



**PATIENT**

Vesta Bradbury

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Female

**AGE**

3 Months

**WEIGHT**

10.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

JSS

**HOSPITAL NAME**

King Hopkins PH

**REFERRING VET**

Dr. Omotayo Conteh

**INVOICE**

15912

**DATE**

6/6/22

**PRESENTING CLINICAL SIGNS**

History: Vesta is a 13 weeks old F GSD that has been having persistent dark stool. O said it was resolving over the last 2 days. Last 2 stool today was formed but also black.

\*\*Note, The submitted study contained 23 still images and 1 video for review.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible proximal urethra to a depth of 2.0 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 changes were noted.

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 6.6 cm in length. The right kidney measured 7.0 cm in length.

**Adrenal Glands**

The left and right 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.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.47 cm.

The visualized sections of small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio. No overt evidence of loss of small intestinal wall layering, mechanical/metabolic ileus, overt ulceration, intestinal mass or other pathology, such as intussusception. The duodenum wall measured 0.46 cm. The jejunum wall measured 0.34 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen. The descending colon wall measured 0.14 cm.



**PATIENT**

**Pancreas**

Vesta Bradbury

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.

**SPECIES**

Canine

**Free Abdomen**

**BREED**

German Shepherd

Solitary to potential intermittent mildly prominent mesenteric 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 measured 0.51 cm width.

No effusion noted. The omentum exhibited uniform echogenicity.

**SEX**

**Other**

Female

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

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

3 Months

- Sonographically unremarkable gastrointestinal tract and colon
- Intermittent minor benign/reactive mesenteric lymphadenopathy- lymphoid hyperplasia, minor lymphadenitis or immunologic immaturity likely. The lymph nodes were not consistent with neoplastic criteria.

**WEIGHT**

10.6 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of abdominal visceral pathology, specifically, no evidence of gastrointestinal mural pathology. An obvious cause of the patients recent formed yet black stool is not definitively evident. If previous history of loose stool to diarrhea (dark in color), dietary intolerance/food hypersensitivity, occult parasitism (even if negative fecal testing) may be considered. If currently formed stools, a bland novel protein or hydrolyzed diet trial, as well as prophylactic deworming, i.e., Panacur 50 mg/kg PO SID for 5 consecutive days with potential repeat protocol in 3 weeks and assessment of stool response would be reasonable. If recurrent diarrhea is noted, a high colony count probiotic +/- antibiotic trial and potential long-term dietary therapy may be indicated. Although considered unlikely, given the patients age, resting cortisol to rule out occult Addisons disease and potential for microulceration may be considered.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

JSS

**HOSPITAL NAME**

King Hopkins PH

**REFERRING VET**

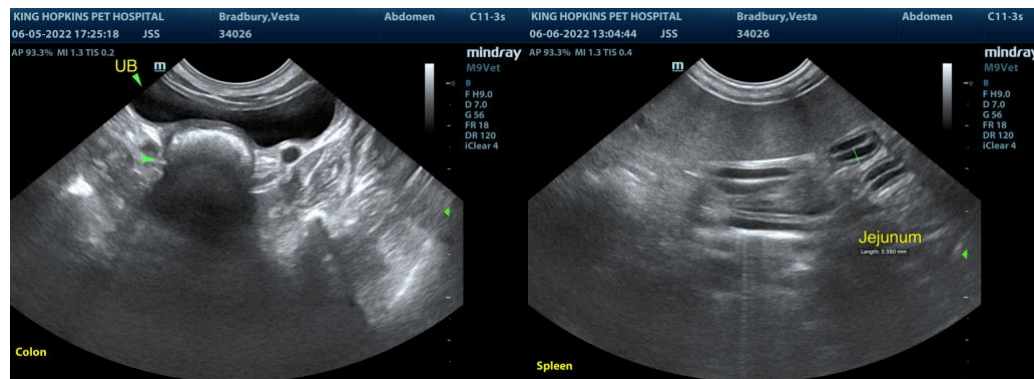
Dr. Omotayo Conteh

**INVOICE**

15912

**DATE**

6/6/22





**PATIENT**

Vesta Bradbury

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Female

**AGE**

3 Months

**WEIGHT**

10.6 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

JSS

**HOSPITAL NAME**

King Hopkins PH

**REFERRING VET**

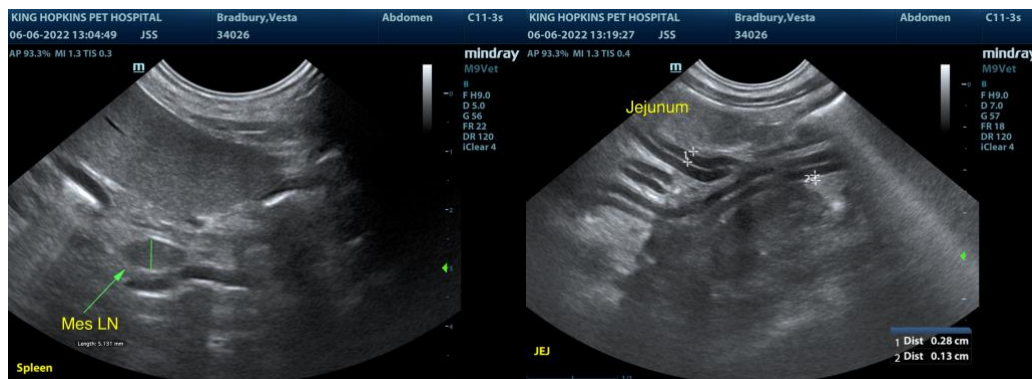
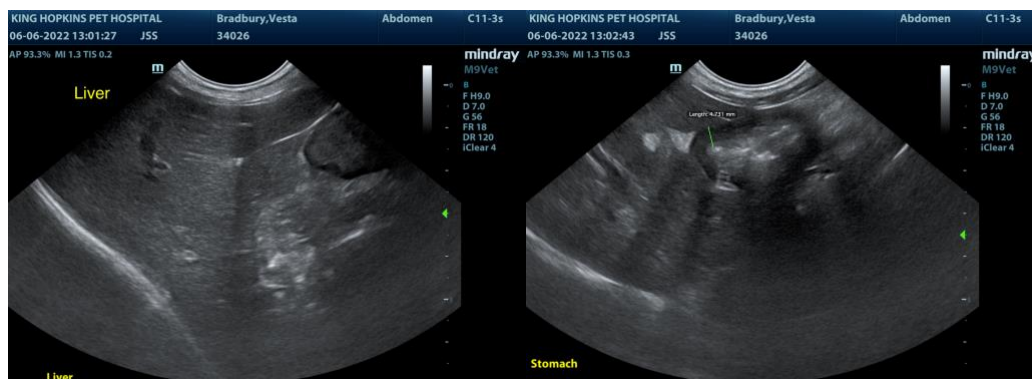
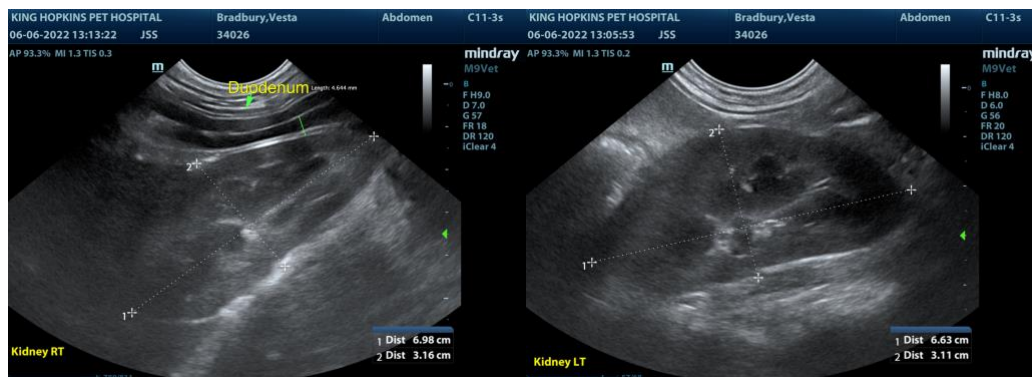
Dr. Omotayo Conteh

**INVOICE**

15912

**DATE**

6/6/22



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