



## PATIENT

Molly Baertlein

## SPECIES

Canine

## BREED

Havanese

## SEX

FS

## AGE

14yr

## WEIGHT

8.12lb

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Carly Pate

## HOSPITAL NAME

VCA McKenzie AH

## REFERRING VET

Dr Fricke

## INVOICE

23460

## DATE

01/05/2026

## PRESENTING CLINICAL SIGNS

Ongoing mucousy diarrhea for 3-4 months, some blood present. Diarrhea continues to be present in spite of symptomatic therapies (prescription food-Ultamino, Hydrolyzed Protein, probiotics, fiber, aloe) 1.5# weight loss in last 3-4 months. BCS today 3/9 Inconsistent appetite Neurologic- suspect Vestibular- event ~1 week ago

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 3.6 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole.

### Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. An example of a nodule measured 0.38 cm in diameter.

### Liver/Gallbladder

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. A mild non-homogenous hyperechoic intra-parenchymal right liver nodule was present measuring 3.0 cm in width.

The gallbladder was non-distended in size with thin walls and mild non-dependent non-organized regionally hyperechoic debris. The cystic and common bile ducts were normal. A possible small



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gallbladder polyp was present in the area of the gallbladder neck vs accumulated or possibly adhered sediment measuring 0.55 cm diameter.

## Gastrointestinal

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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. The gastric body wall measured 0.27 cm in width.

## BREED

Havanese

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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.44 cm width. The jejunum wall measured 0.41 cm width.

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Intact, mild to variable thickened descending colon wall was present. The colon was non-distended containing soft fecal matter. The descending colon wall measured 0.27 to 0.30 cm wall width.

## Pancreas

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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.

## Free Abdomen

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No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

### Primary

- Chronic colitis
- Sonographically normal stomach / small intestine
- Benign splenic nodules - consistent with probable myelolipomas
- Mild hepatomegaly with intra-parenchymal nodule - benign hepatopathy and nodular criteria probable i.e. vacuolar changes, cholestasis, nodular hyperplasia, lipogranuloma, potential inflammation or similar. Potential for low grade emerging neoplasia or hepatic mass thought less likely yet not excluded.
- Non-organized gallbladder debris with possible small gallbladder polyp (non-mucocele)
- Age-related renal changes

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without overt evidence of small intestinal mural pathology yet given weight loss, a GI panel to include PLI, TLI, cobalamin and folate is suggested. Infectious, inflammatory or potential granulomatous colitis etiology is possible with colon neoplastic criteria thought less likely.

Empirical therapy for colitis including current supportive care and consideration for potential enrofloxacin /metronidazole protocol with clinical monitoring may prove beneficial. Monitoring of hepatic enzymes +/- concurrent hepatosupportive medications is recommended.

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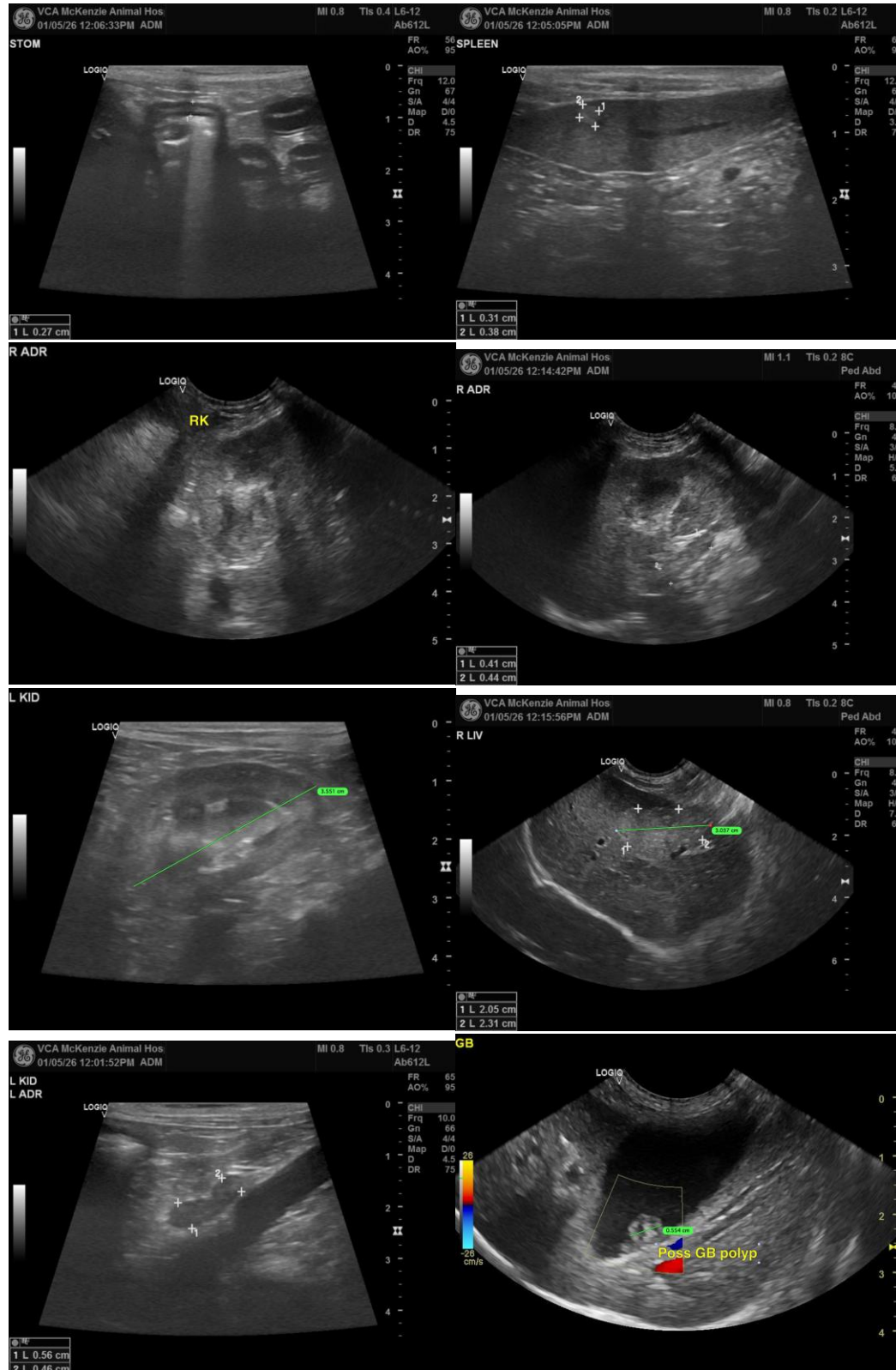
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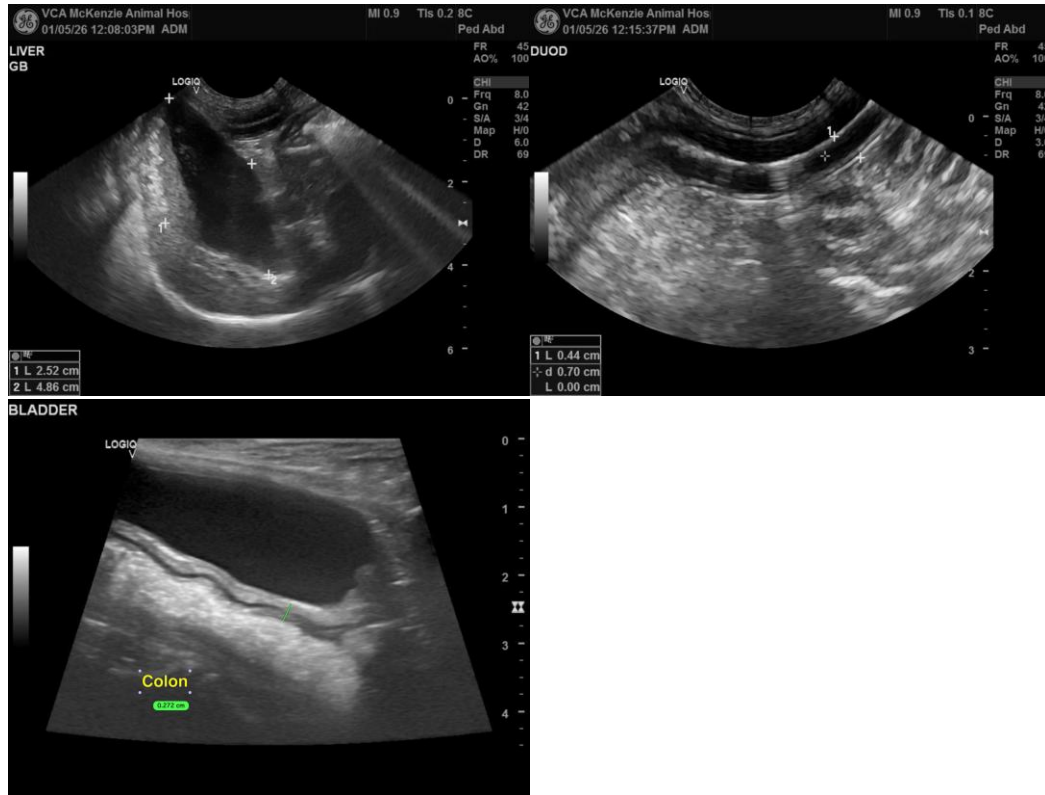
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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