



**PATIENT**

Olimpia Pacheco

**SPECIES**

Canine

**BREED**

Great Dane

**SEX**

Female

**AGE**

13 years, Approx

**WEIGHT**

77 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Julissa Diaz

**HOSPITAL NAME**

Centro Veterinario  
del Norte

**REFERRING VET**

Dra. Caballero

**INVOICE**

14859

**DATE**

8/18/23

**PRESENTING CLINICAL SIGNS**

Rescue patient in 2022. Was hospitalized last Sunday for vomiting and anorexia, Xray reveals IVDD & disc spondylosis. today patient is presented due to vomiting & lethargic and unknown if patient is spay, currently constipated and has full bladder difficult to express. U/A was sent to laboratory.

Abnormal PE/Chem/CBC/UA Results: Obtunded, dry MM CBC anemia non regenerative , leukocytosis (36) neutrophilia & monocytosis, eosinopenia Glucose 141, Hypernatremia, BUN 31, GLob 5.5

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was moderate to markedly distended in size with overtly normal urinary bladder wall without evidence of inflammatory criteria or tumors. Anechoic urine was present with moderate nondependent particulate urine sediment without overt lumen mineral or calculi. The area of the cystourethral junction and trigone was overtly free of obstructive pathology. The proximal urethra was not definitively visualized owing to depth and pelvic shadowing artifact.

Possible intact non-fluid dilated uterus was noted cranial to the urinary bladder at the level of iliac trifurcation. Intact left or right ovaries were not definitively visualized.

No obvious evidence of medial Iliac or sublumbar lymphadenopathy.

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 7.2 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**Spleen**

The visualized spleen exhibited subjective mild subnormal size compared to expected splenic size, given the breed. The spleen maintained a symmetrical capsule contour and homogenous parenchyma. No overt splenic nodules or mass noted.

**Liver/ Gallbladder**

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. Overtly normal vascular volume was noted. The gallbladder was indistinctly visualized without overt evidence of gallbladder distention or evidence of post hepatic obstructive criteria.

**Gastrointestinal**

The stomach presented overtly normal visualized intact wall layering. The stomach appeared to be gas distended.



<b>PATIENT</b>	The visualized segments of small intestine presented intact wall layering with overtly normal intact wall layer ratio. Empty segments of small intestine were noted along with segmental subjective increased intestinal gas pattern. There was no overt intestinal obstructive pattern.
Olimpia Pacheco	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Canine	<b><i>Pancreas</i></b>
<b>BREED</b>	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 were evident.
Great Dane	
<b>SEX</b>	<b><i>Free Abdomen</i></b>
Female	Generalized mild nonuniform increased omental echogenicity was present with mild volume peritoneal effusion.
<b>AGE</b>	
13 years, Approx	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>• Moderately to markedly distended urinary bladder with moderate urine sediment</li> <li>• Possible intact non-fluid dilated uterus cranial to the urinary bladder</li> <li>• Volume contracted spleen - no overt splenic neoplastic criteria / masses</li> <li>• Subjective normal hepatic volume</li> <li>• Gas-distended stomach, overtly normal visualized small bowel exhibiting segmental increased intestinal gas pattern - no obvious small intestinal obstruction</li> <li>• Generalized mild nonuniform increased omental echogenicity and mild volume peritoneal effusion - possible nonspecific peritonitis</li> </ul>
77 lbs.	
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Although there is no evidence of hyperkalemia, potential concern for nonobvious urethral obstruction could be a concern in this patient. If possible, passage of urinary catheter to assess urethral patency is recommended.
<b>IMAGING PERFORMED BY</b>	Abdominal effusion analysis, cytology, +/- C/S, if evidence of inflammatory cells, is suggested for further clarification.
Julissa Diaz	
<b>HOSPITAL NAME</b>	Although there is no obvious evidence of hepatic congestive criteria, three view chest radiographs are recommended to assess for intrathoracic or cardiac pathology as a contributing factor. CBC pathology review could be considered.
Centro Veterinario del Norte	
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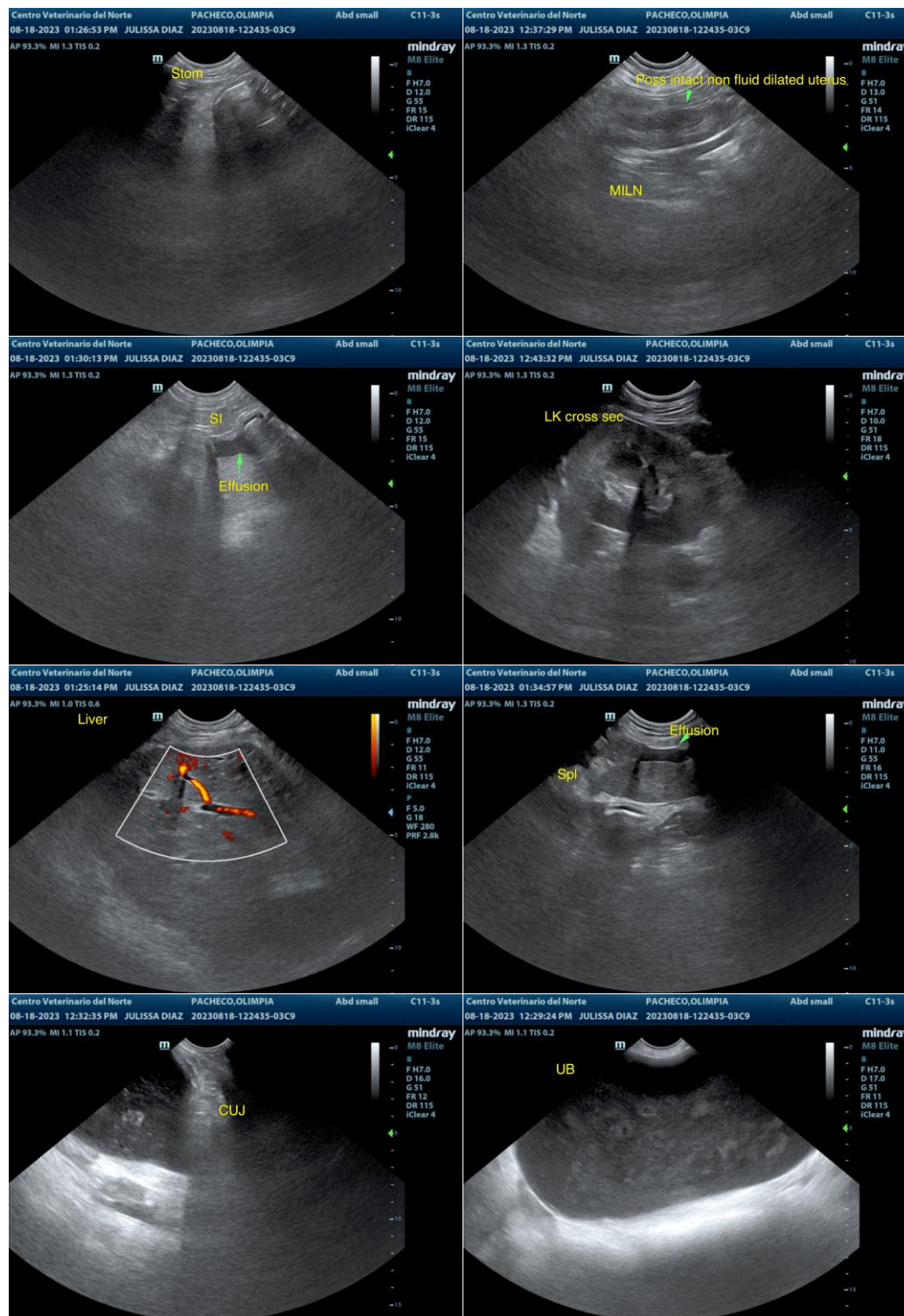
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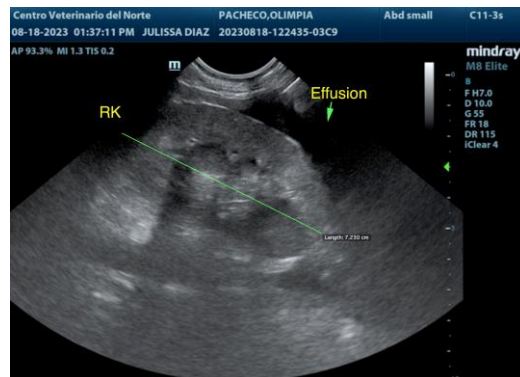
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)