



PATIENT

Moose Rubin

SPECIES

Canine

BREED

GoldneDoodle

SEX

M

AGE

7yr

WEIGHT

52.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Anthony Krawitz DVM

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Anthony Krawitz DVM

INVOICE 24222

DATE

03/16/2026

PRESENTING CLINICAL SIGNS

- Long term appetite issues. Has responded to occasional Entyce doses, however owner has needed to give Entyce much more regularly lately.
- BW WNL recently. Urine taken today for UA and C&S.
- Previously had GI issues so has been on Visbiome and Cobalequin long term.
- Maintaining weight
- History of allergic dermatitis as well, however it was suspected Apoquel caused a neutropenia which has resolved by discontinuing it for several months
- Uses topical Gentocin spray

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. 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 7.5 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 3.8 cm in diameter.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

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.

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was



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non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild gas and retained fluid with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with overall maintained muscularis/mucosa ratio. Subjective propensity for mild prominent segmental intestinal submucosal layer. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.54 cm width. The jejunum wall measured 0.3-0.47 cm width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Normal stomach with mild retained gastric fluid
- Structurally unremarkable small intestine exhibiting propensity for mild prominent segmental submucosal layer
- Normal area of pancreas

Secondary

- Benign prostate hyperplasia pattern
- Normal urinary bladder

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant gastrointestinal mural or pancreatic pathology. The subjective mild prominent intestinal submucosal layer is non-specific with patient variant yet may be associated with underlying inflammatory enteropathies such as IBD. A GI panel to include PLI/TLI/Cobalamin/Folate and resting cortisol is warranted.

In addition to current probiotic and cobalamin supplementation, dietary trial such as canned hydrolyzed diet and as needed gastric protectant omeprazole 1 mg/kg SID to cover for potential mild gastritis or esophagitis if primarily inappetent without evidence of additional gastrointestinal signs or weight loss may prove beneficial.

Upper gastrointestinal endoscopy with potential for biopsy is likely ideal if persistent or progressive gastrointestinal signs.



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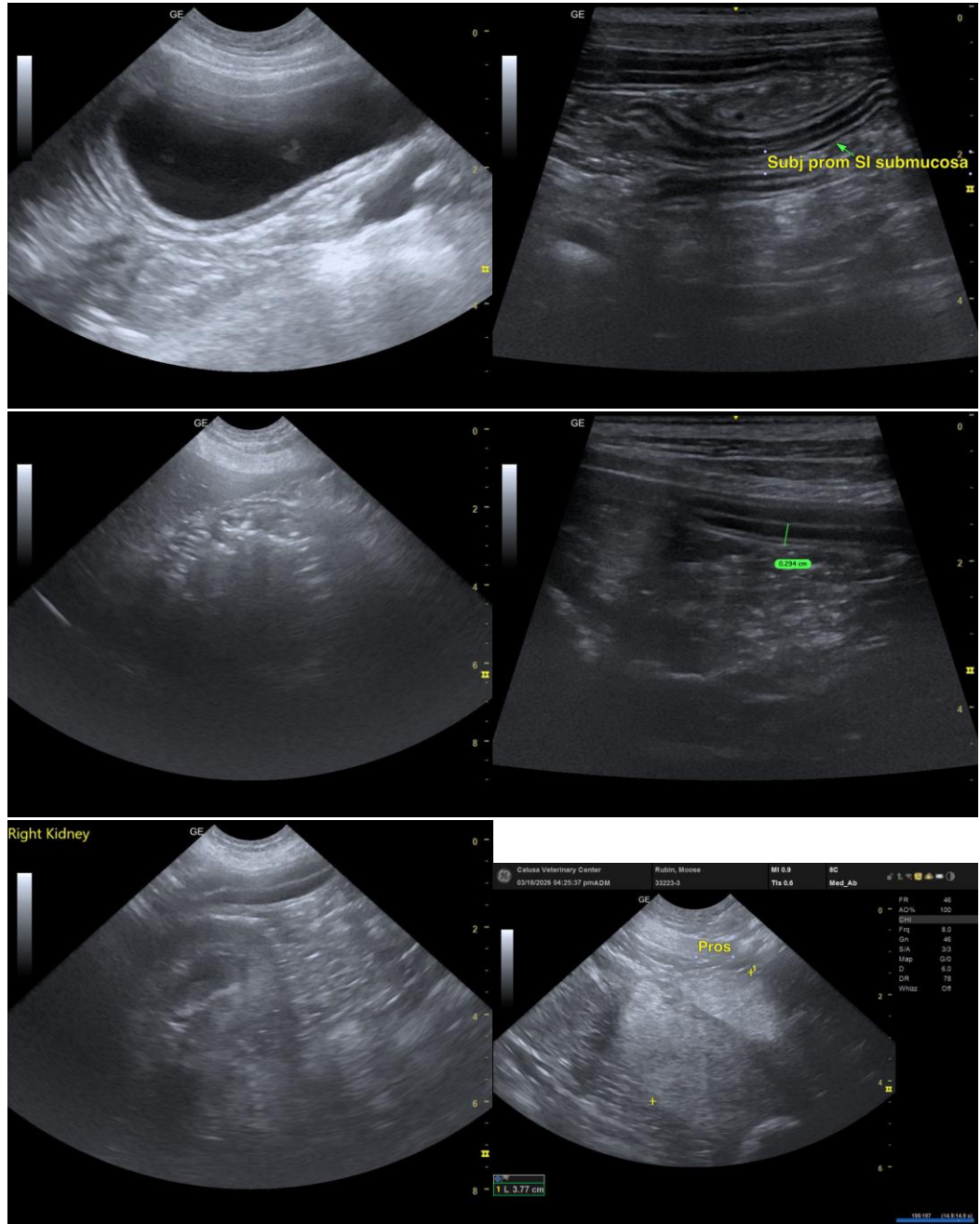
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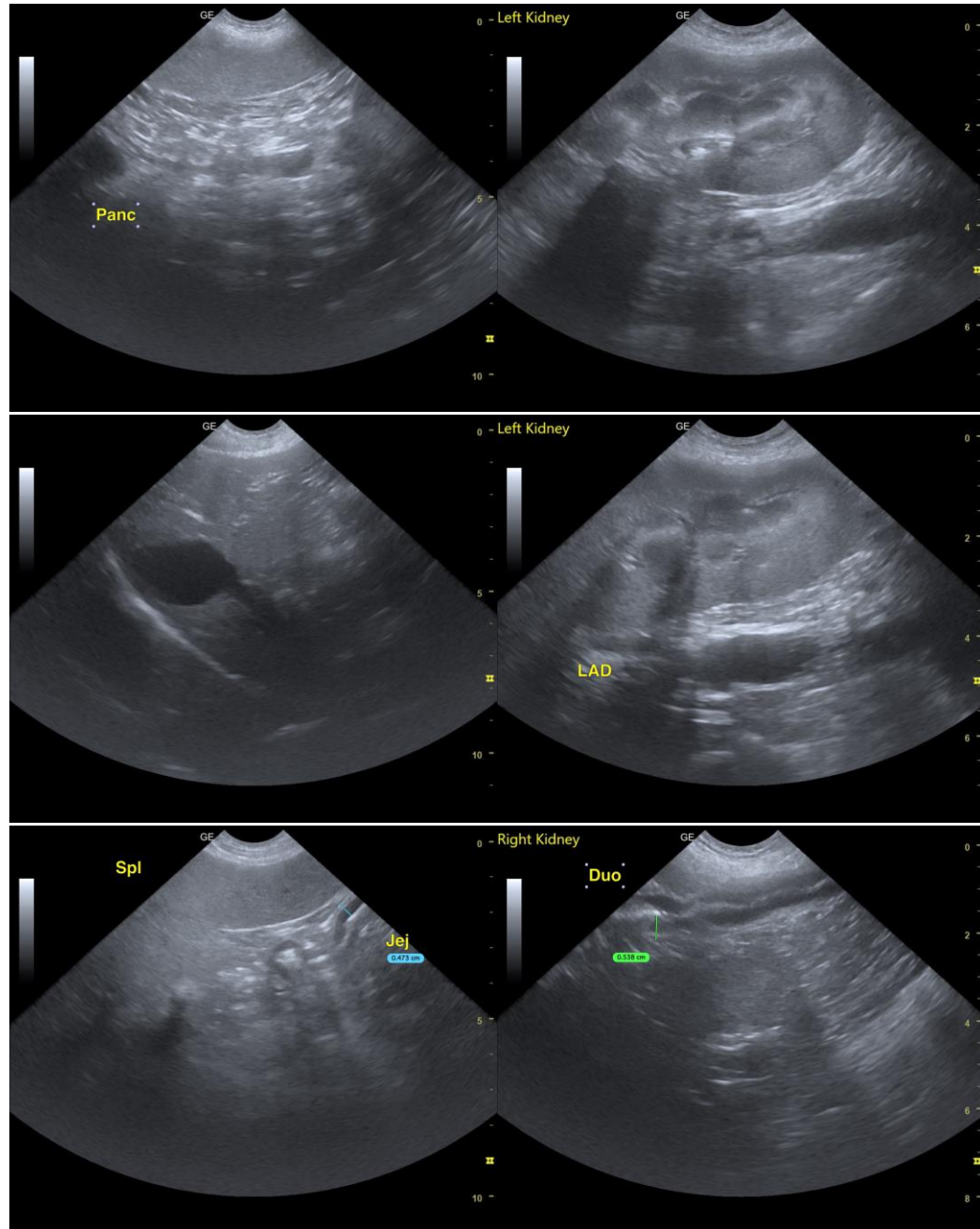
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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