



PATIENT

Cora Bowsman

SPECIES

Canine

BREED

Great Dane

SEX

Spayed Female

AGE

6 Years

WEIGHT

50 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Laurie Brewer

INVOICE

75550

DATE

5/30/26

PRESENTING CLINICAL SIGNS

*Possibly GI ulcer according to rDVM. P given joint supplements 3 weeks ago and bloody diarrhea started. Then also vomiting on and off over the last 3 weeks, this week blood in vomit. P vomited for the first time since Tuesday and it seemed to be chunky and bloody, possible blood clots. P The vomit noted as a very dark color with spots of blood. never constant vomiting or diarrhea but on and off. appetite has also been on and off. Prior history of elevated lipase and urinary incontinence. P medications has been on propectalin, metronidazole, and sucralfate. P also takes incurin but has not received in a few weeks due to gi signs. P has been fed Hill's i/d diet for about 8 weeks. *concern for Intermittent GI signs - r/o addison's, IBD, parasitic, FB, other.

Abnormal PE/Chem/CBC/UA Results: PE: subtle pain 1/4, with palpation of cranial abdomen; abdomen tense cbc, chem, and epoc: all unremarkable CpL: 420.9 abnormal cortisol (baseline): <0.5 cortisol (post cosyntropin): 11.6 rads: gassy bowel; slightly thickened stomach lining

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Normal urethral structure with decreased tone noted to a depth of 5.0 cm. 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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. Left kidney measured 7.6 cm (underestimation of left kidney size). Right kidney measured 9.6 cm.

Adrenal Glands

The adrenal glands were not definitively visualized.

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

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. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented mildly thickened wall. Intact wall layering was maintained and distinct. The gastric body wall measured 0.74 cm width. The stomach contained a mild amount of anechoic fluid. An indistinctly visualized yet suspect small luminal defect noted in the area of the cranial gastric body with associated focal to mild gas artifact. No obstruction of pyloric outflow.

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.

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

Pancreas

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

PRIMARY FINDINGS

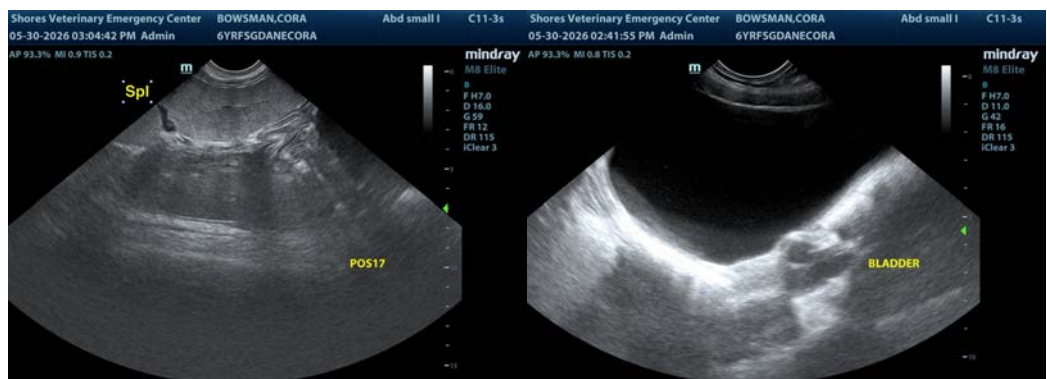
- Hypomotile gastritis pattern with suspect small ulcer
- Normal small intestine with mild nonobstructive duodenal ileus
- Normal area of pancreas

SECONDARY FINDINGS

- Normal urinary bladder, mild decreased proximal urethra tone

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Broad spectrum gastroprotectants and supportive care indicated with clinical monitoring. Dietary trial, high colony count probiotic, and empirical deworming suggested. Recheck ultrasound if persistent GI signs or hematemesis. No overt suspicion for GI neoplasia. Upper GI endoscopy if available may be considered.





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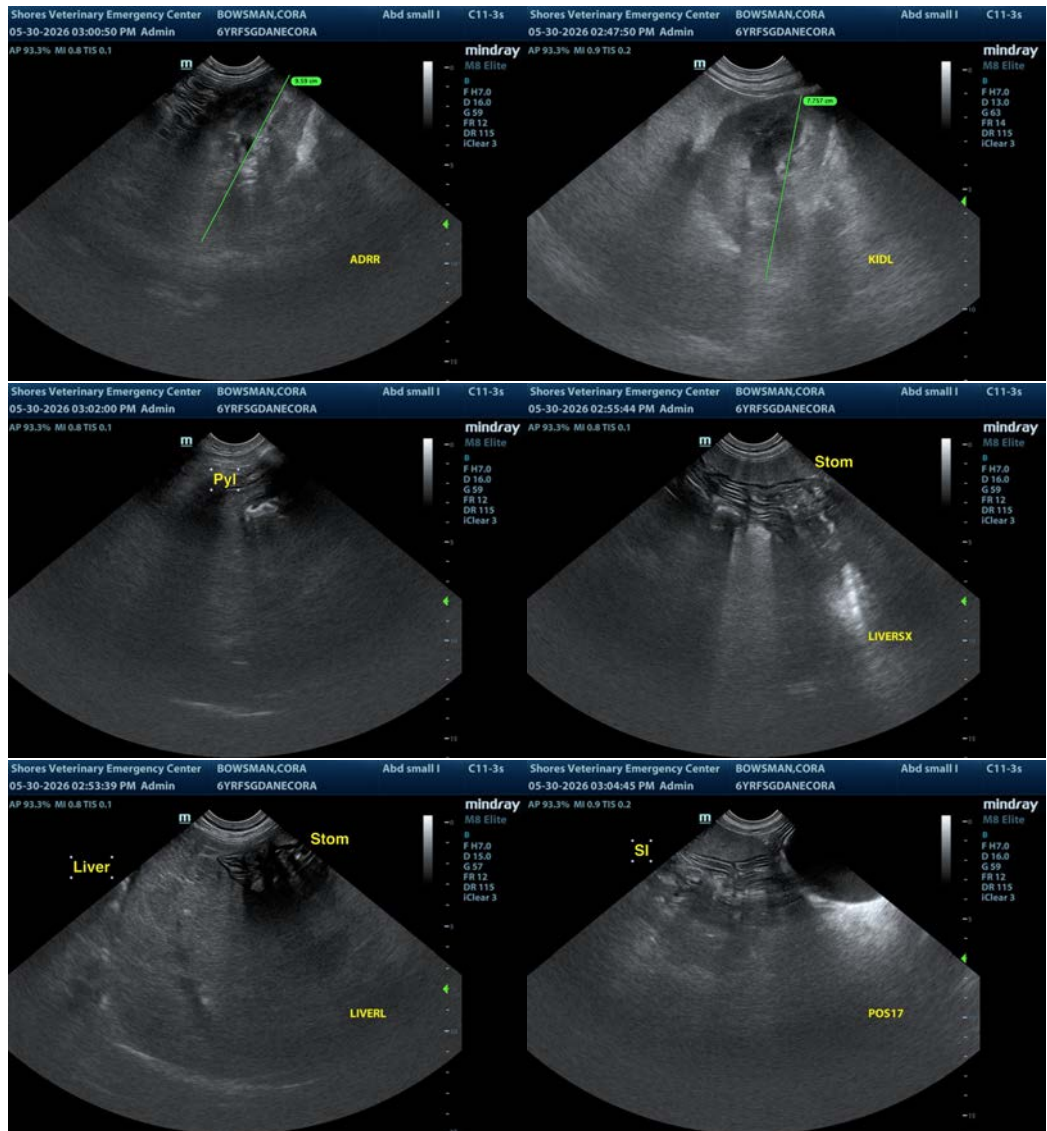
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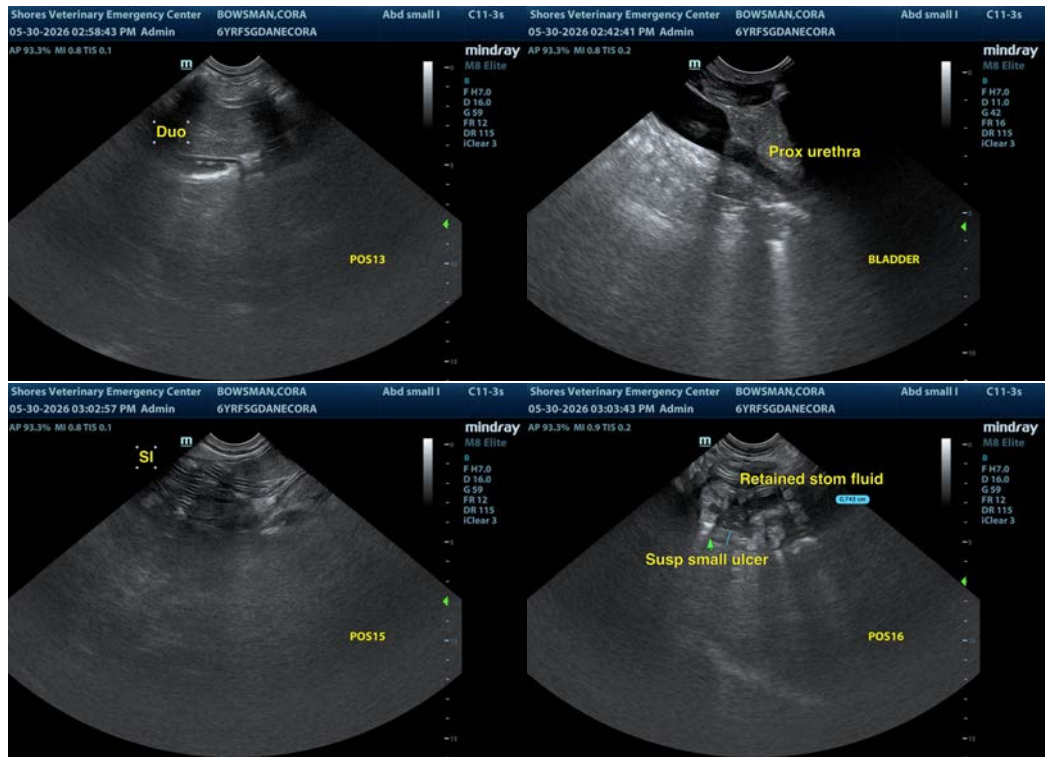
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com