



**PATIENT PRESENTING CLINICAL SIGNS**

Harper Rivers Weight loss, diarrhea and vomiting. Trazodone and Metronidazole.  
Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC. Chem – Glucose 3.4, SDMA 17, Alb 25, Sodium/Potassium ratio 27, cortisol 86.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED** 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.

German Shepherd

**SEX**

Spayed Female

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 7.6 cm. The right kidney measured 7.0 cm.

**AGE**

5 Years

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 3.4 cm length x 0.93 cm at the caudal pole.

**WEIGHT**

32.4 kg

The right adrenal gland was indistinctly visualized owing to patient conformation, yet was without overt evidence of pathology, subjectively measuring 3.5 cm length x 0.63 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**

Haldimand AH

**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 0.7 cm.

**REFERRING VET**

Dr. Rode

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. Jejunum wall measured 0.44 cm.

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The visualized colon exhibited intact and sonographically unremarkable wall layering. The colon exhibited generalized moderate distention containing semiformed to soft feces. Colon wall measured 0.25 cm.

**DATE**

8/30/21



**PATIENT** *Pancreas*

Harper Rivers 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 Intermittent, mildly prominent to enlarged mesenteric nodes were present. Example measured 0.64 cm in width. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**BREED**

German Shepherd

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Sonographically unremarkable stomach and small bowel
- Normal colon wall layering with generalized colonic distention containing non-formed to soft feces.
- Intermittent, subjectively reactive mesenteric lymph nodes

**AGE**

5 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

32.4 kg

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, potential occult parasitism, dysbiosis/ altered Gi flora given the breed, inflammatory bowel disease without evidence of mural changes or other gastroenteropathy. A GI panel to include PLI/TLI/Cobalamin/Folate and fresh fecal analysis to assess for parasitic ova / Giardia suggested if not done.

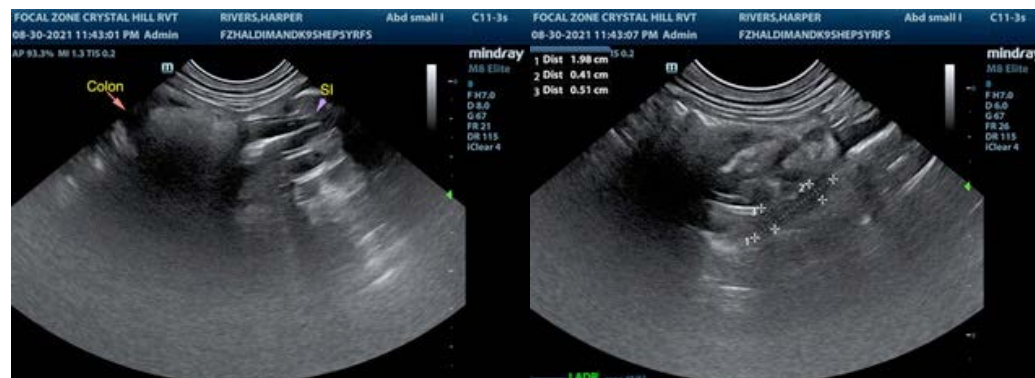
**INTERPRETED BY**

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Feline)

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

**IMAGING PERFORMED BY**

Crystal Hill



**HOSPITAL NAME**

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**PATIENT**

Harper Rivers

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

32.4 kg

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**IMAGING  
PERFORMED BY**

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**HOSPITAL NAME**

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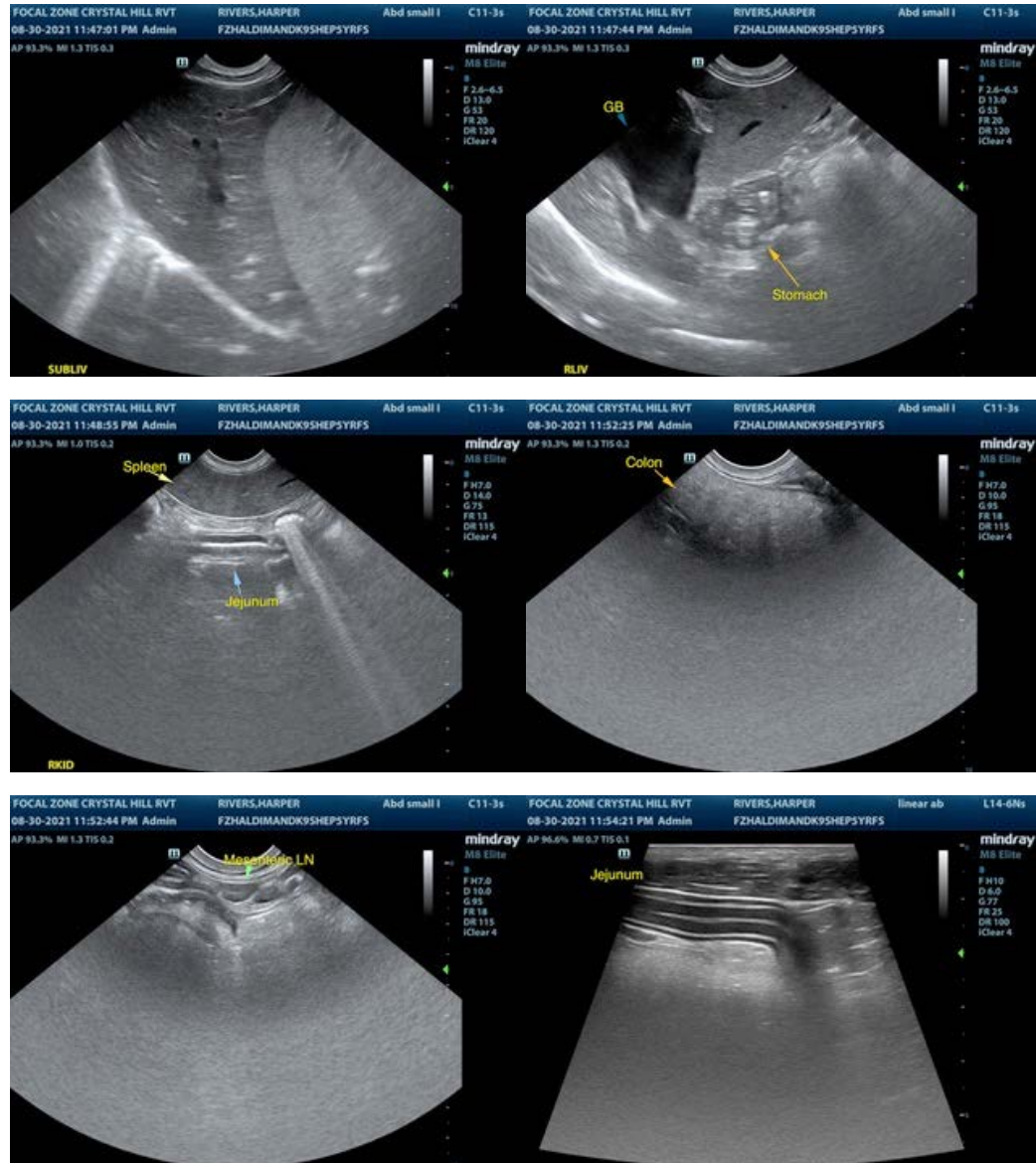
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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