE</p> <p>71253</p> <p>DATE</p> <p>2/5/26</p>	<p>PRESENTING CLINICAL SIGNS</p> <ul style="list-style-type: none"> • Intact female with prolonged heat (6 weeks) just finally coming to an end. • Suspect aspiration pneumonia with no known reason for aspiration. Aspiration pneumonia not responding to antibiotics so now looking for other causes. • Prominent mammary glands and vulva, no active vulva discharge slight monocytosis rest of CBC normal 11 days enrofloxacin and 9 days clavamox - minimal changes in CXR, continued cough. <p>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</p> <p><i>Urinary System</i></p> <p>The urinary bladder, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.</p> <p>The kidneys revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was <u>7.06 cm</u> and the right kidney was <u>7.7 cm</u> in length.</p> <p><i>Adrenal Glands</i></p> <p>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 acceptable. The left adrenal gland was <u>2.0 cm by 0.45 cm by 0.44 cm</u> and the right adrenal gland was <u>2.5 cm by 0.9 cm by 0.78 cm</u> in size.</p> <p><i>Spleen</i></p> <p>The spleen presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.</p> <p><i>Liver</i></p> <p>The liver revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.</p>
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Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

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

Heart

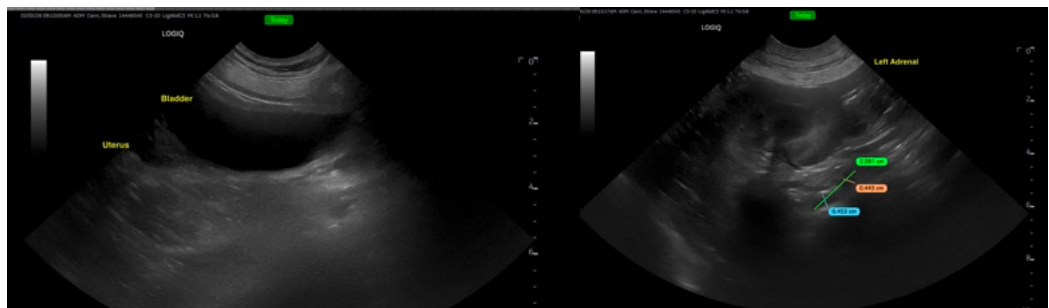
Rapid view of the heart revealed evidence of hypoechoic lung consolidation, but no discrete masses or effusion.

ULTRASONOGRAPHIC FINDINGS

Region of lung consolidation.
Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a normal abdomen with no evidence of underlying causes for the aspiration pneumonia. On the thoracic radiographs it is important to have excluded the possibility of any megaesophagus as an underlying cause for this patient's aspiration pneumonia. Continued aggressive therapy of the pneumonia should be provided.





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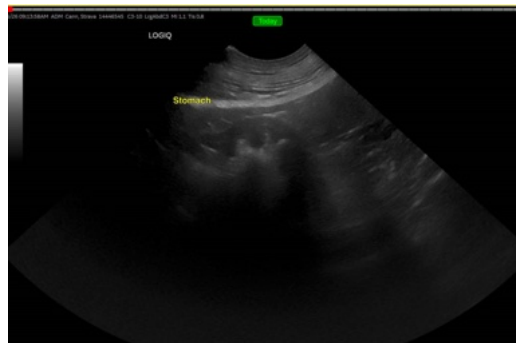
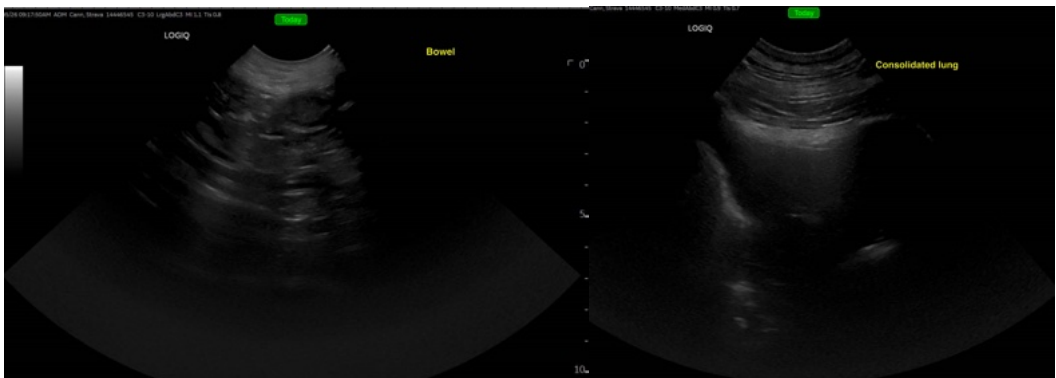
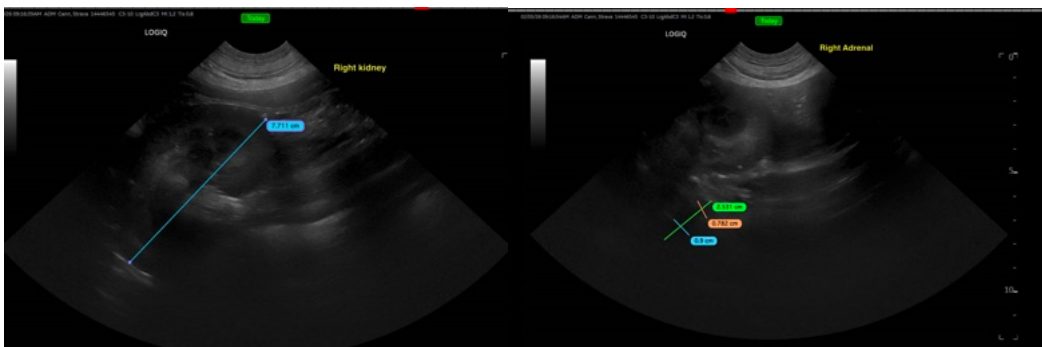
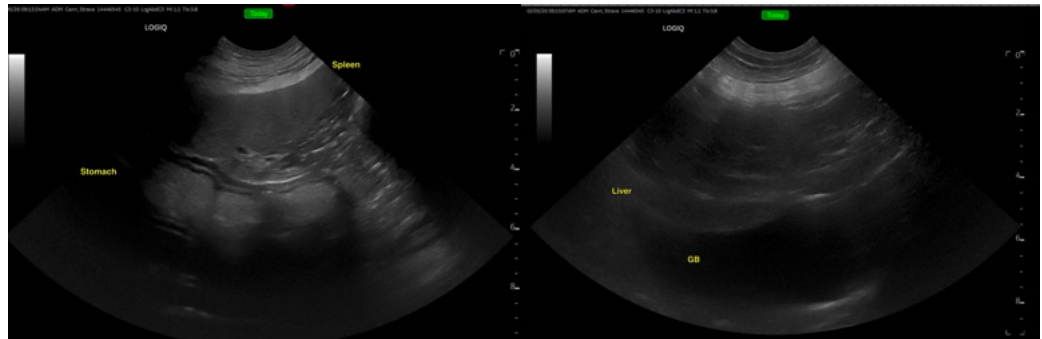
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

Kim Radway, DVM, DABVP (Canine/ Feline)

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