



**PATIENT PRESENTING CLINICAL SIGNS**

Isabella Stephens Ongoing weight loss despite normal appetite. Has had some diarrhea. Seems painful. Currently on Previcox.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Can **Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

**BREED**

Bernese Mtn Dog

**SEX**

Spayed Female

The area of the aortic trifurcation was free of pathology.

**AGE**

4 Years

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. The left kidney measured 6.3 cm. The right kidney measured 6.0 cm.

**WEIGHT**

37.3 kg

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland was indistinctly visualized owing to patient size and conformation, yet subjectively normal, measuring 1.0 cm at the cranial pole and 0.74 cm at the caudal pole.

**Spleen**

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Crystal Hill

**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.

**HOSPITAL NAME**

Grand River VH

**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. Gastric body wall measured 0.48 cm.

**REFERRING VET**

Dr. Robinson

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. Duodenum wall measured 0.46 cm. Jejunum wall measured 0.44 cm.

**INVOICE**

24740

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

**DATE**

8/16/21



**PATIENT** *Pancreas*

Isabella Stephens

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**

Can

*Free Abdomen*

No evidence of intraabdominal masses, lymphadenopathy or effusion.

**BREED**

Bernese Mtn Dog

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Musculoskeletal / neurological examination may be considered given the reported possible pain and without evidence of abdominal pathology. No overt evidence of visceral or specifically gastrointestinal pathology as an obvious cause of the patient's weight loss and reported diarrhea. Consideration for malassimilation/maldigestive disorder, dysbiosis, inflammatory bowel disease without evidence of mural changes possible. No overt evidence of infiltrative gastrointestinal process or evidence of intraabdominal neoplasia. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate, fresh fecal analysis to assess for parasitic ova/giarda +/- resting cortisol level to rule out occult Addison's disease, although the bilateral adrenal glands appear to be sonographically normal. 3-view chest radiographs may be considered to rule out occult thoracic pathology.

**WEIGHT**

37.3 kg

**INTERPRETED BY**

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

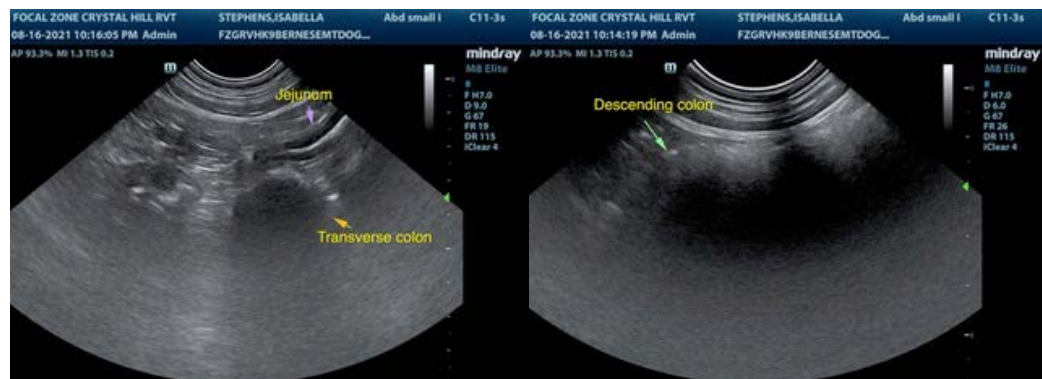


**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

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**PATIENT**

Isabella Stephens

**SPECIES**

Can

**BREED**

Bernese Mtn Dog

**SEX**

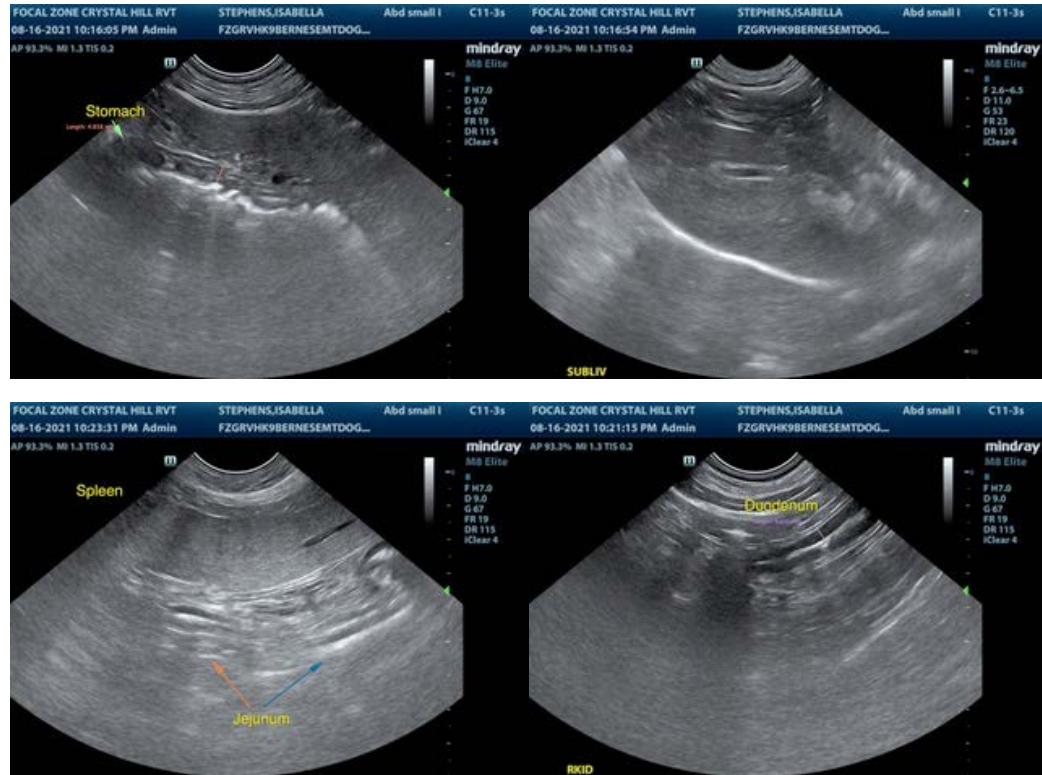
Spayed Female

**AGE**

4 Years

**WEIGHT**

37.3 kg



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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.

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