



PATIENT

Khloe Corrar

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

10yr

WEIGHT

14.26lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriella Iannuzzi

HOSPITAL NAME

Greater Staten Island
Veterinary Service

REFERRING VET

Allison Newgent

INVOICE

23481

DATE

01/07/2026

PRESENTING CLINICAL SIGNS

Khloe was presented to GSIVS for evaluation of weight loss, inappetance and lethargy. She was recently diagnosed with demodex and a fungal infection. Skin cultures are still pending. She is currently on fluconazole, Simparica Trio, medicated shampoo/mousse, cyclosporine eye drops and Optixcare eye lube. Khloe has been losing weight for a few weeks but the last few days her appetite has been minimal. She is also lethargic and not quite herself. She has a history of a left TECA/LBO on 12/2/25. She also has a history of a right TECA/LBO in 2023. Khloe has a persistent right head tilt after an acute vestibular event prior to the TECA.

Abnormal PE/Chem/CBC/UA Results: Diagnostic Tests: 1) CBC/Chemistry: Low creatinine and BUN, mild hyperglobulinemia, elevated ALT, elevated GGT, severe anemia (17.6 %), severe inflammatory leukogram, mild thrombocytopenia 2) Abdominal Ultrasound: Suspect gall bladder mucocele with scant free fluid and focal peritonitis, full review pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. Bilateral areas of mild medullary mineral were present. The left kidney measured 4.4 cm in length. The right kidney measured 5.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

Mildly enlarged left caudal pole. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.63 cm width in the caudal pole. The right adrenal gland measured 0.54 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A well-defined, symmetrical, echogenic nodule was present. The nodule measured 0.34 cm in width. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

Liver/Gallbladder



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The liver presented enlarged in size with symmetrical yet swollen rounded contour. The parenchyma exhibited conserved uniform parenchyma with normal echogenicity isoechoic to the spleen and falciform fat. The hepatic vasculature was prominent in appearance, most notable at the level of the hepatic vein / caudal vena cava junction, without evidence of thrombosis. Concurrent subjective mildly distended cranial abdomen caudal vena cava without overt evidence of thrombosis measuring 0.78 cm in diameter.

The gallbladder was non-distended in size primarily occupied by congealed variably echogenic to nodular appearing yet overall non-organized gallbladder debris. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained gastric fluid with no signs of ileus, 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 mechanical/metabolic ileus, obstruction or foreign material.

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

Pancreas

The pancreas exhibited mild swollen appearance with capsule asymmetry. Mild non-homogenous hypoechoic parenchyma compared to adjacent omentum was present.

Free Abdomen

Mild volume peritoneal effusion and generalized primarily homogenous omental hyperechogenicity.

No obvious visualized significant omental lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mild urinary bladder mineral
- Chronic renal changes exhibiting mild medullary mineral.
- Mild enlarged caudal left adrenal gland that- no evidence of adrenal tumors
- Subjective mild congestive hepatomegaly
- Intact gallbladder with congealed yet non-organized gallbladder debris- not overtly consistent with mature or inflamed gallbladder mucocele
- Overtly normal gastrointestinal tract with mild hypomotile stomach and semi-formed fecal matter in colon
- Prominent non-homogenous hyperechoic pancreas - inflammation vs edema.
- Ascites vs nonspecific peritonitis

Secondary

- Non-disruptive hyperechoic splenic nodule -most consistent with probable myelolipoma.



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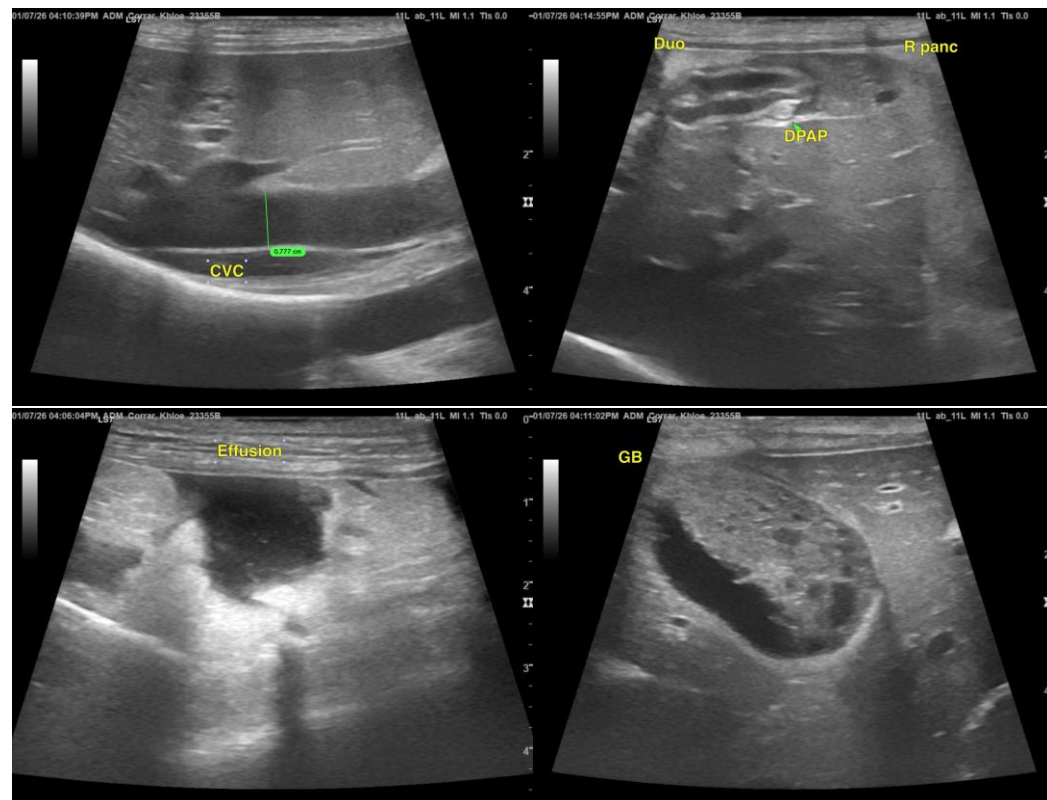
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming the patient is non-sedated and without reported subnormal ALB, the subjective mild congestive liver may suggest intrathoracic or cardiac pathology. Correlation with three view chest radiographs and ideally brief echocardiogram, abdominal effusion analysis cytology and C/S if evidence of inflammatory component is recommended.

The gallbladder may suggest immature mucocele criteria, although no definitive evidence of classic mature mucocele or gallbladder rupture. No obvious intraabdominal neoplastic criteria, although potential for carcinomatosis, lymphomatosis or similar, while thought less likely cannot be definitively excluded. A spec CPL is warranted.

Hepatogastrointestinal support with empirical therapy for pancreatitis / nonspecific peritonitis and close clinical monitoring pending additional diagnostics would be reasonable. A guarded prognosis is indicated.





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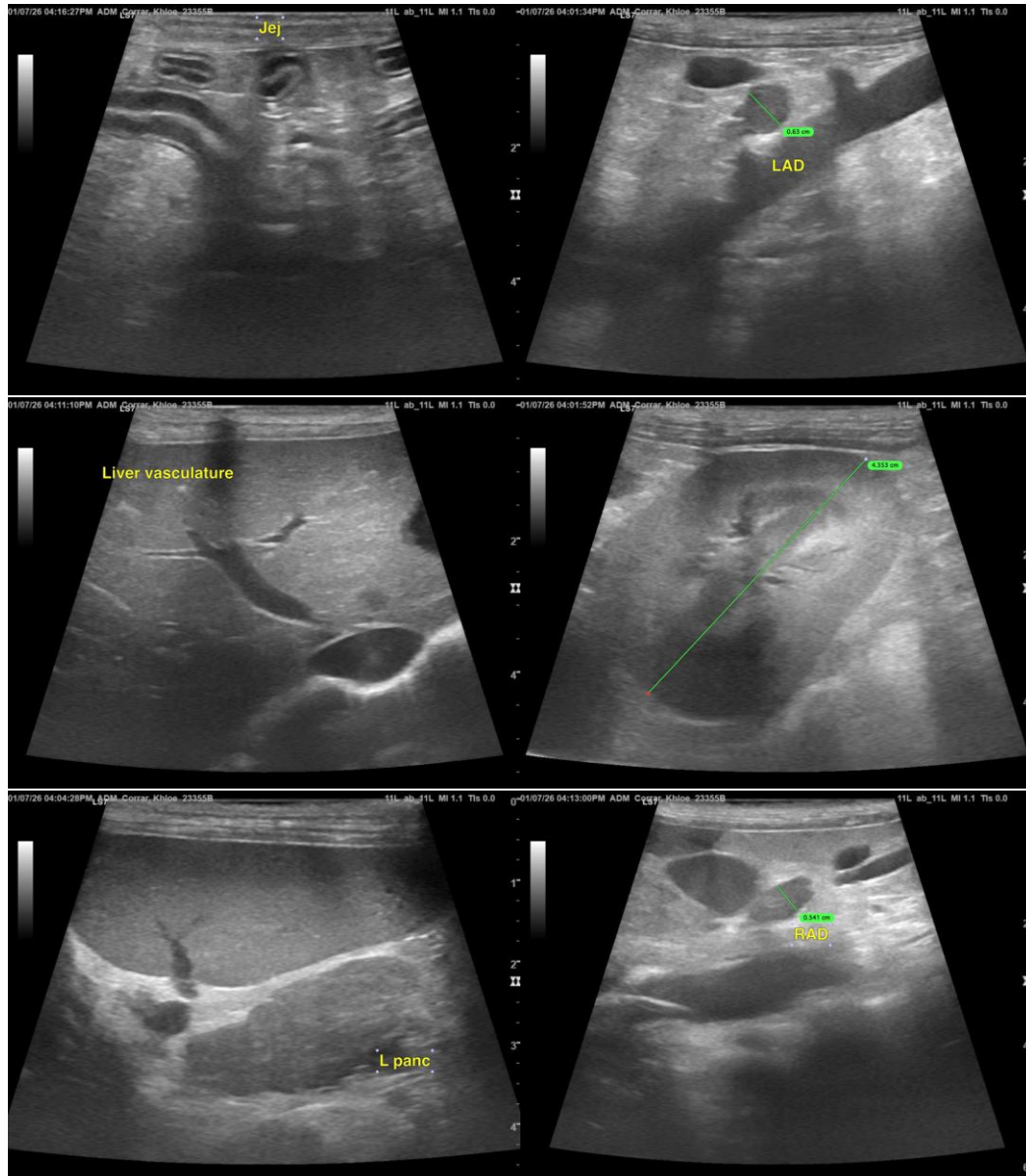
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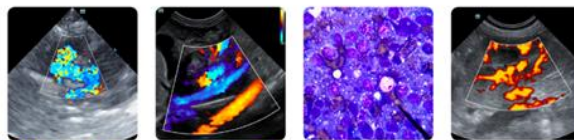
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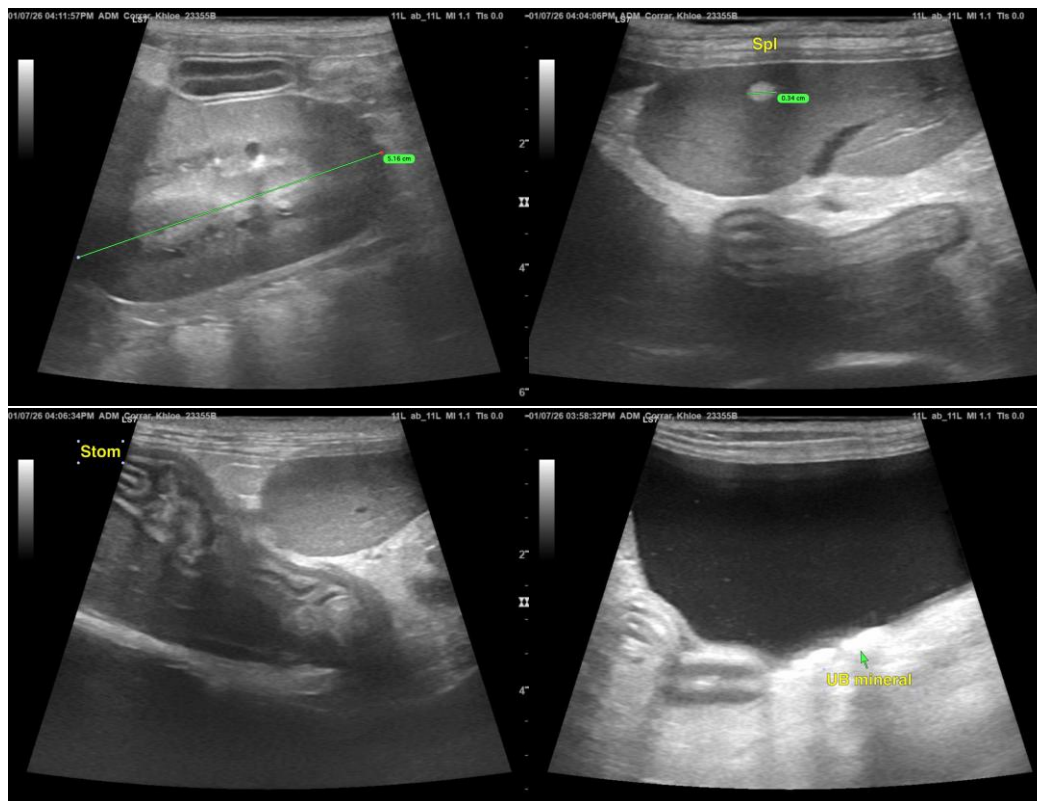
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com