



## PATIENT

Zoey Camerlengo

## SPECIES

Canine

## BREED

Pitbull Mix

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

27.3 kg

## INTERPRETED BY

Bradley Harris, DVM,  
DACVECC, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Dr. Alexandra Pasaturo

## HOSPITAL NAME

Greater Staten Island  
VS

## REFERRING VET

Dr. Alexandra Pasaturo

## INVOICE

37392

## DATE

6/7/26

## PRESENTING CLINICAL SIGNS

History of PIMA (precursor-directed immune-mediated anemia) with myelofibrosis diagnosed. February 2026 via bone marrow biopsy. Previous blood transfusions: most recent April 29, 2026.

Current medications: Atopica 150mg BID (recent dosing issues - received only 50mg for past 3 doses instead of 150mg due to medication shortage). Prednisone 40mg once daily at 2pm

Normal diet: roasted chicken breast, turkey with fat drained, ground beef with fat drained, celery, carrots, sweet potatoes. Today ate unusual items: collagen bone, rawhide treats, and steak. Known to ingest foreign objects previously (cloth-like structure removed via endoscopy).

Client reports dog was normal all day until acute onset of vomiting and diarrhea followed by collapse. Good quality of life at home between episodes, some days quieter but eating and drinking normally. Intermittent diarrhea noted.

Abnormal PE/Chem/CBC/UA Results: Tense painful abdomen, febrile on presentation 104.5F, QAR but weak Diagnostics: - PCV/TP: 23-24%/7.8 initially, later hematocrit 20.7% (reference 37.3-61.7%) - CBC: WBC normal, lymphocytes low at 0.64 (reference 1.05-5.10) - Chemistry: BUN 29 (reference 17-27), ALT 751 (reference 10-125), ALP 666 (reference 23-212) - Abdominal radiographs: material in stomach, unknown if food or foreign body - AFAST: +/- gallbladder wall edema.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 5.0 cm. The right kidney measures 6.4 cm.

### Adrenal Glands

The left adrenal gland is visualized and has a normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.58 cm. The right adrenal gland is not visualized.

### Spleen

The spleen has an overall smooth and homogenous parenchyma that is hypoechoic to the liver. The capsule is smooth without significant irregularity. There are multiple circumscribed hypoechoic nodular changes within the splenic body that do not distort the capsule. The vasculature is normal with no



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evidence of congestion, spontaneous echocontrast or thrombosis, The spleen measures 1.7 at the hilus.

### Liver

The liver is subjectively enlarged with slightly rounded margins. The parenchyma is mildly heterogeneous with multifocal hypoechoic nodular changes that do not distort the hepatic capsule. The vasculature is normal with no evidence of congestion. The gallbladder is normal.

### Gastrointestinal

The stomach is moderately distended with echogenic fluid. There is hypoechoic partially shadowing luminal contents within the gastric fundus. The pylorus and pyloroduodenal junction are not visualized and a pyloric outflow obstruction cannot be definitively excluded. The small intestine is nondistended with normal wall thickness and layering. There is adequate peristaltic activity. The ileocecal junction is patent. The colon contains echogenic fluid consistent with impending diarrhea.

### Pancreas

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

### Free Abdomen

There is no significant lymphadenopathy or free fluid.

## ULTRASONOGRAPHIC FINDINGS

- The mildly enlarged spleen with a coarse/mottled reticular pattern is most consistent with a reactive spleen, or possible splenitis. Round cell neoplasia is considered less likely, but cannot be definitively excluded.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.
- The gastric dilation with echogenic contents is concerning for potential foreign material especially given the patient's history of potential dietary indiscretion. A pyloric outflow obstruction is of concern, however, this cannot be definitively documented on this study.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the spleen and liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

A nasogastric tube should be placed to help decompress the stomach. This may help alleviate some abdominal pain and will allow for further evaluation of the gastric lumen. Also consider endoscopy to reevaluate the gastric contents as well as facilitate potential removal.



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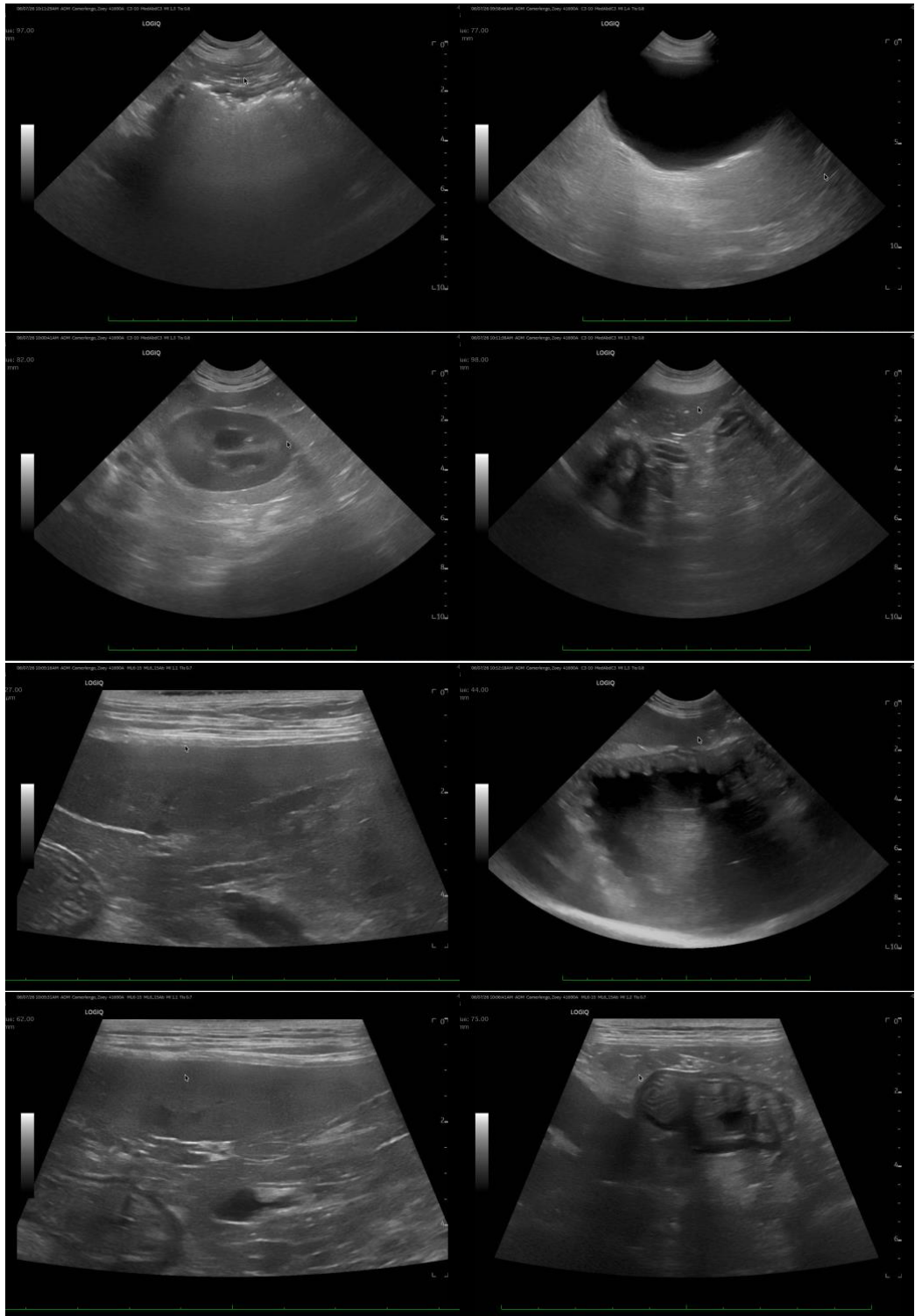
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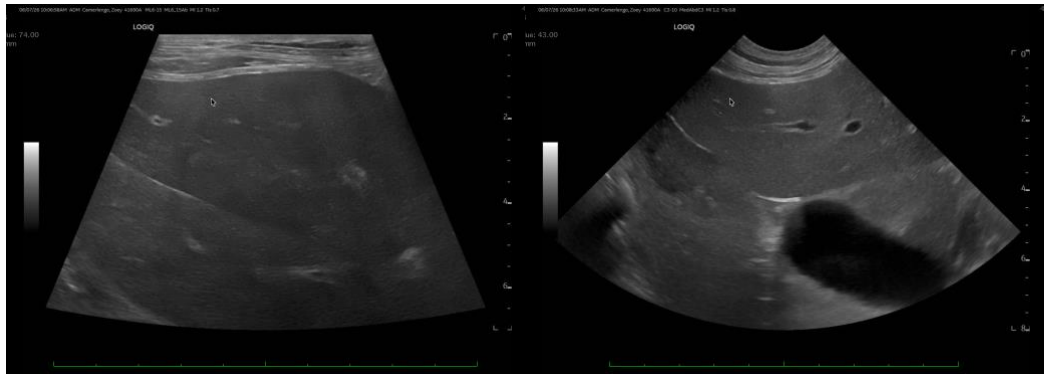
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (Cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)