



**PATIENT**

Calypso Herrera

**SPECIES**

Canine

**BREED**

Great Dane

**SEX**

Spayed Female

**AGE**

11 Years

**WEIGHT**

109 Pounds

**INTERPRETED BY**

R. McKenzie Daniel, DVM,  
DABVP (Canine and  
Feline)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Falmouth AH

**REFERRING VET**

Dr. Jennifer Switzer,  
DVM

**INVOICE**

14119

**DATE**

2/28/22

**PRESENTING CLINICAL SIGNS**

History: History PLN, controlled on Enalapril and Phenoxybenzamine. Markedly elevated cPL, amylase and lipase although asymptomatic for pancreatitis. ~13 lb weight loss in 1 year despite great appetite. \*Sedated with gabapentin, torb/dex for study.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Subtle subjective cortical hypertrophy with mild increased medullary echogenicity was present with mild loss of corticomedullary border demarcation and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineralization were present. The left kidney measured 9.5 cm in length. The right kidney measured 9.3 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.69 cm width at the caudal pole and 0.59 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.66 cm width at the caudal pole and 0.57 cm width at the cranial pole.

**Spleen**

The spleen was mildly enlarged, likely owing to sedation. Normal symmetrical capsule contour present with primarily maintained finely textured homogeneous parenchyma. Solitary, hyperechoic to mildly non-homogeneous macronodule was present in the cranial spleen, measuring approximately 1.5 cm in diameter. The nodule did not distort the splenic capsule. The nodule exhibited subtle distal acoustic shadowing. Normal splenic vascularity was noted.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. Mild particulate non-organized gallbladder debris was present. The gallbladder debris was likely incidental, assuming no evidence of cholestasis. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Minor variably echogenic fluid and ingesta was present in the stomach. The gastric body wall measured 0.56 cm.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. Mild, nonspecific duodenal mucosal speckling present. The duodenum wall measured 0.62 cm. The jejunum wall measured 0.39 cm. The ileum wall measured 0.34 cm.



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Normal visible colon wall layers were present with formed feces in lumen.

Calypso Herrera

***Pancreas***

**SPECIES**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Canine

***Free Abdomen***

**BREED**

Several, mildly prominent to enlarged medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 0.91 cm width. These lymph nodes were not consistent with neoplastic criteria and considered incidental. No free fluid was present. Normal omental echogenicity noted.

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**ULTRASONOGRAPHIC FINDINGS**

**AGE**

- Hyperechoic splenic micronodule- likely benign, myelolipoma, previous infarct, emerging mineralization or possible neoplastic criteria considered unlikely
- Nonspecific chronic renal changes- likely consistent with chronic glomerulopathy/glomerulonephritis
- Overtly normal gastrointestinal tract with minor nonspecific duodenal mucosal speckling and mild gastric ingesta
- Sonographically unremarkable pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An obvious cause of the patients weight loss was not definitively evident. No evidence of active pancreatitis or other pancreatopathy. Low-grade pancreatitis could be present yet sonographically normal. Alternatively, the elevated amylase, lipase and CPL may be potentially secondary to gastrointestinal disease.

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Further assessment may include GI panel, to include PLI, TLI, cobalamin and folate to assess for maldigestive/malassimilation disorder or structurally insignificant gastrointestinal disease. Three-view chest radiographs suggested to rule out occult thoracic pathology as a contributing factor for the patients weight loss. Pending additional diagnostics, assessment of caloric plane +/- competitive eating environment may be considered.

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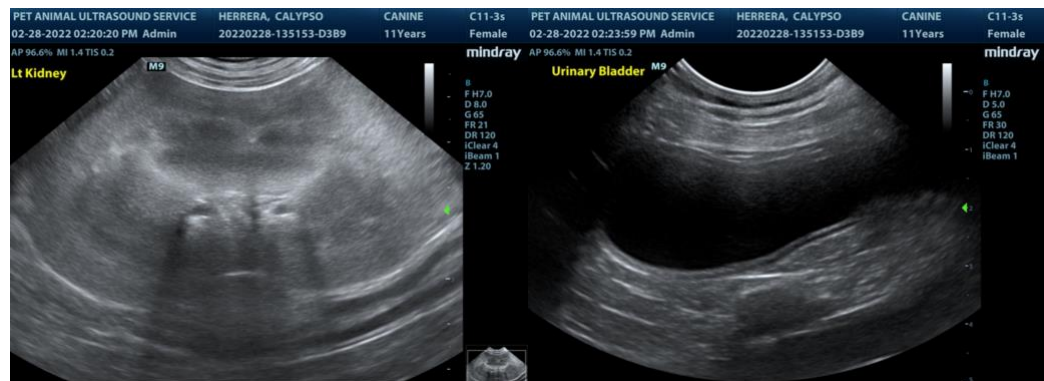
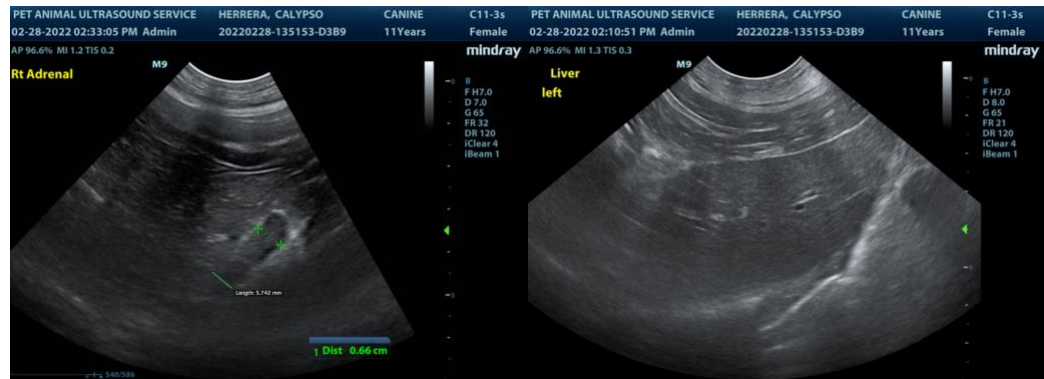
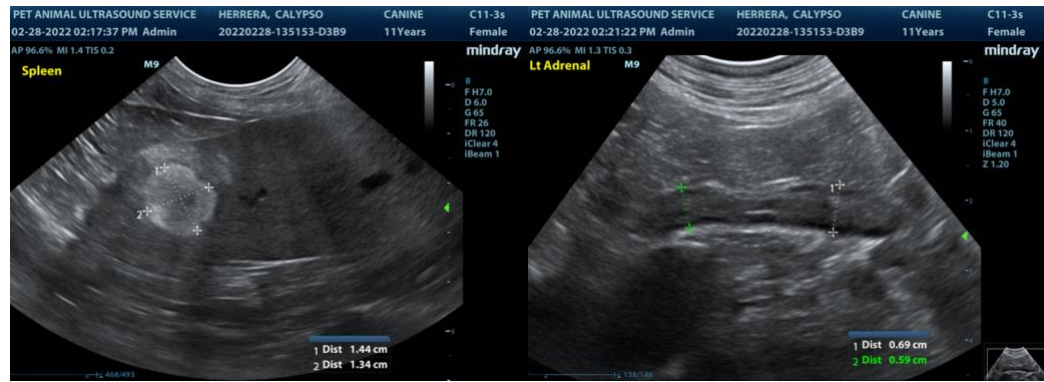
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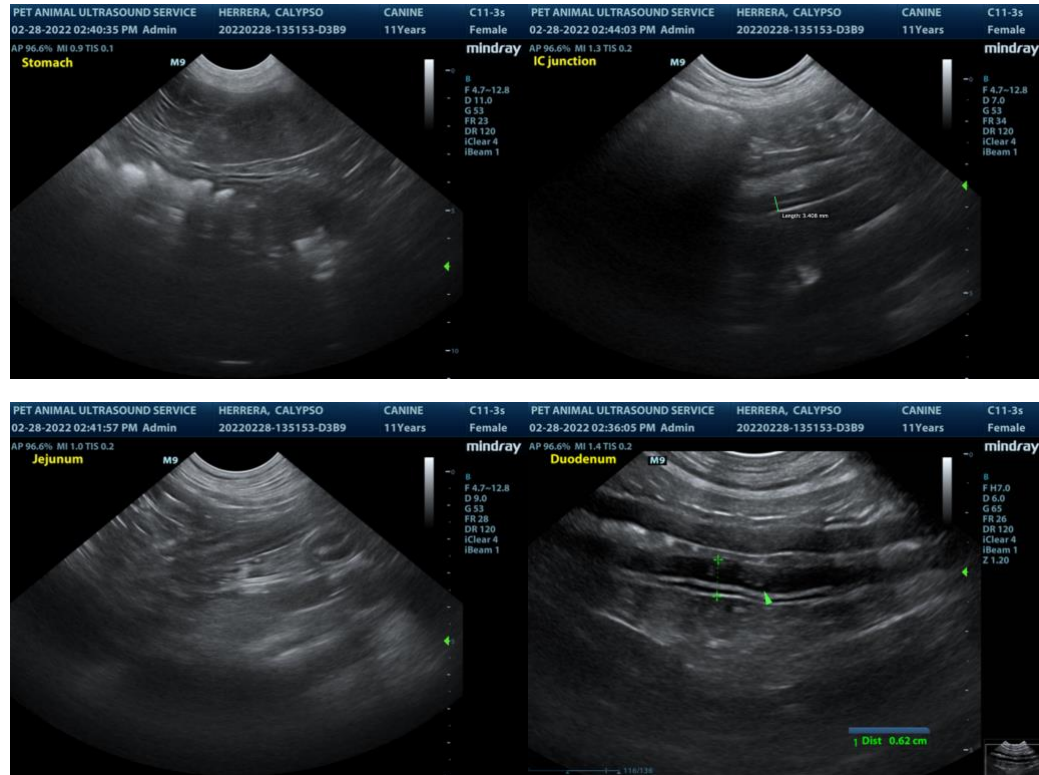
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
 info@SonoPath.com