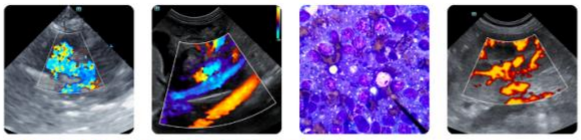


DATE

12/12/25

PATIENT

Tanner Fonzi

SPECIES

Canine

BREED

Cavalier King Charles Spaniel

SEX

Intact Male

AGE

12/21/24

WEIGHT

15.5 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

HOSPITAL NAME

Homeward Bound

REFERRING VET

Dr. Durastanti

INVOICE

35873

PRESENTING CLINICAL SIGNS

Patient History: Presenting Complaint: Tanner Fonzi presents for recurrent diarrhea episodes. Patient History: Current diarrhea episode started Sunday with 5-6 loose stools, progressing to straining with small amounts containing blood and mucus - One episode of vomiting Sunday (phlegm and bile) - Last bowel movement Monday 6 AM (24 hours ago at time of visit) - History of pancreatitis in August/September at approximately 7 months old - Recurrent monthly diarrhea episodes since pancreatitis - Weight loss from 18 lbs pre-pancreatitis to current 15.5 lbs (down from 15.7 lbs at last visit) - Ravenously hungry, normal activity level and playfulness - Regular diet: Hill's Prescription Diet i/d Low Fat - During episodes: bland diet of chicken and rice- Current supplements: Proviable Forte daily, and Diagel PRN - Recent fecals negative (last comprehensive fecal 8/30) - Client reports excessive shedding, gritty stools, persistent hunger despite adequate food intake - Currently feeding 2 cups daily divided into 4 meals - Not a big water drinker; client syringes water during diarrhea episodes - Given DiaGel Sunday which may have helped resolve current episode. PE abnormalities: 3/9 BCS

Current Medications: Diagel PRN, Proviable Forte daily
Labwork Results: Labwork not attached, reported as:August 2025: - Keyscreen fecal – neg - CBC/Chem/SDMA/Lytes – normal - CPL – high. October 19, 2025 - CBC/chem - mild ALT elevation - CPL – normal - ProBNP – normal - Abdominal radiographs - gas dilation throughout intestines without evidence of obstruction or foreign body. October 24, 2025 - Chem recheck following therapy - normal
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large and hyperechoic, measuring 2.46 cm x 2.38 cm.

The left kidney has a normal shape and size (5.06 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.61 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.5 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.48 cm at the cranial pole and 0.44 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size (0.97 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed. The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains mild fluid. It measures at a normal thickness of <0.7 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. The duodenum measured as normal (0.38 in wall thickness) and the jejunum measured as normal (0.18 cm) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with non-formed/distended with liquid fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is visible/mildly mottled in the right limb compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

Other

Both testicles are visualized and appear within normal limits.

ULTRASONOGRAPHIC FINDINGS

- Large hyperechoic prostate- Findings are most consistent with benign prostatic hypertrophy in an adult intact dog.

- Pancreatic changes most consistent with mild pancreatic remodeling.

- Fluid distended colon- Findings are most consistent with currently reported diarrhea.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No focal lesions are visualized associated with the GI tract to explain the GI signs reported. Unfortunately, there are many causes for diarrhea and vomiting, which cannot be definitively diagnosed by ultrasound alone. Consider the following:

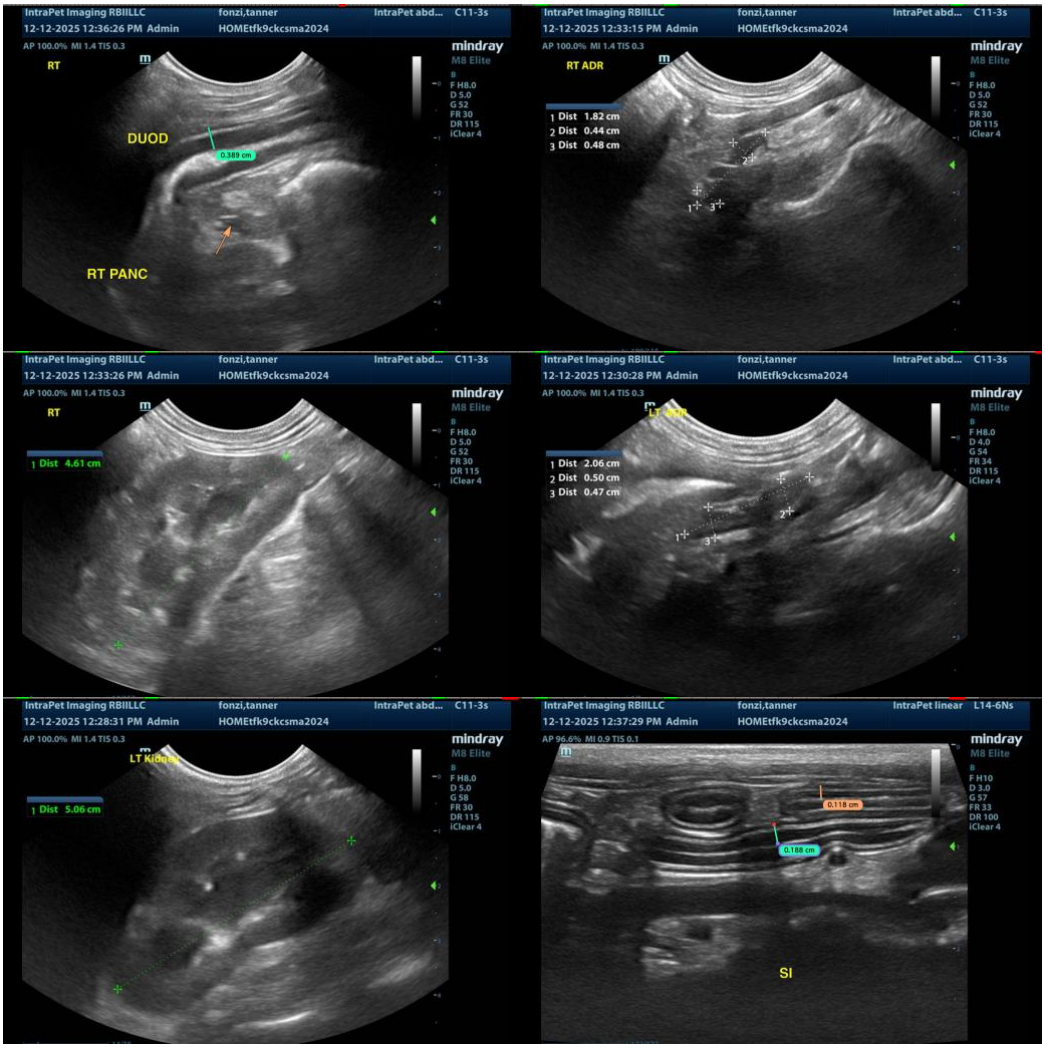
- Consider a combination ultra low-fat/hydrolyzed protein prescription diet, in the case of a food allergy, dietary insensitivity, etc. (Royal Canin offers this diet).

- Recommend a baseline cortisol to screen for Addison's disease.

- Consider a fecal pathogen screen looking for infectious causes of diarrhea.

- Consider a GI panel to Texas A & M for a PLI/TLI/Cobalamin/Folate. This would screen for exocrine pancreatic insufficiency, some markers for dysbiosis and cobalamin deficiency.

If symptoms are persistent, despite taking these measures, ultimately biopsies of the GI tract may be warranted.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3 Dist 0.48 cm
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mindray
M8 Elite
0.118 cm
0.188 cm
SI

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.

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small animal Internal Medicine)

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