

## PATIENT

Rhett Dutt

## SPECIES

Canine

## BREED

Havanese

## SEX

Neutered Male

## AGE

8 Years 7 Months

## WEIGHT

8.16 kg

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Dr. Patti Mayfield  
DVM

## HOSPITAL NAME

Ridgeview Veterinary  
Clinic

## REFERRING VET

Dr. Caelli Edmonds  
DVM

## INVOICE

14104

## DATE

03/05/26

## PRESENTING CLINICAL SIGNS

- Pertinent history: Intermittent melena since ~September 2025. History of mildly elevated liver enzymes (ALT). Flatulence and occasional diarrhea. Stable weight and appetite. No vomiting except after eating grass. No parasites on repeated fecal testing
- Medications / treatments: Denamarin (for liver enzyme elevation), Fortiflora probiotic, Cytopoint injections (for pruritus), Omeprazole (acid suppression)
- - Sucralfate (GI mucosal protectant)
- Clinical concern: Possible upper GI bleeding (ulceration, neoplasia, IBD, or other GI pathology) based on melena and elevated BUN.
- Previous diagnostics: Multiple fecal exams (negative). CBC/Chemistry/UA/SDMA/T4/Cortisol. No prior abdominal imaging. Butorphanol used to facilitate AUS

Physical exam: - Generally normal exam - Moderate to severe dental tartar - No abdominal pain or palpable masses - Small cutaneous nodule noted - Paw licking consistent with atopy Bloodwork (Dec 31, 2025): - Mild ALT elevation: 133 U/L (RI 10–125) - Elevated BUN: 30 mg/dL (RI 7–27) - Normal creatinine and SDMA - Normal CBC (no anemia, normal platelets) - Normal electrolytes - Normal total protein and albumin - Normal cortisol and total T4 Urinalysis: - Concentrated urine (USG 1.070) - Trace protein, otherwise unremarkable - No infection or significant sediment abnormalities Fecal testing: - Multiple fecal negative for parasites and Giardia

## 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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

Normal size and margination was 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 4.2 cm in length. The right kidney measured 4.4 cm in length.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 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 0.44 cm width at the caudal pole.

### 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



## PATIENT

thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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## Liver & Gallbladder

## SPECIES

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.

Canine

## BREED

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

Havanese

## SEX

## 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.

Neutered Male

## AGE

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.

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

## WEIGHT

## Pancreas

8.16 kg

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.

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## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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## ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract.
- Normal bilateral adrenal glands.
- Normal pancreas.
- Sonographically unremarkable normal volume liver.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of gastroenterocolic mural pathology. Microscopic gastrointestinal disease or ulceration may not be sonographically detectable. Given normal cortisol level, a GI panel to include PLI, TLI, cobalamin and folate is suggested. Endoscopy with potential biopsies are recommended.

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Continued gastrointestinal support including broad spectrum gastroprotectants, high colony count probiotics such as ProViable, cobalamin supplementation (pending assessment of cobalamin level) and consideration for dietary trial if not currently instituted is recommended. Empirical deworming suggested, i.e. Panacur 50 mg/kg, PO SID for 5 days with repeat protocol in 3 weeks is suggested despite negative fecal testing.

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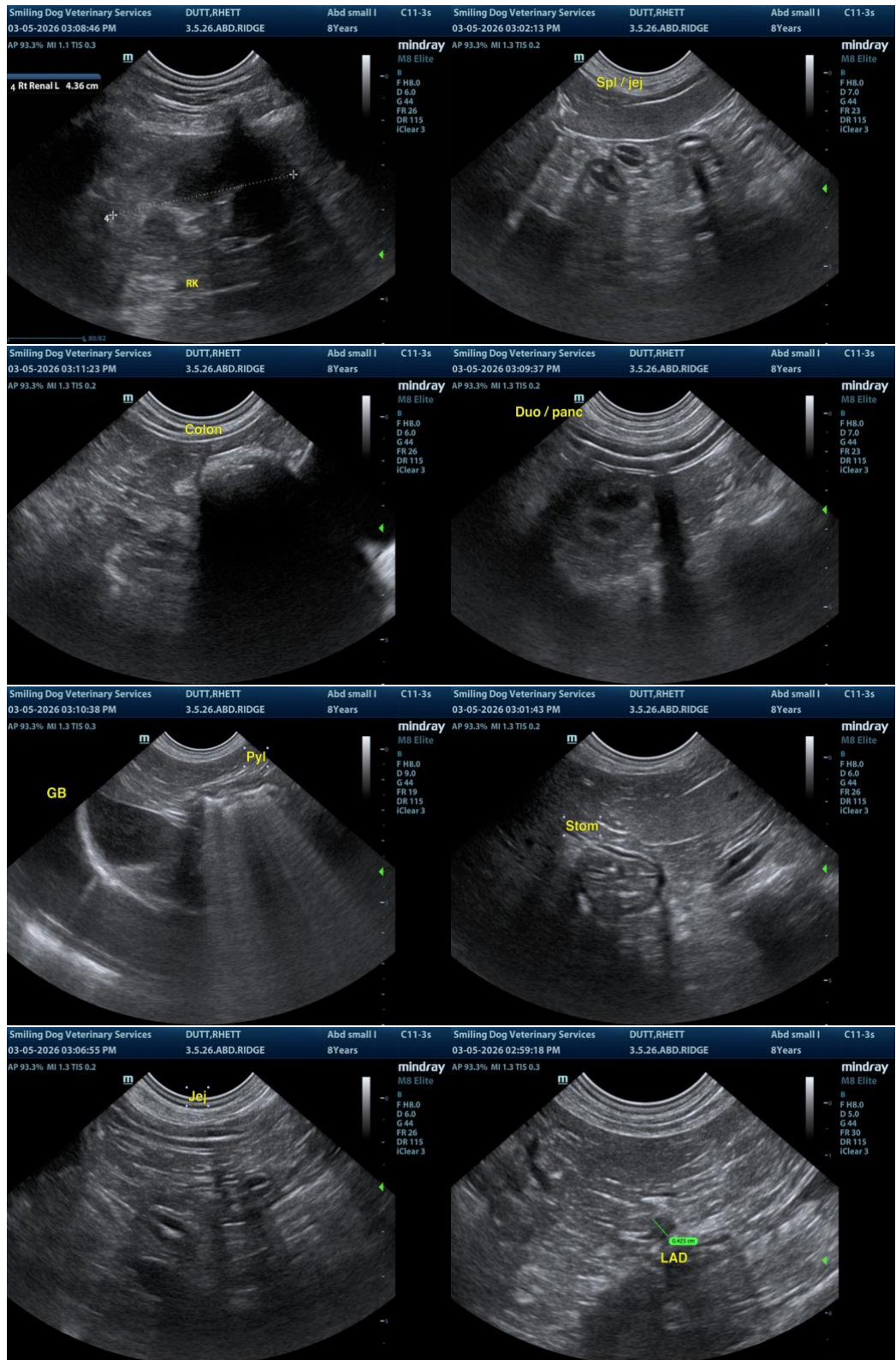
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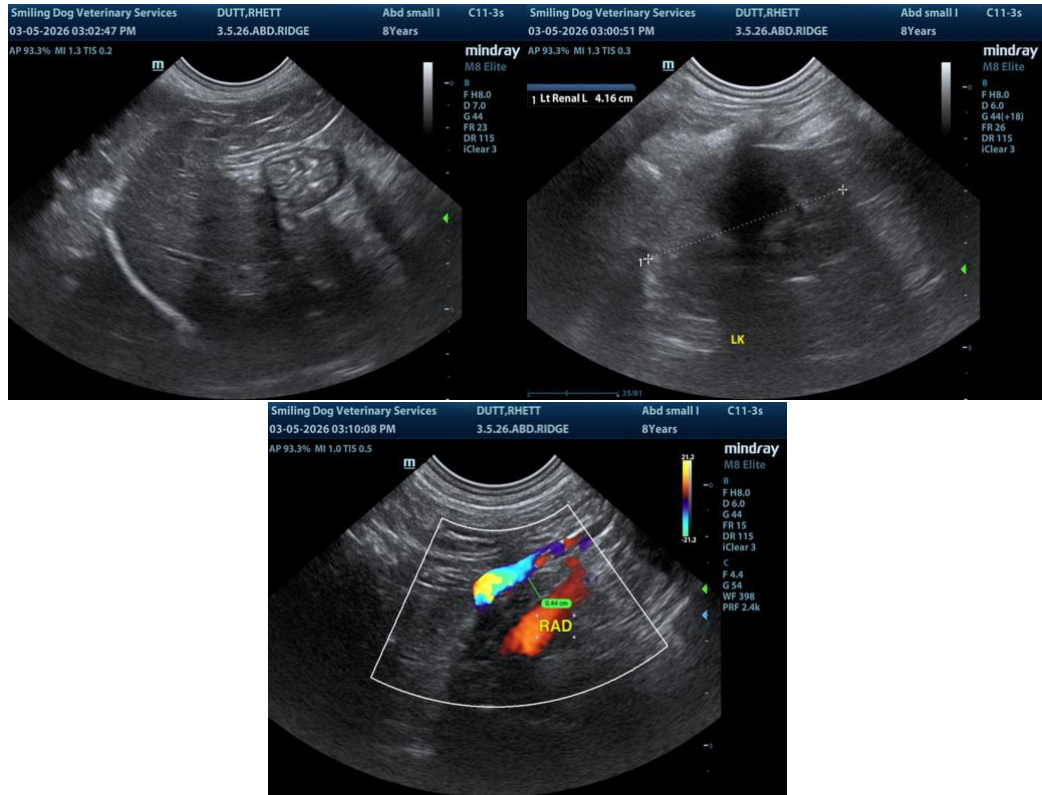
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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