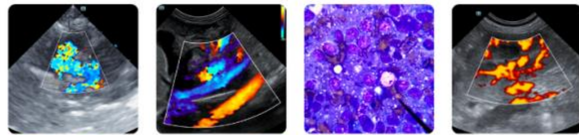


PATIENT
Comet Bartuccelli

SPECIES
Canine

BREED
Shih Tzu Mix

SEX
Neutered Male

AGE
13 Years

WEIGHT
15

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

IMAGING PERFORMED BY
Dr. Camille Petrizzo

HOSPITAL NAME
Greater Staten Island Veterinary Services

REFERRING VET
Dr. Konda

INVOICE
13864

DATE
02/19/26

PRESENTING CLINICAL SIGNS

- Today lethargy and vomited once and seems painful.
- Hx of chronic diarrhea, chronic airway disease, mild hypercalcemia from parathyroid nodule

Abnormal PE/Chem/CBC/UA Results: Cranial abdominal pain No other diagnostics performed today

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 minor dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

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. Loss of corticomedullary distinction was also present. Medullary mineral to small renoliths and small cortical cysts were present bilaterally. The left kidney measured 3.7 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.44 cm width in the caudal pole. The right adrenal gland measured 0.56 cm width in the caudal pole.

Spleen

The spleen was not definitively visualized potentially owing to volume contraction or mild splenic displacement.

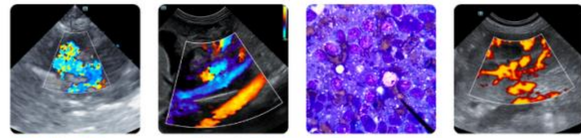
Liver & Gallbladder

The liver presented 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. An indistinctly marginated mild nonhomogenous hypoechoic mid to caudal liver intraparenchymal nodule was present measuring 2.9 cm in diameter.

The gallbladder was non distended in size with mild nonorganized biliary sludge. 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 mild retained nonshadowing hyperechoic ingesta/chyme.



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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 nonhomogenous to hypoechoic echogenicity compared to adjacent omental fat exhibiting hypoechoic striations suggestive of edema. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and regional peripancreatic hypoechoic omentum. Minor peripancreatic effusion was present.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

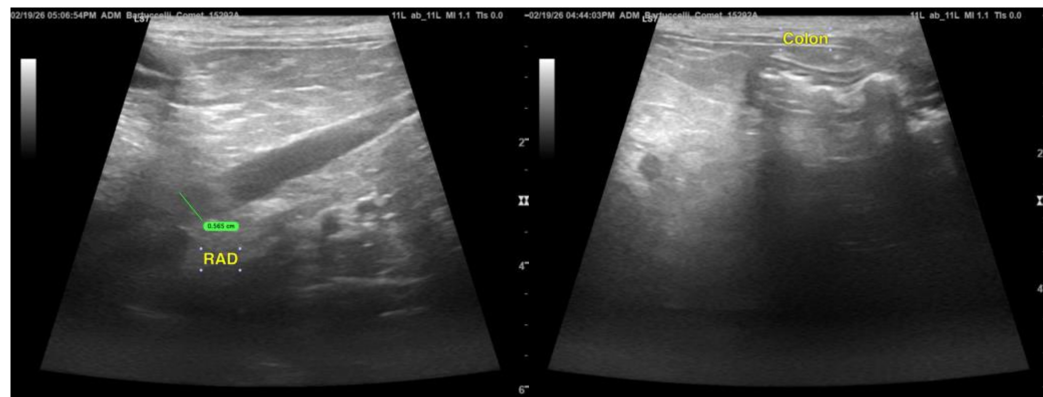
ULTRASONOGRAPHIC FINDINGS

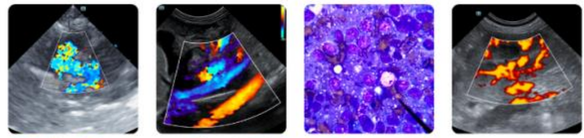
- Pancreatitis with regional steatitis.
- Mild hepatomegaly with indistinct intraparenchymal nodule.
- Mild gallbladder debris (non-mucocele).
- Mild gastritis with retained nonshadowing ingesta.
- Sonographically unremarkable small intestine/colon.
- Bilateral chronic renal changes exhibiting medullary mineral and cortical cysts.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with clinical history is recommended. Hospitalization with empirical therapy for pancreatitis with gastrointestinal support and monitoring is recommended. Correlation with full lab work and urinalysis is recommended, if not already done.

The hepatic nodule is non-specific and may indicate incidental hyperplasia, hematopoiesis, or inflammation with hepatic neoplasia thought less likely, yet sonographic monitoring of the liver nodule for evidence of progression is indicated. Likewise, sonographic reassessment is recommended if non-responsive or progressive clinical signs. A GI panel to include PLI, TLI, cobalamin, and folate given chronic diarrhea may be considered.





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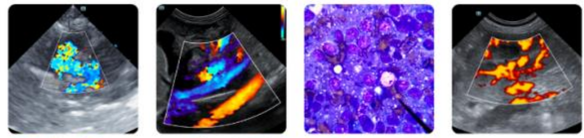

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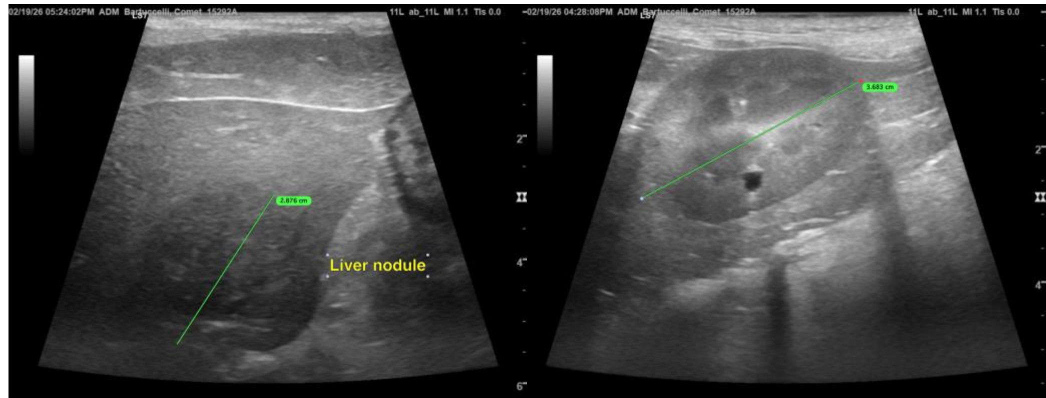

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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