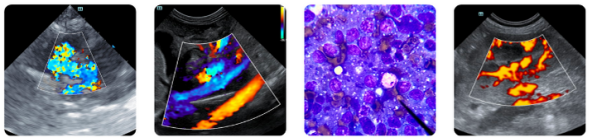


PATIENT

Chancy Danikowaski

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

3 years

WEIGHT

55.4 lbs

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Alexis Cervantes

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Dashley

INVOICE

73940

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- intermittent diarrhea since early January, no v or appetite changesl Tylosin at high dose clears diarrhea but once P weans down to low dose, seems to regress.
- mucous in stool, not going indoors right now, good appetite, on biome food and chicken or salmon for treats,
- Consulted w/ IDEXX internist. Low normal folate may be suggestive of proximal SI dz. Rec u/s.
- 03/07/2026: TLI 12.4 (10.9-50) cPLI <30 (<200) cobalamin > 1000 (251-908) (pt on supplementation) folate 8.7 (7.7-24.4)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 6.0 cm, right measured 5.6 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

The prostate is small and hypoechogenic.

Adrenal Glands

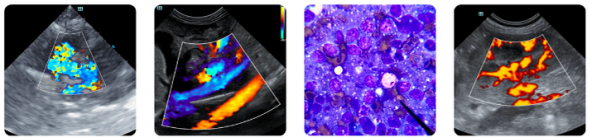
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.47 cm and 0.49 cm in width. The right adrenal gland measured 0.45 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.7 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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Gallbladder

The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the presenting clinical signs.

Although the GI tract appears ultrasonographically normal, with the presenting clinical signs, an underlying enteropathy such as parasitic enteritis, dietary hypersensitivity, inflammatory bowel disease and intestinal dysbiosis should still be considered.

With the normal TLI activity, emerging exocrine pancreatic insufficiency would be a possible differential diagnosis.

Further assessment would be fecal analysis, dysbiosis index and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management would be to continue with the current diet and adding a course of Fenbendazole. If there is not a satisfactory resolution then changing the diet to a hypoallergenic/novel protein would then be indicated and if there is still not a satisfactory improvement then a course of Prednisolone would then be indicated.

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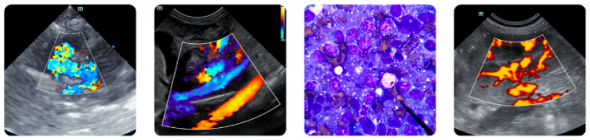

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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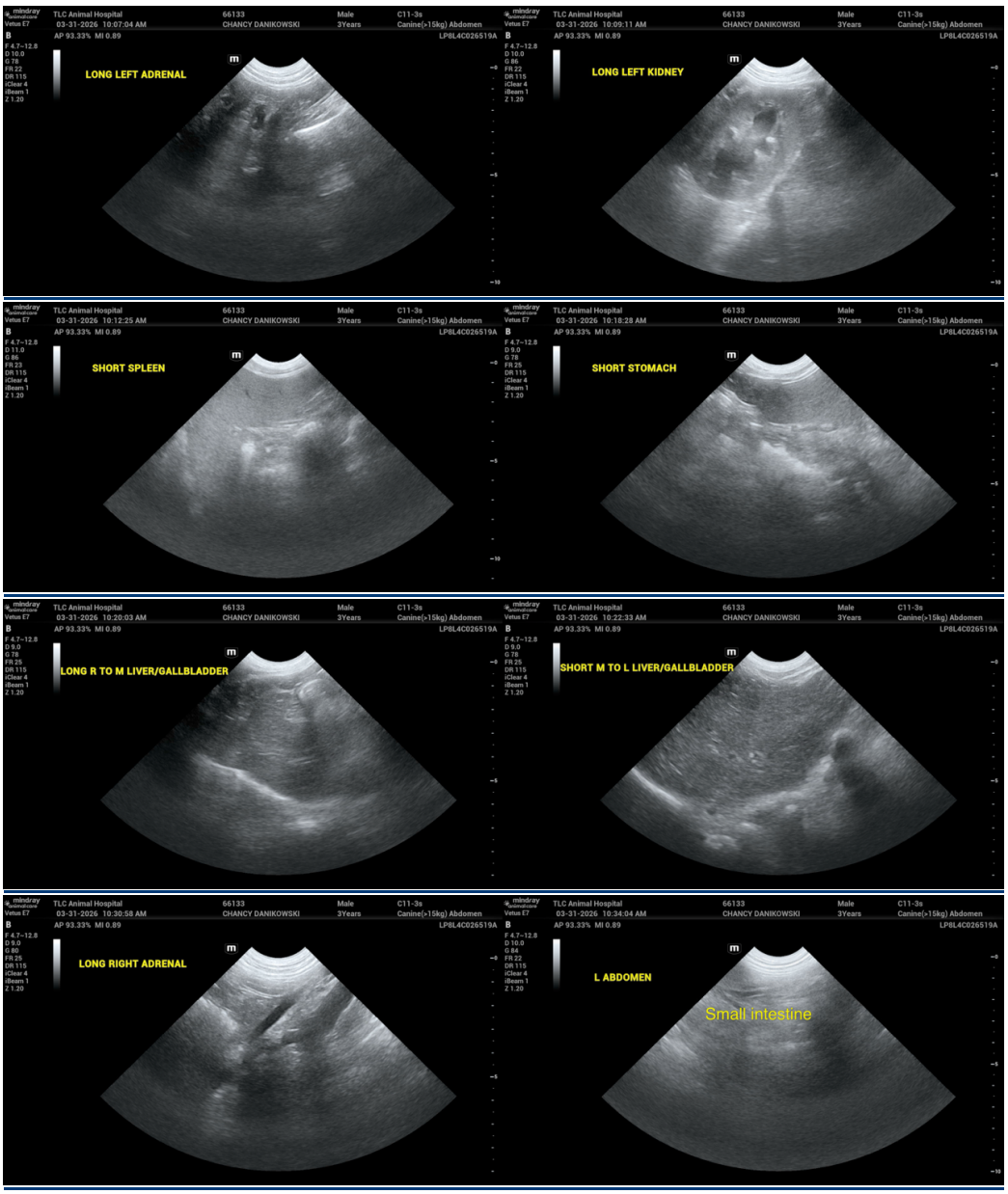

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

info@sonopath.com