



PATIENT

Oreo Mazzocco

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

13y 9m

WEIGHT

25

INTERPRETED BY

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

IMAGING PERFORMED BY

Solitaire Goldfield,
DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Solitaire Goldfield,
DVM

INVOICE

13041

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: P was hospitalized on Dec 24th for pancreatitis & went home on the 25th Since then he has intermittent inappetence, weight loss, PE revealed HM increased from 2/6 to 3/6 Diagnosis in July 2024 of Cushing's & O elected not to treat due to P not having clinical signs associated

Abnormal PE/Chem/CBC/UA Results: Pancreatic Lipase 1235 (RI: 0-200) ALP too high to read (RI: 0-140) Neu 17.6 (RI: 2.88-11.72) Mono 2 (RI: 0.04-1.62) Phos 6.8 (RI: 1.9-5.0) Globulin 4 (RI: 2-3.6) Cholesterol >450 (RI: 120-310) ALT 934 (RI: 0-120) GGT 89 (RI: 0-14) T Bil 1.4 (RI: 0-0.5) Hepatomegaly noted on abdominal radiographs (rad report from 12/24 visit) Prostatic hyperplasia noted on abdominal radiographs (rad report from 12/24 visit)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent, echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The prostate gland and proximal urethra were not definitively visualized.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.6 cm in length.

Adrenal Glands

The right adrenal gland was enlarged in size with intact capsule contour and non-homogeneous, indistinctly nodular, non-mineralized parenchyma. The right adrenal gland measured 2.5 cm length x 1.6 cm width. The left adrenal gland was indistinctly visualized yet exhibited subjective concurrent mild enlargement and subjectively measuring 0.77 cm width.

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

The liver exhibited generalized hepatomegaly with mild, swollen capsule contour and generalized mild to variable heterogeneous hepatic parenchyma. Normal vascular volume with no definitive hepatic mass visualized. The gallbladder was non distended in size with mild, non-organized, echogenic, nonmineralized biliary sludge. No evidence of wall edema or peripheral inflammation. The common bile duct was not visualized.



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Gastrointestinal

The stomach presented intact mildly thickened hypochoic wall with an empty lumen without evidence of obstruction to pyloric outflow. Gastric body wall measured 0.50 cm width and pylorus wall measured 0.88 cm width.

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 apparent formed feces in lumen.

Pancreas

The left limb, right limb, and base of the pancreas presented hypochoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

Peripancreatic to cranial abdomen mil hyperechoic omentum and no evidence of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Persistent pancreatitis with regional peripancreatic mild hyperechoic omentum
- Enlarged non-homogeneous non-congested liver
- Non-organized gallbladder debris (non-mucocele)
- Empty thickened stomach, normal appearing small intestine
- Enlarged nodular right adrenal gland, indistinctly visualized yet subjective concurrent mildly enlarged left adrenal gland
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Persistent pancreatitis with chronic to secondary benign hepatopathy and associated gastritis is favored. Potential for right adrenal tumor cannot be definitively excluded. Screening blood pressure to assess for hypertension is suggested. Sonographic monitoring of the pancreas, liver and stomach pending further supportive care or if progressive clinical is recommended. Likewise, sonographic monitoring of specifically the right adrenal gland for evidence of progressive pathology is indicated.



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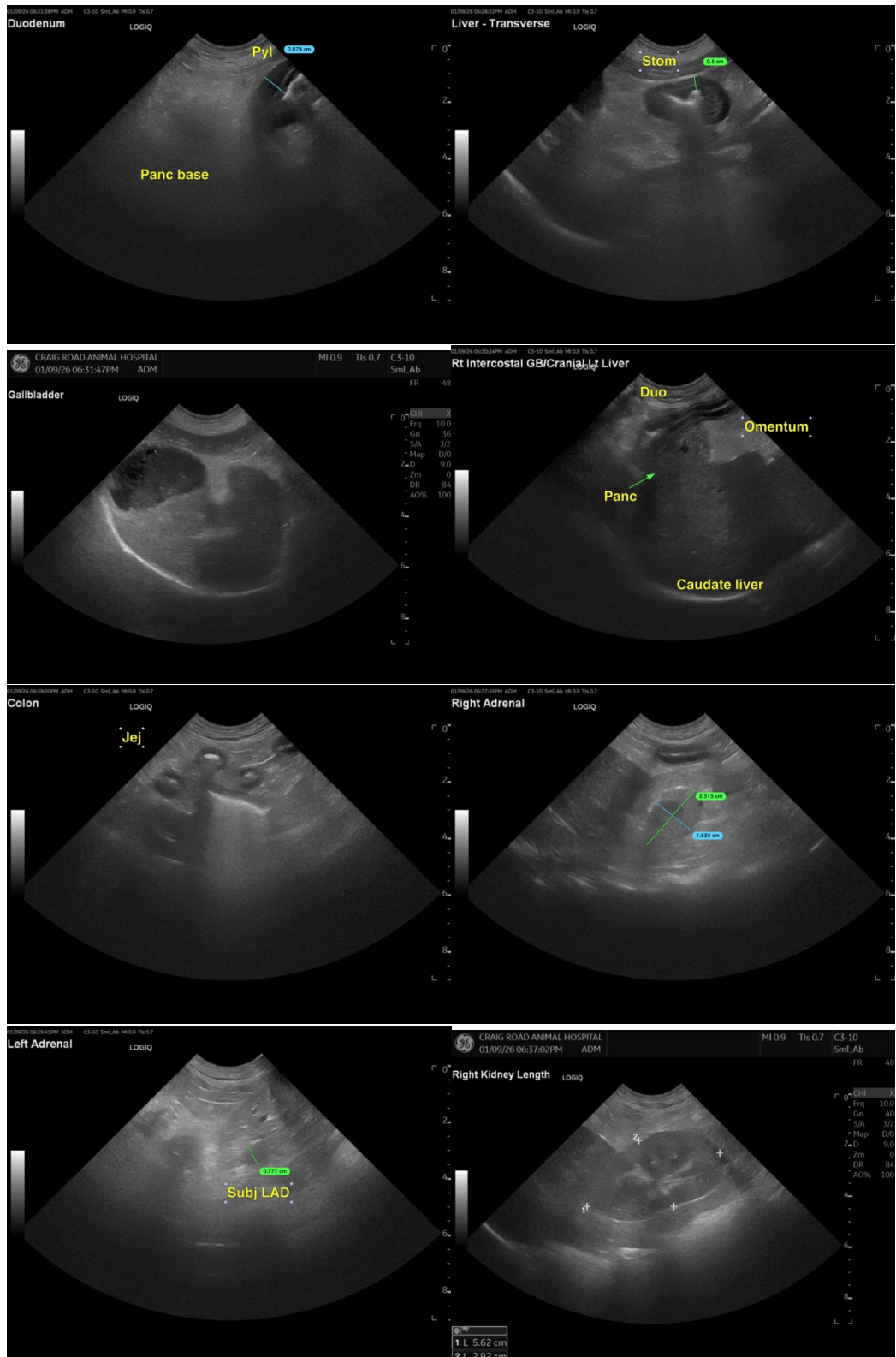
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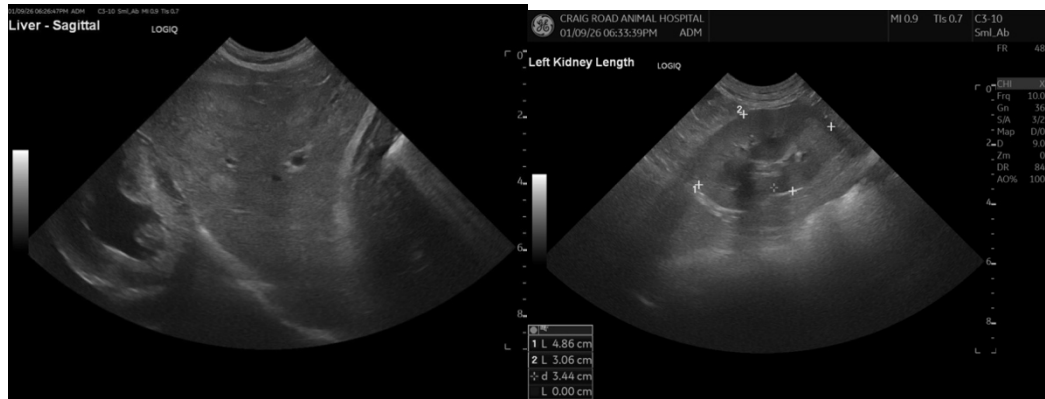
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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