



PATIENT

Toque Kincaid

SPECIES

Canine

BREED

Havanese

SEX

FS

AGE

11

WEIGHT

4.3 kg

PRESENTING CLINICAL SIGNS

History of chronic diarrhea no other symptoms. On HP diet. attending concerned about IBD
Abnormal PE/Chem/CBC/UA Results: None available at time of scan

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Discreet areas of medullary mineral were noted. The left kidney measured 3.2 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.41 cm width at the caudal pole. The right adrenal gland measured 0.34 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 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, congealed areas of nonorganized gallbladder sediment. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. 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 was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented generalized intact wall layering with a segmental propensity for borderline to mild prominent intestinal mucosa layer. There were no intestinal masses or loss of Intestinal wall layering. The duodenum wall measured 0.34 cm width. The jejunum wall measured 0.33 cm width.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Alpine 24/7 AH

REFERRING VET

Dr. Karagic

INVOICE

14796

DATE

8/3/23



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Normal visible colon wall layers were present with subjective semi-formed fecal matter in lumen.

Toque Kincaid

Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Canine

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Havanese

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild chronic renal changes

FS

- Intact segmentally prominent small bowel walls

AGE

- Normal colon containing semi-formed fecal matter

11

- Heterogeneous pancreas

WEIGHT

- Minor gallbladder sediment

4.3 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Sonographically, there was no evidence of significant visceral pathology.

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DVM, DABVP
(Canine and Feline)

At times, the enterocolic sonographic appearance may not correlate with a history of chronic gastrointestinal signs. Considerations may include dietary intolerance / food hypersensitivity, dysbiosis, inflammatory bowel disease, or low-grade to chronic pancreatitis, both of which may present as sonographically normal, occult parasitism, occult Addison's Disease, low-grade infiltrative neoplasia (less likely), or other enterocolopathy. Further assessment including a GI panel (PLI/TLI/Cobalamin/Folate), fresh fecal analysis, and screening cortisol level may be considered.

IMAGING PERFORMED BY

Dr. Belan

Empirically, current protein hydrolyzed diet trial with likely long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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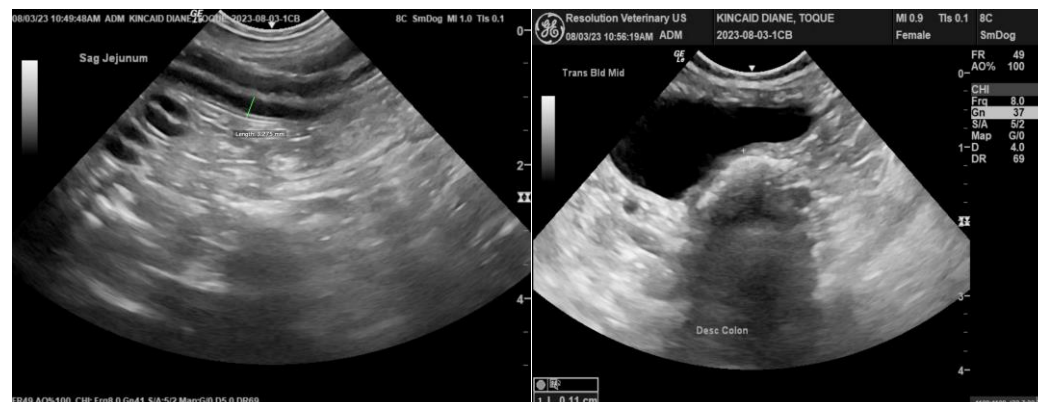
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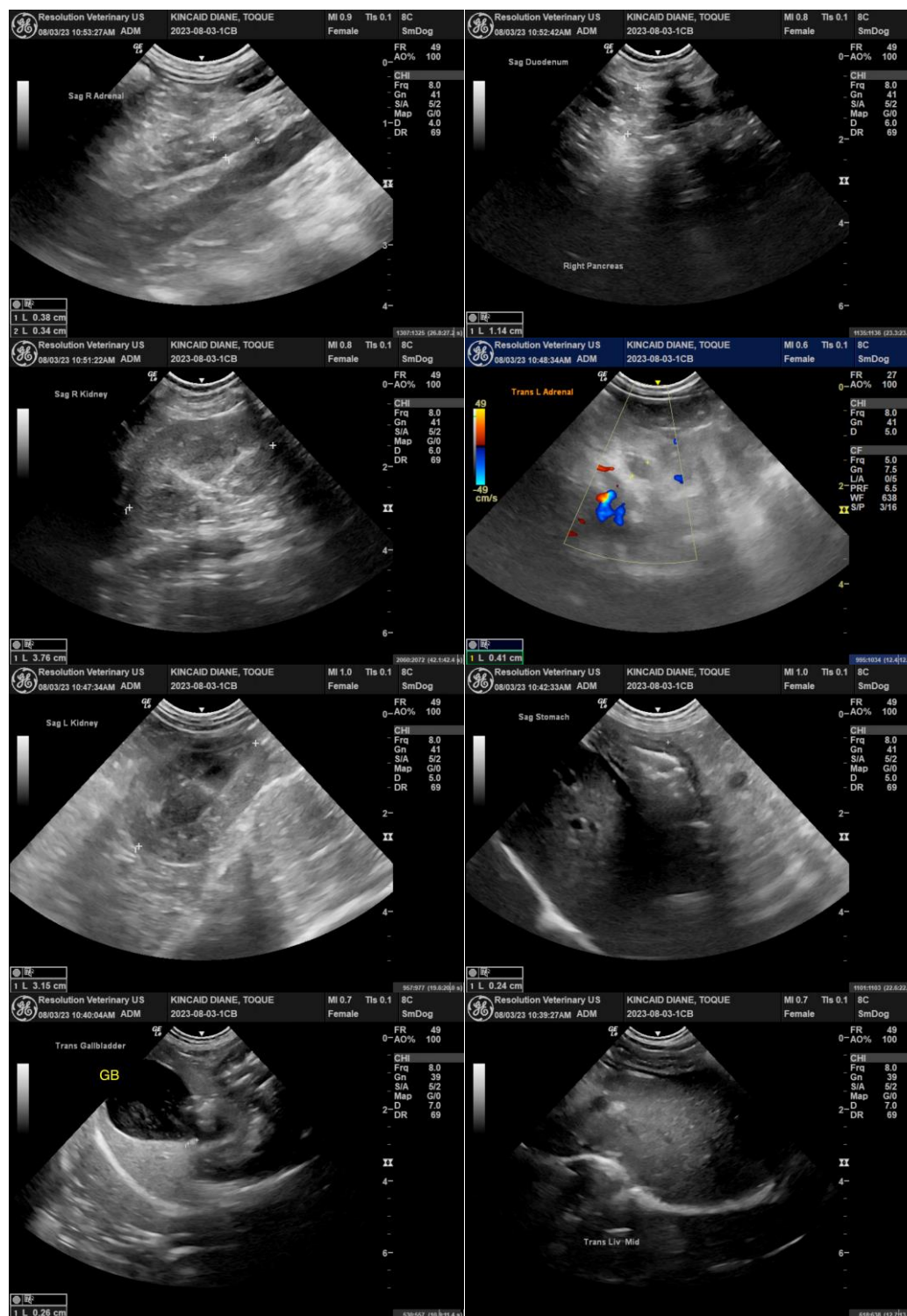
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@sonopath.com

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