



PATIENT

Scruffles Combs

SPECIES

Canine

BREED

Havanese

PRESENTING CLINICAL SIGNS

Preventative Care Senior Care Ultrasound to rule out cancer. A family dog passed away from cancer so they want to catch anything early if they can. Relevant Medical History and Physical Exam findings: Chronic arthritis of stfles, previous surgery on Left Stifle Left elbow OA Collapsing trachea Fibroadnexal hamartoma - surgically removed Hearing loss Recent Diagnostics: Relevant Laboratory Results / Abnormalities: Last blood work was at previous animal hospital and was noted as normal / nsf on chemistry. Current medications (include full name, dosage and frequency): ' Corydalis 1/2 tab PO BID for natural anti-inflammatory Hydrocodone syrup 1.5mls PO TID to QID PRN therapy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Neutered Male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolypoid changes were present likely associated with age related mural changes. 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 were noted.

AGE

13 Years

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture. The prostate measured 0.69 cm in width.

WEIGHT

16

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm. The right kidney measured 4.2 cm.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

The area of the aortic trifurcation was free of pathology.

IMAGING BY *Adrenal Glands*

Loetitia Saint-Jacques,
LVT

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The right adrenal gland measured 0.56 cm at the cranial pole and 0.54 cm at the caudal pole. The left adrenal gland measured 0.54 cm at the cranial pole and 0.52 cm at the caudal pole.

HOSPITAL NAME

MountainView AH

Spleen

REFERRING VET

Dr. Dahlgren

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

BREED

Havanese **Gastrointestinal**

SEX

Neutered Male

The stomach exhibited intact yet regional segmental mild prominent wall layering owing to mild subjective prominent gastric mucosa and prominent rugal folds, primarily in the gastric fundus and body. Gastric body wall measured 0.45 cm. The stomach was empty with mild luminal gas.

AGE

13 Years

The small intestine presented intact wall layering with generalized propensity for mildly prominent mucosa along with generalized mucosal speckling. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

WEIGHT

16

Pancreas

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.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Free Abdomen

Small pockets of scant peri intestinal free fluid noted along with generalized, primarily peri intestinal reactive mesentery.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Several, mildly prominent to enlarged mid abdominal mesenteric nodes were present. Example measured 0.3 cm in width. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

HOSPITAL NAME

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ULTRASONOGRAPHIC FINDINGS

- Mild to moderate chronic renal changes
- Generalized enteritis pattern with non-specific mucosal speckling
- Peri intestinal to generalized mild reactive mesentery with small pockets of scant peri intestinal free fluid
- Intermittent, mildly prominent, subjectively reactive/benign mesenteric lymph nodes

REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, largely geriatric abdomen without evidence of significant visceral pathology. The appearance of the small intestine is of unclear clinical significance given the lack of reported gastrointestinal signs. Considerations may include non-specific enteritis, emerging protein losing

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enteropathy if evidence of subnormal albumin levels, less likely potential for emerging infiltrative neoplastic enteropathy given the lack of concurrent significant lymphadenopathy and intact intestinal wall layering. Correlation with recheck chem panel to assess albumin levels is recommended. As-needed gastrointestinal support (if gastrointestinal signs are currently present or develop) would be appropriate. No overt evidence of intraabdominal neoplasia.

BREED

Havanese

SEX

Neutered Male

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WEIGHT

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IMAGING BY

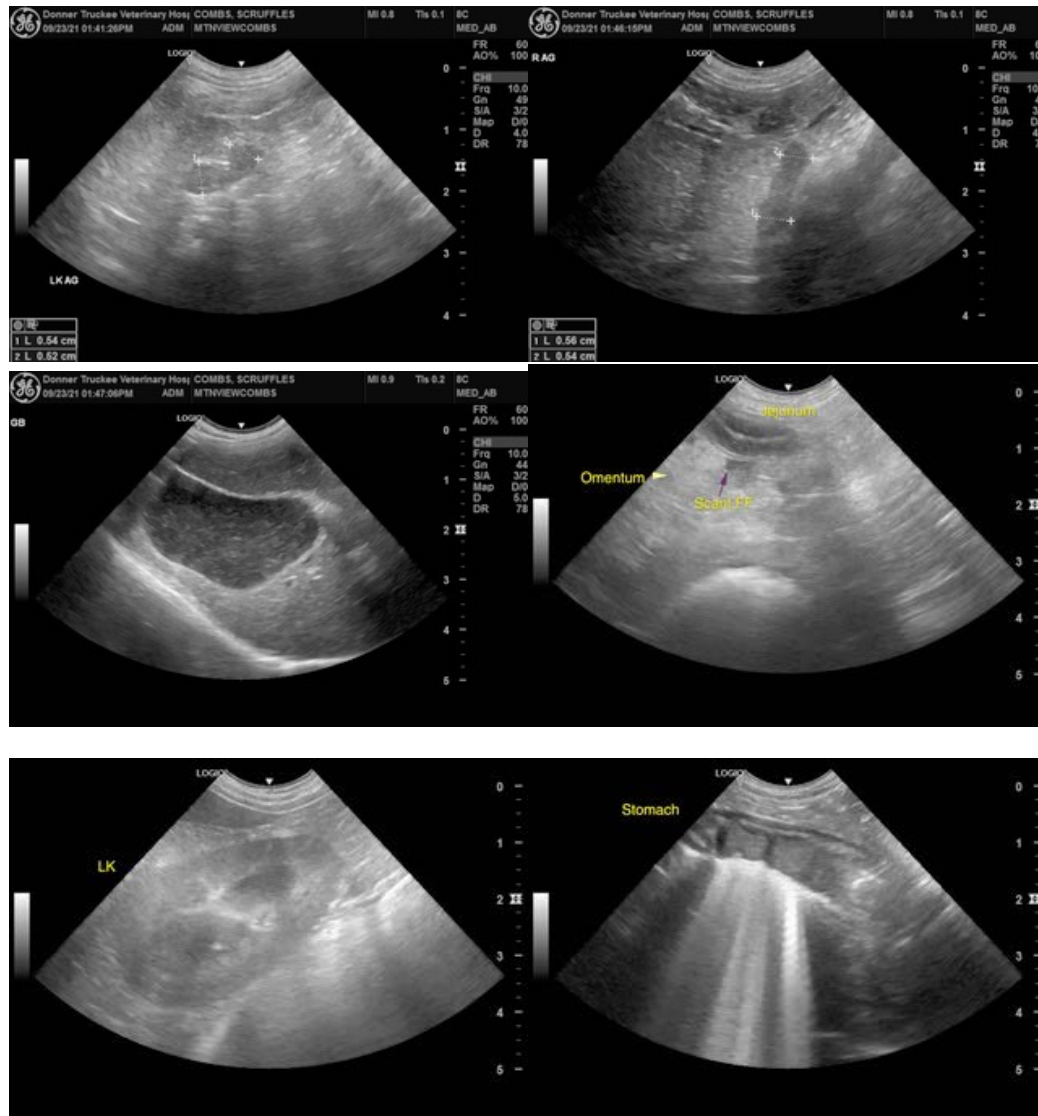
Loetitia Saint-Jacques,
LVT

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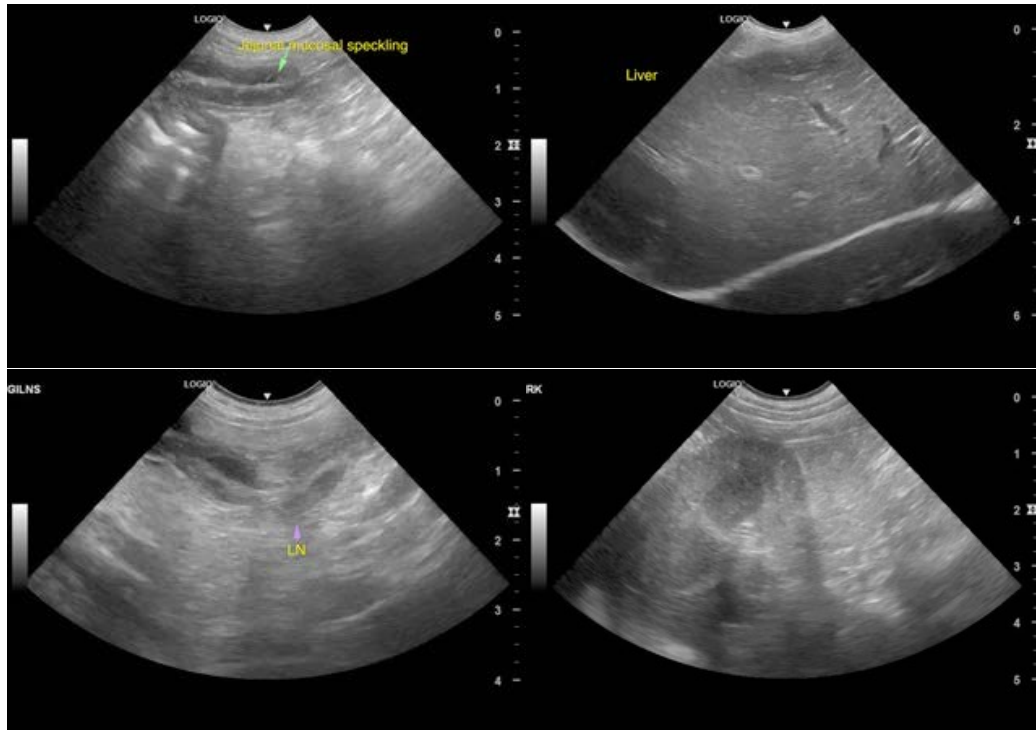
Neutered Male

AGE

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WEIGHT

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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)
info@SonoPath.com