



PATIENT

River Grimm

SPECIES

Canine

BREED

Great Dane

SEX

Female

AGE

1 Year 4 Months

WEIGHT

110 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Brandon Holmes

HOSPITAL NAME

West Newton Animal
Clinic

REFERRING VET

Dr. Brandon Holmes

INVOICE

15533

DATE

04/27/26

PRESENTING CLINICAL SIGNS

4/22: Presenting for a lack of appetite and water consumption that has lasted for over one week. The patient became acutely ill last Sunday following an incident the prior Saturday night where she consumed charcoal, garbage, and food debris from a burn pit. Since then, her appetite has been minimal; she ate chicken and rice the evening prior to the appointment but refuses treats, which is unusual for her. Water intake has also been significantly decreased. Two small piles of feces have been observed, but there has been no history of vomiting. River has a history of a poor appetite and has experienced weight loss recently. She has a history of constant, year-round generalized itching and scratching, for which a food allergy has been previously suspected. She was diagnosed with a UTI a month ago, and the prescribed medication was not completed due to poor appetite. The patient went into heat in March, approximately 6-7 weeks ago. She has been noted to have a generally poor appetite since she was a young puppy. Seems to show GI discomfort after eating home cooked bland diet of chicken and rice but has been able to eat since the visit while taking mirtazapine.

Abnormal PE/Chem/CBC/UA Results: Normal abdominal rads. BCS 4/9. CREA = 1.4, PHOS = 3.2, ALB = 3.7, GLOB = 4.1, GGT = 5, QPL = 269, EOS = 3.19.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 change were noted.

No evidence of pathology in the area of the uterus or bilateral ovaries.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 8.0 cm in length. The right kidney measured 8.4 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 0.70 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.65 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver & Gallbladder



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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.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Great Dane

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas. No evidence of retained ingesta, fluid or obstruction to pyloric outflow. The pylorus wall measured 0.54 cm wall width.

SEX

Female

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.45 cm wall width. The jejunum wall measured 0.34 cm to 0.35 cm wall width.

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

Pancreas

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The area of the pancreas was sonographically normal.

Free Abdomen

Intermittent mildly prominent mesenteric 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). No evidence of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable empty gastrointestinal tract.
- Normal area of the pancreas.
- Intermittent mild mesenteric lymphadenopathy-consistent with benign criteria i.e. mild reactive hyperplasia or possible lymphadenitis.
- Normal adrenal glands.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral, specifically gastrointestinal or pancreatic, pathology as the definitive cause of the patient's clinical history. Low-grade to mild pancreatitis and microscopic gastrointestinal disease may present sonographically unremarkable. No current evidence of gastrointestinal foreign material or obstructive pattern.

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A GI panel to include PLI, TLI, cobalamin and folate and screening cortisol level to assess for occult disease is suggested. Gastrointestinal support, which may include dietary trial, gastroprotectants and empirical deworming despite fecal testing, may prove beneficial. Gastrointestinal biopsies via endoscopy or potential laparotomy may be required for a definitive diagnosis.

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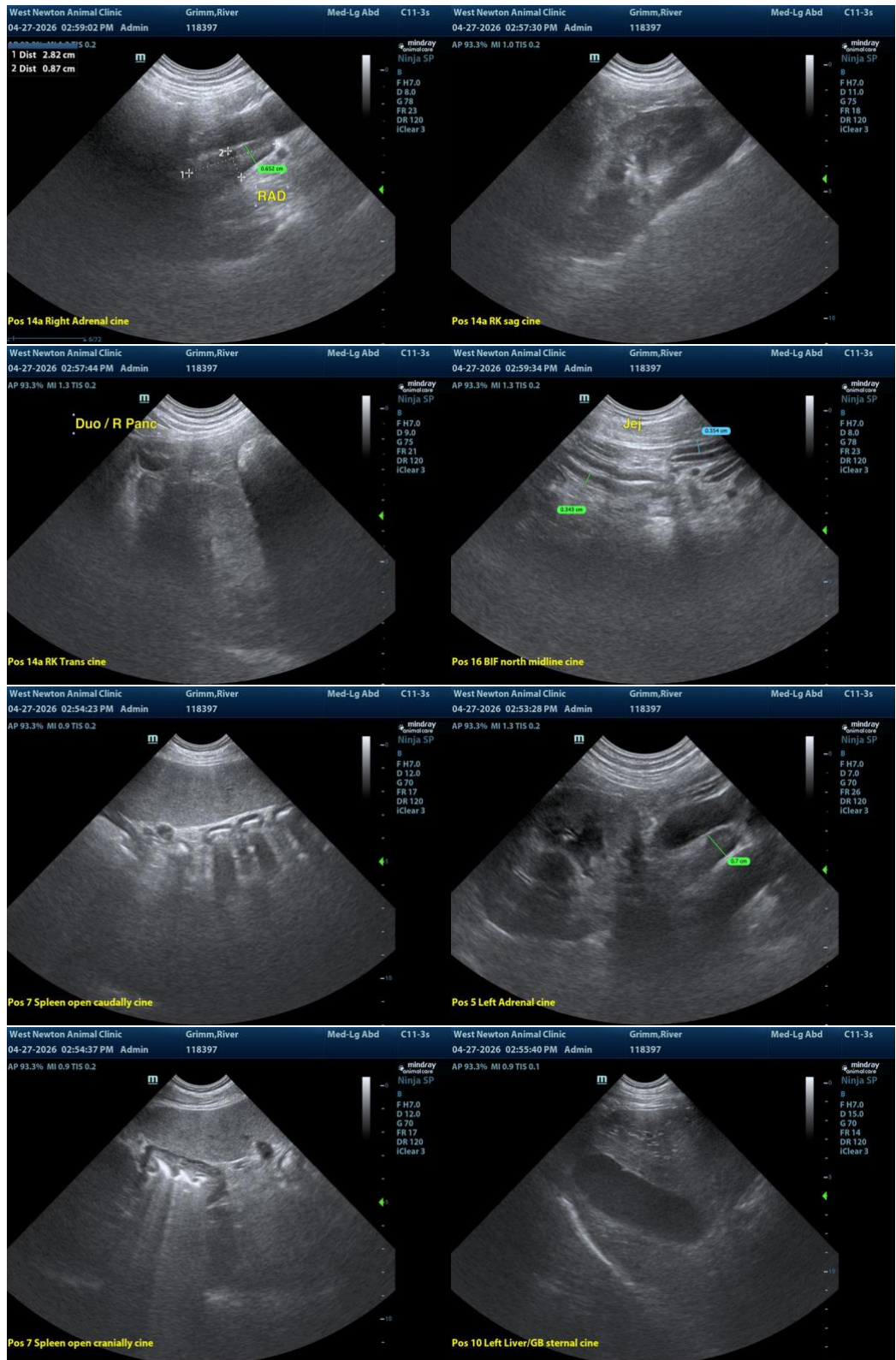
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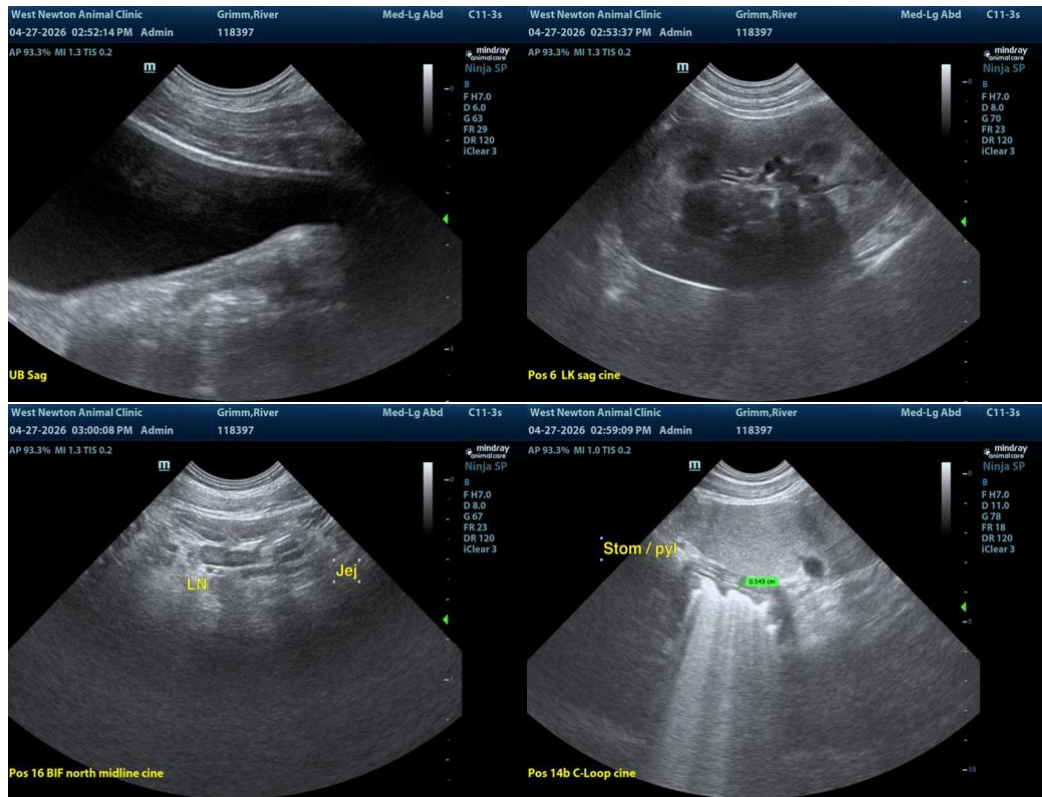
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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