



PATIENT

Sadie Novak

SPECIES

Canine

BREED

Great Dane

SEX

Spayed Female

AGE

13

WEIGHT

89

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

IMAGING PERFORMED BY

Dr. Shane Stafford

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

Dr. Shane Stafford

INVOICE

11095

DATE

1/13/2026

PRESENTING CLINICAL SIGNS

Sadie presents for a primary concern of worsening mobility issues and weakness. The owner reports that this has been progressive, but a few days ago she had a particularly bad day where her back left leg was repeatedly knuckling. She has been observed knuckling on both front and back limbs. She cries when going down the stairs and has fallen in the past, though stair treads have helped. The weakness is described as her legs sliding out from under her. She also has episodes of appearing to be in pain, where she is lethargic and loses interest in high value treats like a knuckle bone. The owner is also concerned about progressive weight loss; she is now under 90 lbs, down from a healthier weight of 105-110 lbs. Her appetite and thirst remain normal. She has had approximately one to two episodes of fecal incontinence per week, which seems to be unintentional as it happens overnight or as she is standing up. The stool is typically well-formed, though she had one episode of diarrhea after consuming an entire bone. The owner has tried Carprofen sporadically in the past with no noticeable improvement in mobility, only causing some lethargy. History of oral epilus and heart disease (3/6 left systolic apical murmur), and hypothyroidism.

Abnormal PE/Chem/CBC/UA Results: ****Progressive Ataxia and Weakness (Forelimb CP deficits, hindlimb weakness with deficits)**** - R/O Cervical Spondylomyelopathy (Wobbler's Syndrome), intervertebral disc disease, degenerative myelopathy, spinal neoplasia. Orthopedic disease (e.g., severe osteoarthritis) is less likely given the neurologic deficits and lack of response to NSAIDs. 2. ****Significant Weight Loss**** - R/O Neoplasia (e.g., hemangiosarcoma, lymphoma), underlying systemic disease, malabsorptive/maldigestive disorder. 3. ****Fecal Incontinence**** - Likely secondary to neurologic dysfunction. Please see attached documents for labwork that was done on 9/3/2025 was a whole canine comprehensive panel (CBC/CHEM/UA/FECAL/4DX/T4 /and Cancer Dx) and then recently NU Q Vet Cancer Test was normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.15 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (7.34 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The caudal half of the left adrenal is visible measuring at 0.54 cm at the caudal pole. No significant irregularity is noted, and it's visualized in its normal position cranial to the left renal artery.

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.



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Spleen

The spleen is subjectively normal in size (2.05 cm) and the echotexture is homogenous. The splenic capsule is smooth with no visible irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- No significant ultrasonographic abnormalities.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No significant lesions were visualized on today's exam. This does not rule out the possibility of underlying neoplastic disease but makes it less likely. Recommend neurologic consultation and consider underlying neurologic disease and muscle wasting as a differential for the weight loss reported.



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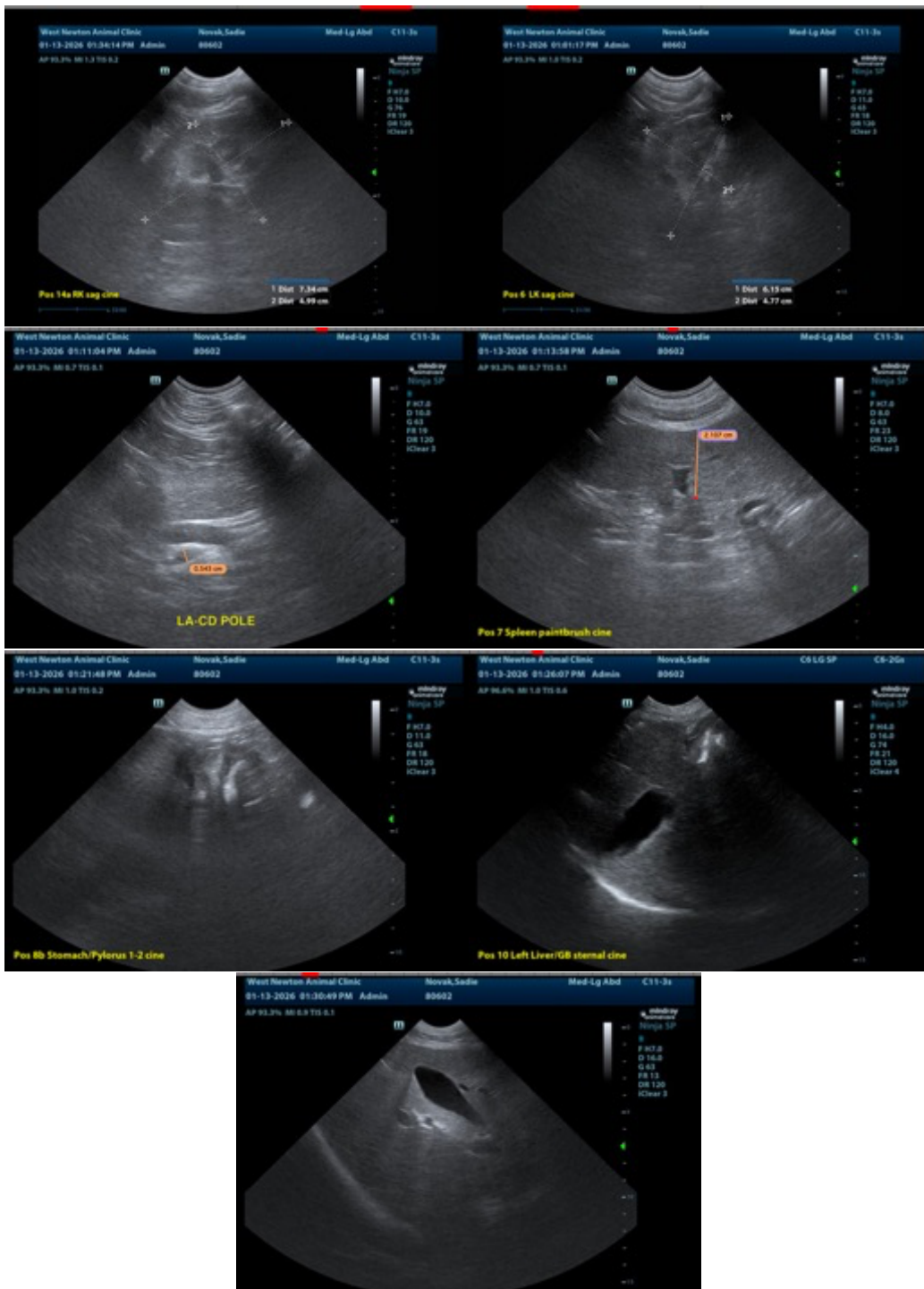
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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