



PATIENT

Lyla Brown

PRESENTING CLINICAL SIGNS

Presented from rDVM as Fever of unknown origin. Referral radiographs were unremarkable. Previous hx of vomiting/diarrhea and lethargy

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CSL in house: NEU: 12.01, WBC:17.74, ALT:708 K:3.3 PLI: WNL 4dx: negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mixed

Urinary System

The urinary bladder was distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild urine sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

SEX

FS

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Minor bilateral pyelectasia was present. The left kidney measured 6.0 cm in length. The right kidney measured 6.2 cm in length.

AGE

13yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

40

Adrenal Glands

The left adrenal gland was mildly enlarged at the caudal pole with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.85 cm width at the caudal pole. The right adrenal gland was indistinctly visualized without overt pathology. The right adrenal gland subjectively measured 0.60 cm width at the caudal pole.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Camille Petrizzo

Liver/Gallbladder

Generalized hepatomegaly and normal vascular volume. Rounded, symmetrical hepatic capsule contour. Low-bar homogenous hepatic parenchyma with concurrent lobar non-homogenous indistinctly nodular hepatic parenchyma visualized in the mid to right liver. The area of non-homogenous hepatic parenchyma measured ~ 5-6 cm in diameter. The gallbladder was non-distended in size with thin walls and moderate, primarily peripheral lumen to non-dependent mildly congealed yet non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

HOSPITAL NAME

Greater Staten Island
Veterinary Srerrvice

REFERRING VET

Dr. Camille Petrizzo

INVOICE

23553

Gastrointestinal

DATE

01/14/2026



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained gastric fluid with no signs of obstruction or foreign material.

The small intestine presented intact wall layering with propensity for mildly prominent hypoechoic intestinal mucosal layer. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The visualized pancreas exhibited normal size, mild non-homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Generalized increased omental echogenicity.

ULTRASONOGRAPHIC FINDINGS

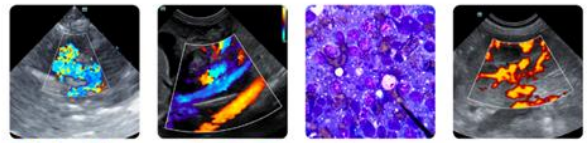
Primary

- Hepatomegaly with lobar non-homogenous indistinctly nodular parenchyma
- Non-organized gallbladder debris -not consistent with mature mucocele criteria
- Non-specific gastroenteropathy with mild hypomotile stomach.
- Mild non-homogeneous hypoechoic pancreas
- Generalized mild omental hyperechogenicity
- Mild chronic renal changes with minor pyelectasia
- Mild caudal left adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Non-specific hepatitis or potential hepatic neoplasia are primary considerations for the liver. Further assessment may include assuming normal clotting status, lobar heterogeneous parenchyma FNA cytology +/- leptospirosis titer/ PCR.

Hospitalization with empirical therapy for potential cholangiohepatitis with concurrent gastrointestinal support and clinical monitoring may prove beneficial. Sonographic reassessment indicated if evidence of progressive clinical signs or hepatopathy.



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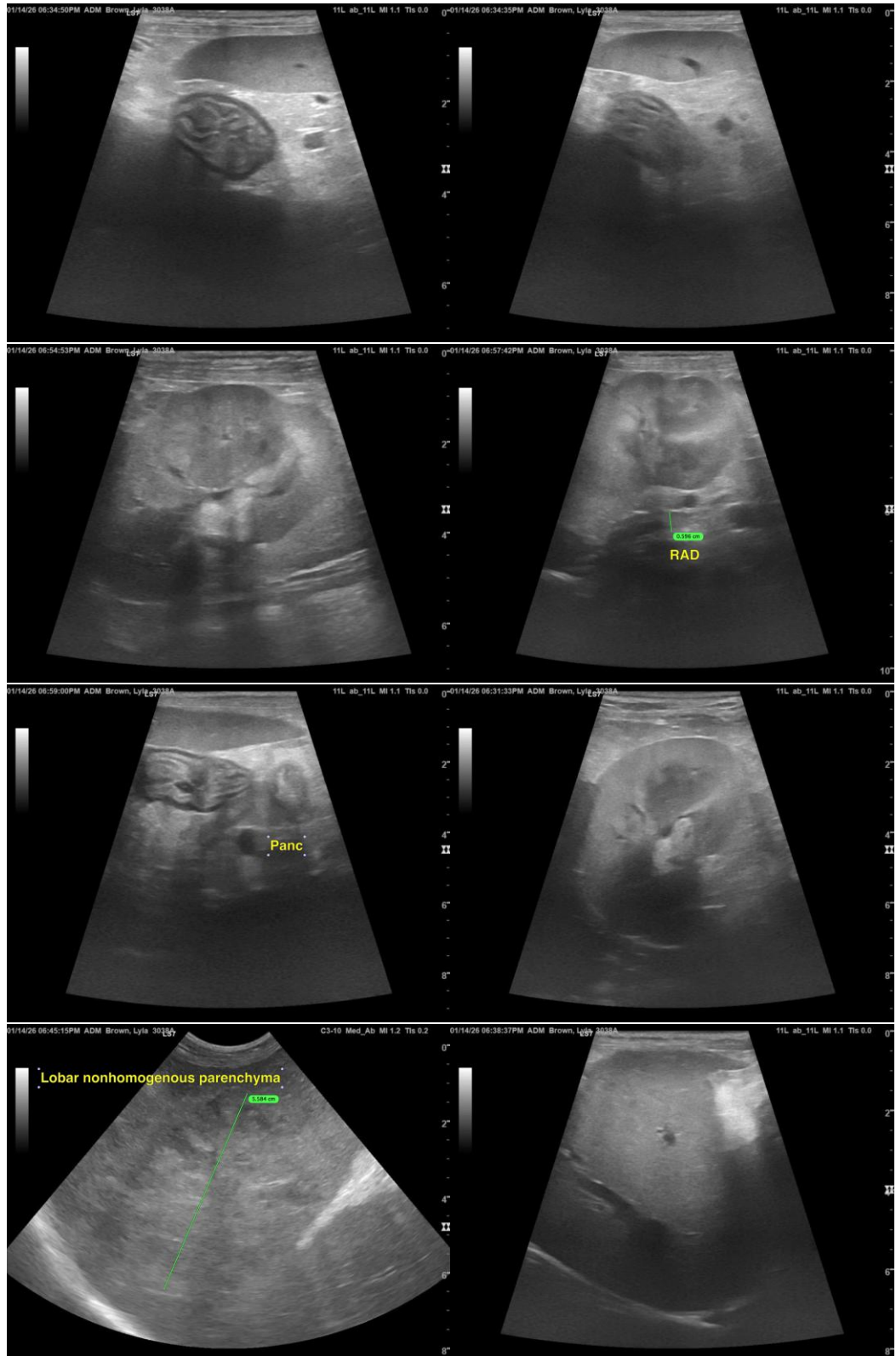
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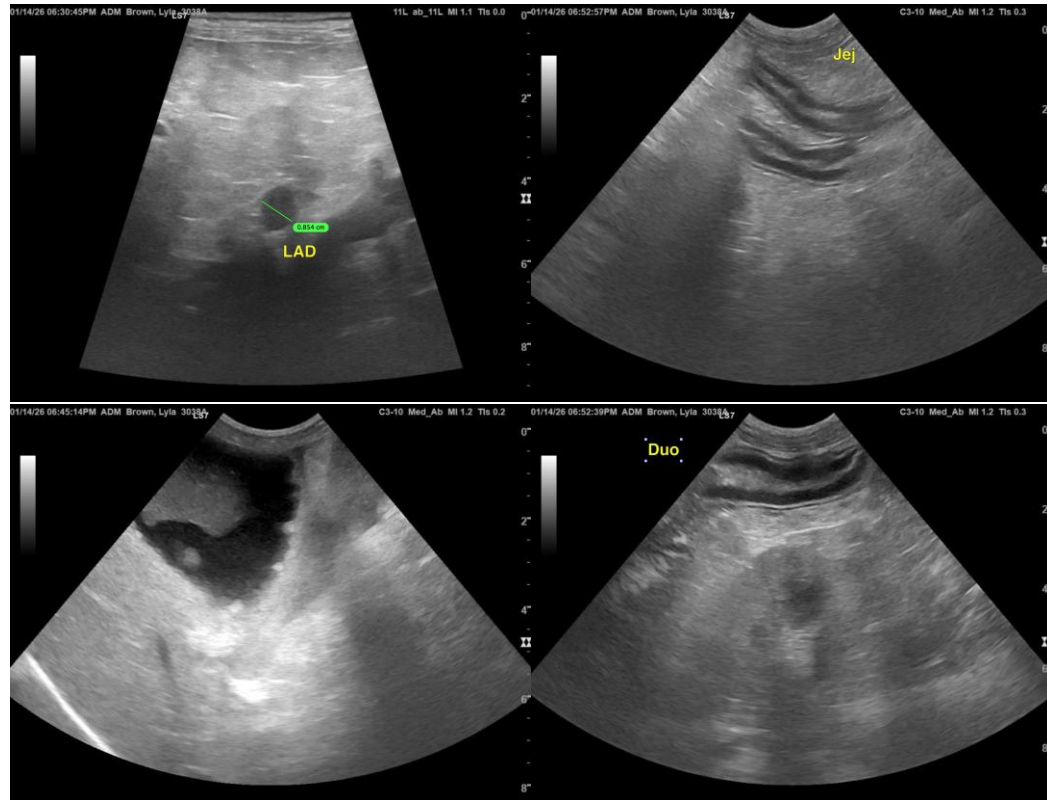
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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