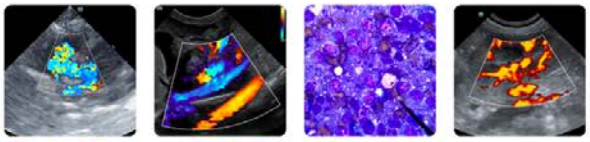


PATIENT

Martin Finch Hackinen

SPECIES

Canine

BREED

Boston Terrier x

SEX

Neutered Male

AGE

13 Years

WEIGHT

7.4 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Carlie Koltek, RVT

HOSPITAL NAME

Tuxedo Animal Hospital

REFERRING VET

Dr. Chhabra

INVOICE

73754

DATE

3/17/26

PRESENTING CLINICAL SIGNS

Chronic diarrhea. He was previously treated with FortiFlora, metronidazole and Gastro Biome food. Currently, he is not on any medication except Gastro Biome food. Diarrhea returns after completion of antibiotic therapy per owner

Abnormal PE/Chem/CBC/UA Results: Fecal smear- Mild dysbiosis CBC: Platelet 651 (148 to 484) CHEM: ALT 140 u/l (10 to 125) ALKP 317 u/l (23 to 212)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

In the cranial pole of the luminal aspect of the urinary bladder there is a 6.6 mm x 5.6 mm intraluminal isoechoic lesion present. The remainder of the urinary bladder appears normal.

Overall, the prostate is normal in size and appearance, measuring 7.1 mm in width and appears symmetrical with uniform echogenicity. There is a hypoechoic area in the body of the prostate that measures 1.2 mm x 3.3 mm.

The right kidney presents normal size (4.5 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.5 mm and the caudal pole measures 6.5 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.7 mm and the caudal pole measures 5.8 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

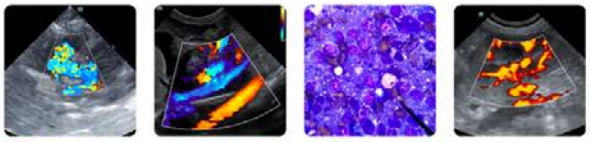
Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with a moderate amount of aggregated hyperechoic debris present. It does not appear obstructed at this time. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Hyperechoic striations are found diffusely throughout small intestinal mucosa. The colon contains soft/liquid stool. Diffusely, the colon wall appears of normal thickness.



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Pancreas

The pancreas is mildly hypoechoic without significant surrounding steatitis.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic gallbladder debris, most likely clinically insignificant at this time, although it may potentially be the cause of the elevated ALP.
- Intraluminal isoechoic urinary bladder lesion - This may represent malignant neoplasia such as transitional cell carcinoma or may be a benign polyp.
- Hypoechoic area in the body of the prostate – This is most likely an area of calcification. It may also eventually be concerning for a neoplastic process such as transitional cell carcinoma or prostatic carcinoma.
- Hyperechoic striations throughout small intestines – Possibly due to an inflammatory process such as inflammatory bowel disease or early lymphangiectasia.
- Mildly hypoechoic pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider starting Ursodiol at 15 mg/kg by mouth split into two daily doses, and rechecking liver values and gallbladder ultrasound in 2-3 months to evaluate for improvement.

Recommend ruling out urinary tract infection vis urine culture. Collect urine via catheterization if possible, or free catch. I do not recommend cysto until transitional cell carcinoma is ruled out. I would also recommend submitting a BRAF test to rule out transitional cell carcinoma.

Recommend Texas A&M GI panel to confirm chronic small bowel disease. This will also help determine if clinically significant pancreatic inflammation is present. If GI panel confirms chronic small bowel disease, consider possible surgical or endoscopic biopsies. Endoscopic preferred as it is less invasive. Rule out urinary bladder neoplasia prior to pursuing further diagnostics and treatment for small bowel disease.

If antibiotics do control the patient's diarrhea, most likely the patient has antibiotic responsive diarrhea. Recommend long-term Tylosin at 30 mg/kg mixed into food twice per day pending further diagnostic outcome of BRAF testing and GI panel.

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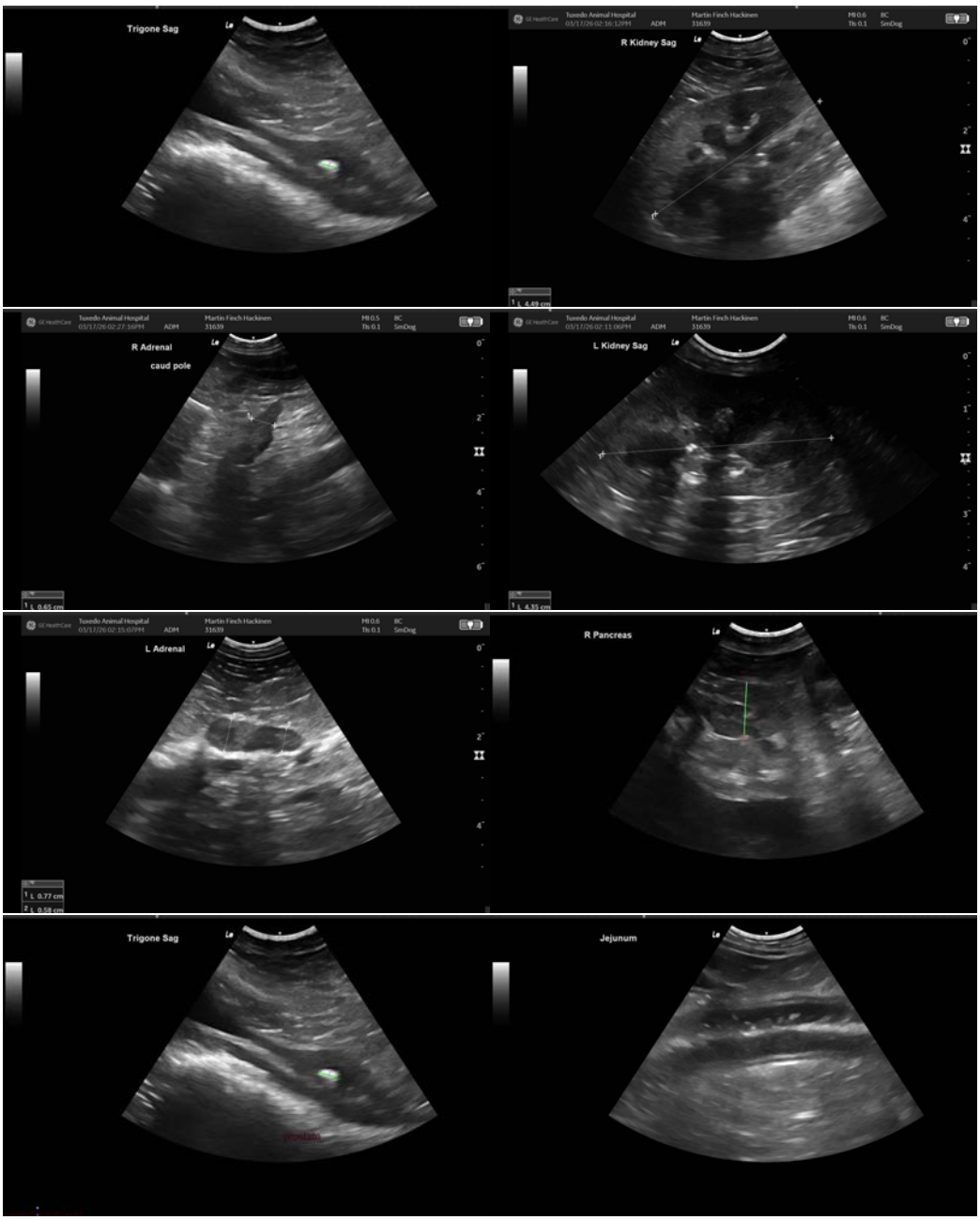

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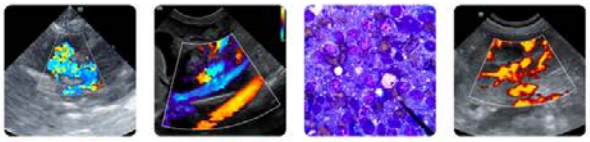

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Educational Teleconsultation Services™

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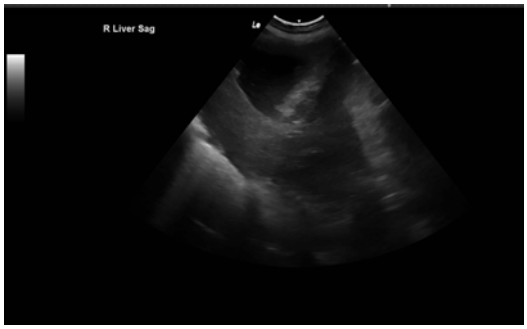

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com