



**PATIENT**

Dustin Vigorito

**SPECIES**

Canine

**BREED**

Poodle

**SEX**

Neutered Male

**AGE**

1 Year

**WEIGHT**

9 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Legacy Animal Hospital

**REFERRING VET**

Dr. Potenzzone

**INVOICE**

13288

**DATE**

01/22/26

**PRESENTING CLINICAL SIGNS**

- ITP, hepatopathy, petechia, lethargy. Meds: Unasyn, N-acetyl cystine, Denamarin, Dexamethasone 1 inj.

Abnormal PE/Chem/CBC/UA Results: Platelet 0, Neutropenia, ALT >3000

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with no urine mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The residual prostate was sonographically normal.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of renomegaly or calculi. The left kidney measured 4.0 cm in length. The right kidney measured 3.9 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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 presented subjective mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. Sonographically normal volume portal vein with visualized cranial portal vein branching. Approximate 1:1 portal vein aortic ratio.



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The gallbladder was non-distended to contracted in appearance with subjective mild edematous wall. Mild anechoic bile with mild bile sediment. The common bile duct was not visualized. No evidence of posthepatic obstruction.

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta (consistent with food/chyme echogenicity) without signs of obstruction or foreign material.

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Poodle

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

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**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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy exhibiting normal/adequate vascular volume.
- Contracted mild edematous gallbladder with mild nonorganized bile debris (non-mucocele).
- Normal kidneys and urinary bladder- no evidence of renal or urinary bladder mineral/calculi.
- Normal gastrointestinal tract with mild nonshadowing gastric ingesta- consistent with food/chyme.
- Normal spleen.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of intrahepatic or extrahepatic macroscopic shunt. Primary hepatic parenchymal disease with considerations including nonspecific hepatitis, hepatotoxicosis, or infectious disease given severely elevated ALT are all potentials. Possible portal vein portal vein hypoplasia/microvascular dysplasia is not definitively excluded. Bile acid profile, infectious disease serology including leptospirosis titers/PCR if clinically indicated are warranted. Further clarification would require hepatic sampling i.e. ultrasound guided FNA or gold standard biopsy with histopathology yet precluded at this stage given thrombocytopenia. Continued generalized supportive care including hepatosupportive medications pending additional diagnostics and clinical monitoring is recommended.

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Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

**DATE**

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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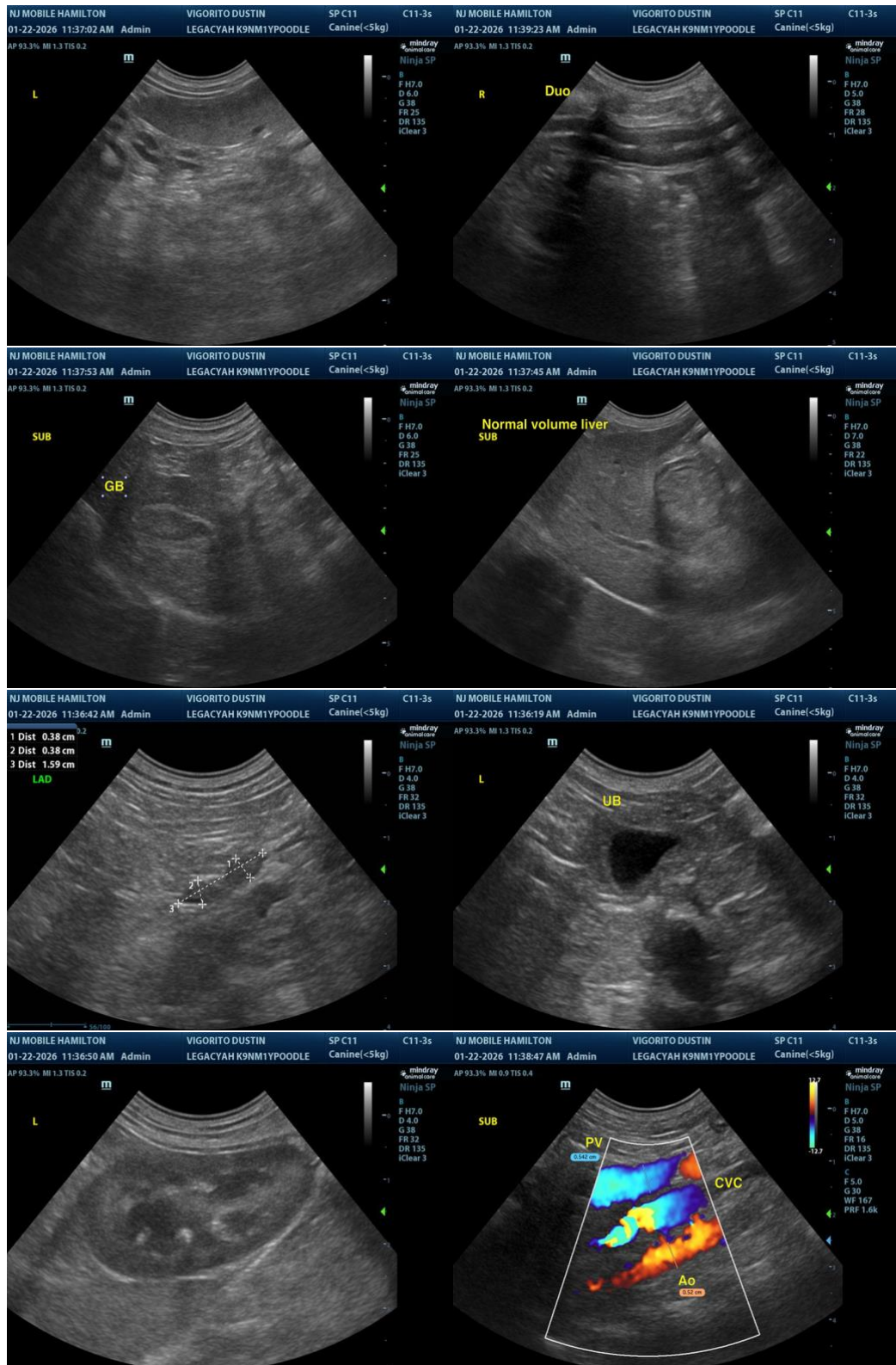
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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