



**PATIENT PRESENTING CLINICAL SIGNS**

Spade Stewart Not eating or drinking for 24 hours, only ate 1 Tbsp of pumpkin. Vomited a few times this past month. Lethargic. Hx of diarrhea. Currently on Tylosin and Metacam.

Abnormal PE/Chem/CBC/UA Results: Urea 1.3

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Great Dane

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 changes were noted.

**SEX**

Neutered Male

No evidence of pathology in the area of the residual prostate.

**AGE**

8 Years

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The kidneys measured 7.0 cm each.

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

100.2 kg

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.78 cm at the cranial pole and 0.88 cm at the caudal pole. The right adrenal gland was not definitively visualized owing to patient size and body condition.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Crystal Hill

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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**

BPH Burlington

**REFERRING VET**

Dr. Aziz

**Gastrointestinal**

The visualized stomach was sonographically unremarkable, exhibiting subjective intact wall layering and without evidence of mural hypertrophy. No evidence of retained gastric ingesta, fluid or foreign material. Gastric body wall measured 0.70 cm.

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The visualized segments of small intestine presented intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio. Mild segmental luminal gas noted without evidence of mural pathology, mechanical or metabolic ileus, obstruction or foreign material. Jejunum wall measured 0.46 cm.

**DATE**

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



**PATIENT** *Pancreas*

Spade Stewart 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** *Free Abdomen*

Canine No evidence of intraabdominal masses, lymphadenopathy or effusion.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Great Dane • Sonographically unremarkable abdomen

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Neutered Male An obvious cause of the patient's clinical signs was not definitively evident in this study. The potential for underlying gastrointestinal disease or low-grade pancreatitis (which may present sonographically normal) in light of the patient's inappetence, vomiting and diarrhea, cannot be excluded. Further assessment may include fresh fecal analysis to assess for parasitic ova/giardia, GI panel to include PLI, TLI, cobalamin and folate, and resting cortisol to assess for or rule out occult Addison's disease. 3-view chest radiographs (if not done) may be considered to rule out occult thoracic or esophageal pathology. Continued gastrointestinal supportive care is indicated.

**AGE**

8 Years

**WEIGHT**

100.2 kg

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Feline)

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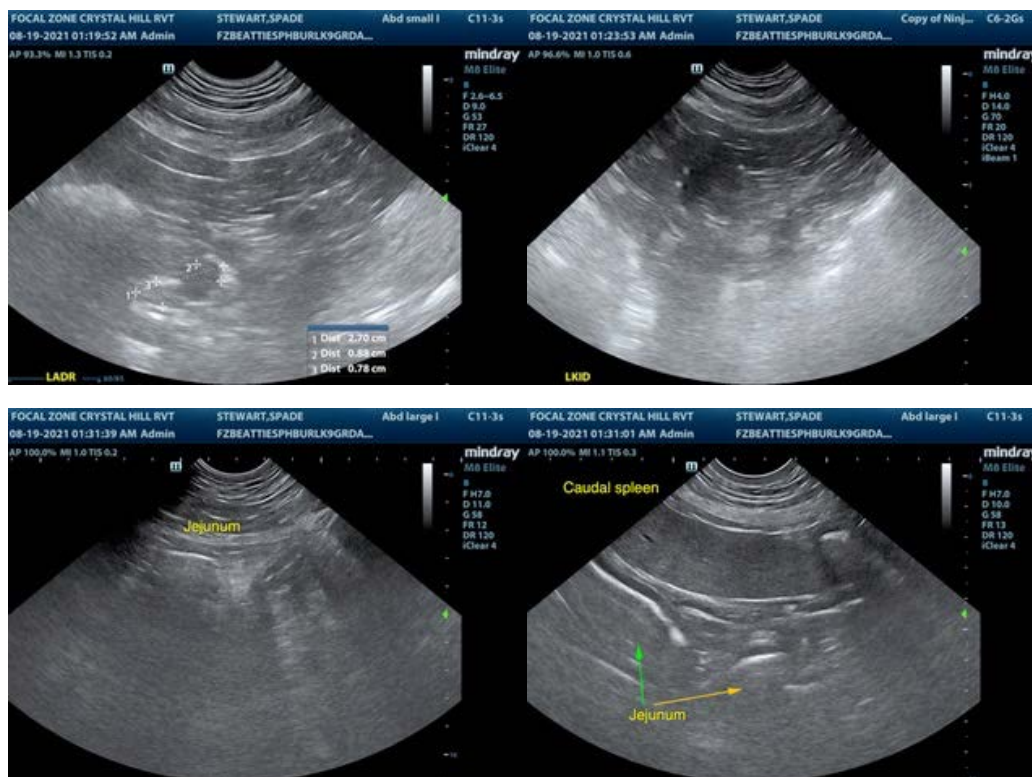
Dr. Aziz

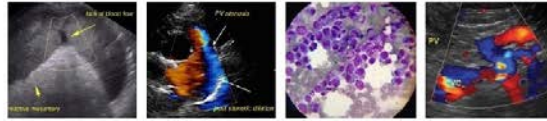
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**PATIENT**

Spade Stewart

**SPECIES**

Canine

**BREED**

Great Dane

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

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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