

PATIENT

Lorenzo Cardozo

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

5 Years

WEIGHT

38.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sookhoo

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr. Fryer

INVOICE

13351

DATE

01/23/26

PRESENTING CLINICAL SIGNS

- HERE FOR URINATING AMBER COLOR URINE. FOR THE PAST FIVE DAYS. O NOTICE P IS JAUNDICE TODAY. P HAD STARTED BEING PICKY WITH FOOD 5 DAYS AGO. LORENZO IS USUALLY A GREAT EATER PER O. THEN P COMPLETELY STOPPED EATING 2 DAYS AGO. O HAD BEEN SWITCHING HIS DIET A FEW TIMES. DUE TO P STARTING TO BE PICKY. O DID NOT SLOWLY INTRODUCE DIFFERENT DIETS. P IS CURRENTLY EATING A SALMON DRY DIET AT THIS TIME. P STARTED VOMITING 4-5 DAYS AGO AS WELL. HE HAD VOMITED UP HIS FOOD AND MEDICATIONS. P IS CURRENTLY BEING TREATED WITH CEPHALEXIN AND CARPROVET FOR SOFT SQ SWELLING IN THE REAR AREA. THAT WAS NOTICED IN DECEMBER. P HAS A MEDICAL HISTORY OF ACL REPAIRS IN BOTH BACK KNESS, AND SKIN ALLERGIES. LORENZO HAS BEEN BAR AT HOME. NO SIGNS OF LETHARGY. other concerns: JAUNDICE. CSVD: VOMITING AT LEAST 2-3 TIMES IN THE PAST 4-5 DAYS. E&D: normal appetite and water intake STOPPED COMPLETELY EATING 2 DAYS AGO.
- - Medication (name, dose, frequency): CEPHALEXIN, CARPROVET
- - Preventatives / Supplements: TRIO
- - Vaccination status: UTD ON ALL VACCINES, LAST VACCINATED IN JUNE 2025
- Lives in backyard with frequent wildlife access
- - No access to onions, Tylenol, or unusual toxins reported

Abnormal PE/Chem/CBC/UA Results: Elevated liver values Glob 4.2, ALT 1334, AST 135, ALKP 663, Total bili 6.6, uncon bili 2.3, conj bili 4.3 4dx negative Fecal - negative Urinalysis 2+ protein, 3+ bilirubin T4 1.7 FNA cytology of liver pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. 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.

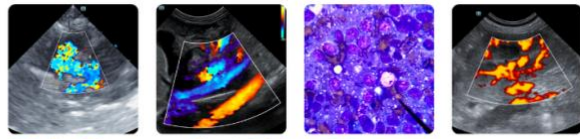
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 6.5 cm in length. The right kidney measured 7.1 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 0.61 cm width at the caudal pole.

The right adrenal gland was not definitively visualized owing to overlaying gastrointestinal gas.

Spleen



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The spleen revealed subjective mild splenomegaly and 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 revealed borderline to possible mild hepatomegaly with symmetrical contour and homogenous mildly hypoechoic parenchyma compared to the spleen. Mild increased prominence of portal vascular borders with normal vascular volume. Distinct masses or nodules were not evident.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder wall edema or pericholecystic inflammation. The common bile duct was not visualized.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

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.

Normal visible colon wall layers were present with semi formed fecal matter in lumen.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

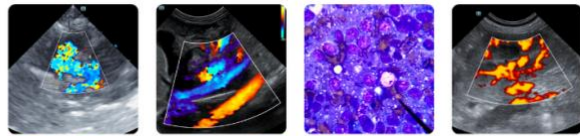
ULTRASONOGRAPHIC FINDINGS

- Hepatopathy.
- Sonographically normal gallbladder.
- Mild splenomegaly.
- Normal gastrointestinal tract with mild nonshadowing gastric ingesta- consistent with food/chyme echogenicity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatopathy is nonspecific acute hepatitis (viral, bacterial, leptospirosis, toxin) in conjunction with significant elevated ALT/AST combination, concurrent vacuolar changes, non-obstructive cholestasis, non-cardiogenic congestion or occult neoplasia are all potentials.

Correlation with pending liver cytology as well as leptospirosis titers/PCR. No evidence of post-hepatic obstruction. UPC on sterile urine sample is recommended if evidence of persistent proteinuria.



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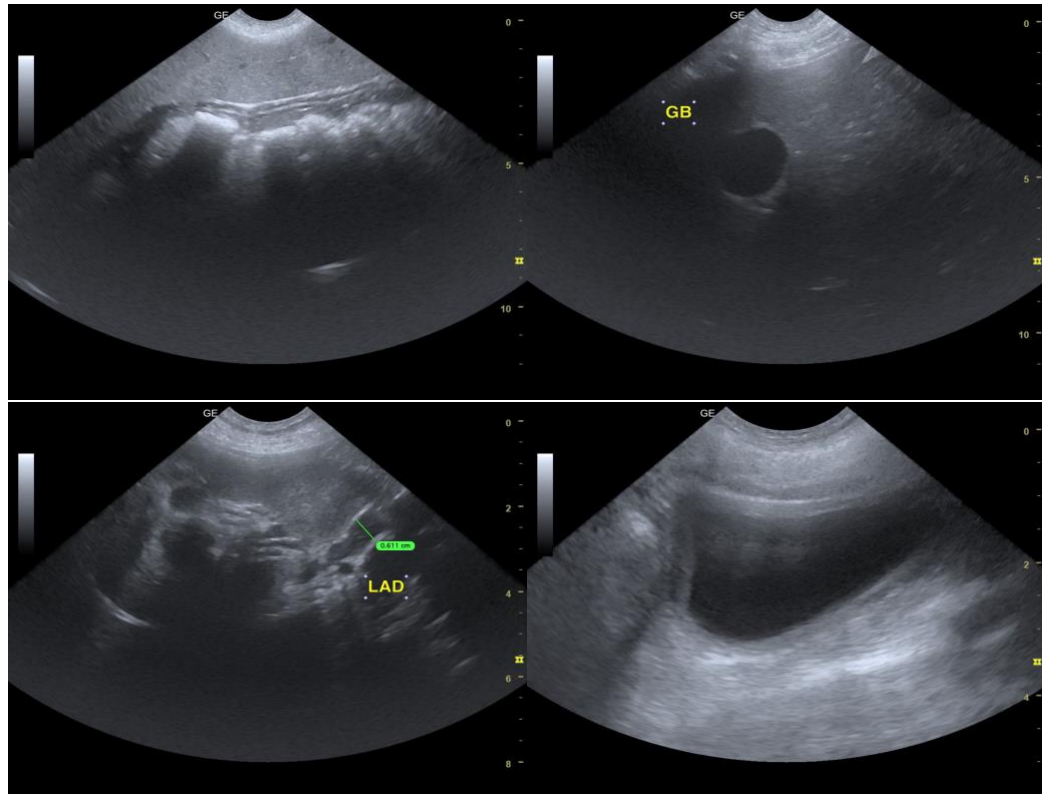
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Hospitalization with empirical therapy for non-specific acute hepatitis with concurrent gastrointestinal support and monitoring is recommended. Sonographic reassessment is suggested if progressive non-responsive hepatopathy.





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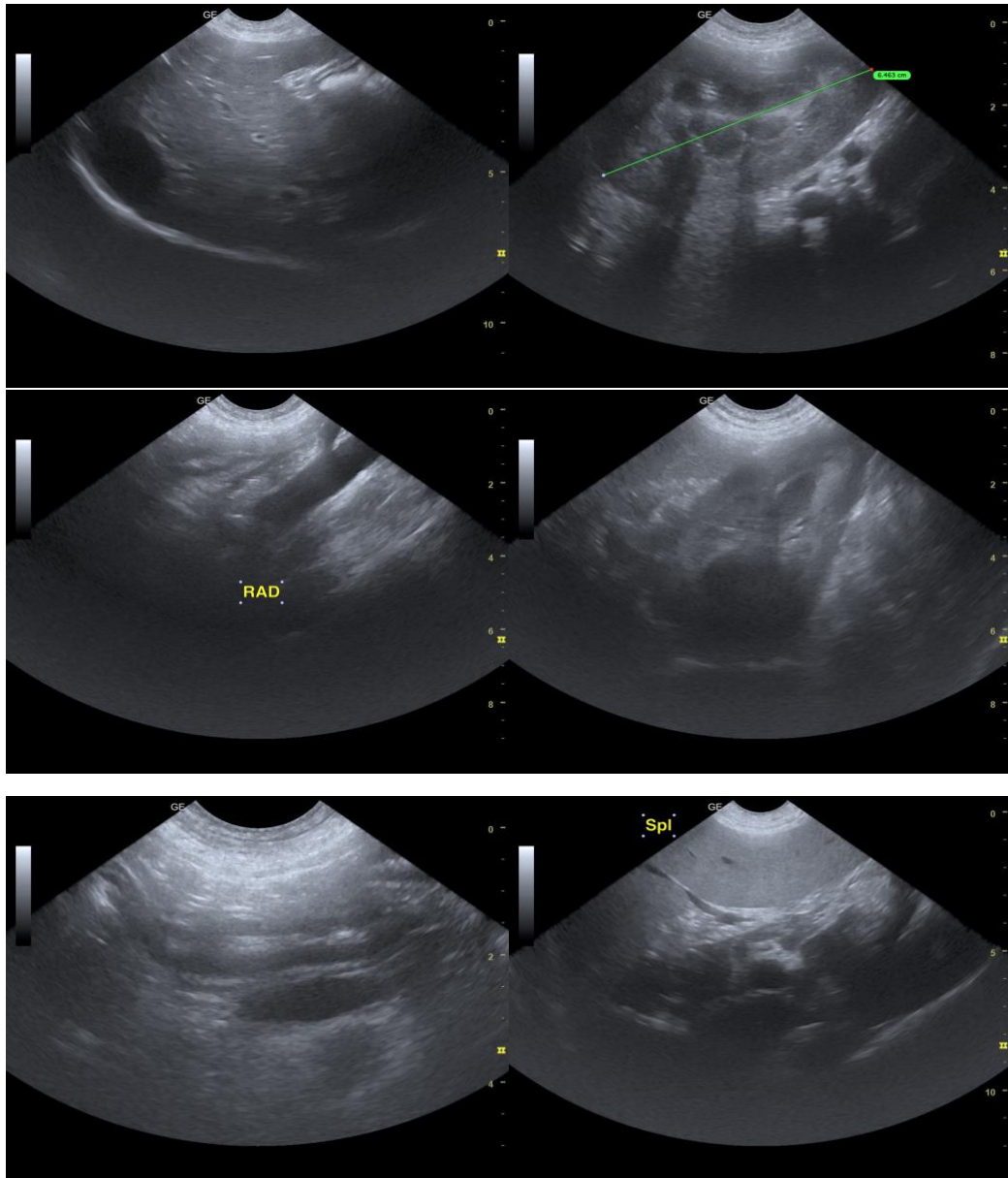
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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