



PATIENT

Papi Ruggerio

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Male

AGE

15

WEIGHT

9.8 pounds

PRESENTING CLINICAL SIGNS

- Presenting Complaint: Papi Ruggerio presents for inappetence and weakness
- Patient History:
 - Started coughing 2 weeks prior to wellness visit
 - Wellness visit 2 weeks ago: heart murmur and pleural effusion/pulmonary edema discovered, started furosemide
 - Echo performed last week with cardiologist, started Pimobendan
 - Renal function test and chest radiographs performed Monday, started enalapril Tuesday
 - Monday's chest radiographs showed clear lungs, enlarged heart, hepatomegaly
 - Monday's bloodwork showed elevated alkaline phosphatase (600), low T4
 - Current medications: furosemide, Pimobendan, enalapril, elura (appetite stimulant)
 - Inappetence since starting enalapril Tuesday - last ate small amount (2 tablespoons) yesterday
 - Refuses favorite foods and treats, including Nutri-Cal
 - Weakness and ataxic gait observed today
 - No vomiting
 - Normal formed stools
 - No current coughing or respiratory signs
 - Previously finicky eater but current food aversion is complete
 - Client discontinued Denamarin suspecting it contributed to inappetence

INTERPRETED BY

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

Abnormal PE/Chem/CBC/UA Results: Inappetence - r/o medication-induced, hepatic dysfunction, nausea secondary to dehydration - Hepatomegaly with abnormal liver echogenicity - r/o hepatitis, steroid hepatopathy, neoplasia - Elevated alkaline phosphatase (historical finding) - r/o hepatic disease, muscle wasting, pancreatitis - Low T4 (historical finding) - r/o hypothyroidism - Congestive heart failure (historical finding) - r/o dilated cardiomyopathy, mitral valve disease -Grade 4/6 HM

IMAGING PERFORMED BY

Dr. Rachel Flagiello

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

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The prostate gland was not definitively visualized.

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The area of the aortic trifurcation was free of pathology.

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Normal size and margination was present in the right kidney. 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 right kidney measured 3.7 cm in length.

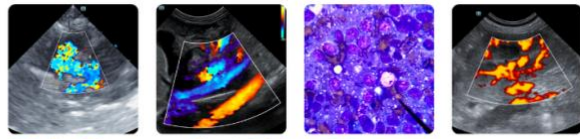
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The left kidney was not definitively visualized yet without obvious pathology.

Adrenal Glands

The left adrenal gland was not definitively visualized yet without obvious pathology.



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The right adrenal gland was overtly normal in size, position and shape. The right adrenal gland subjectively measured 0.33 cm width at the caudal pole.

Spleen

The spleen was not definitively visualized yet without obvious pathology.

Liver & Gallbladder

The liver presented subjective borderline to mild hepatomegaly. 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.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild lumen gas and with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.30 cm wall width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty without evidence of mechanical/metabolic ileus to the level of the colon. The duodenum wall measured 0.33 cm wall width. The jejunum wall measured 0.25 cm wall width.

Normal visible colon wall layers were present with apparent formed feces 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

- Sonographically unremarkable gastrointestinal tract.
- Normal area of the pancreas.
- Mildly enlarged noncongested liver- consistent with benign hepatopathy.
- Normal gallbladder.
- Age-related right kidney.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology as a definitive cause of the patient's clinical signs. No evidence of hepatic congestion, secondary to cardiomyopathy with liver presentation suggestive of metabolic, reactive, vacuolar or non-cholestatic hepatopathy in conjunction with elevated ALP. No



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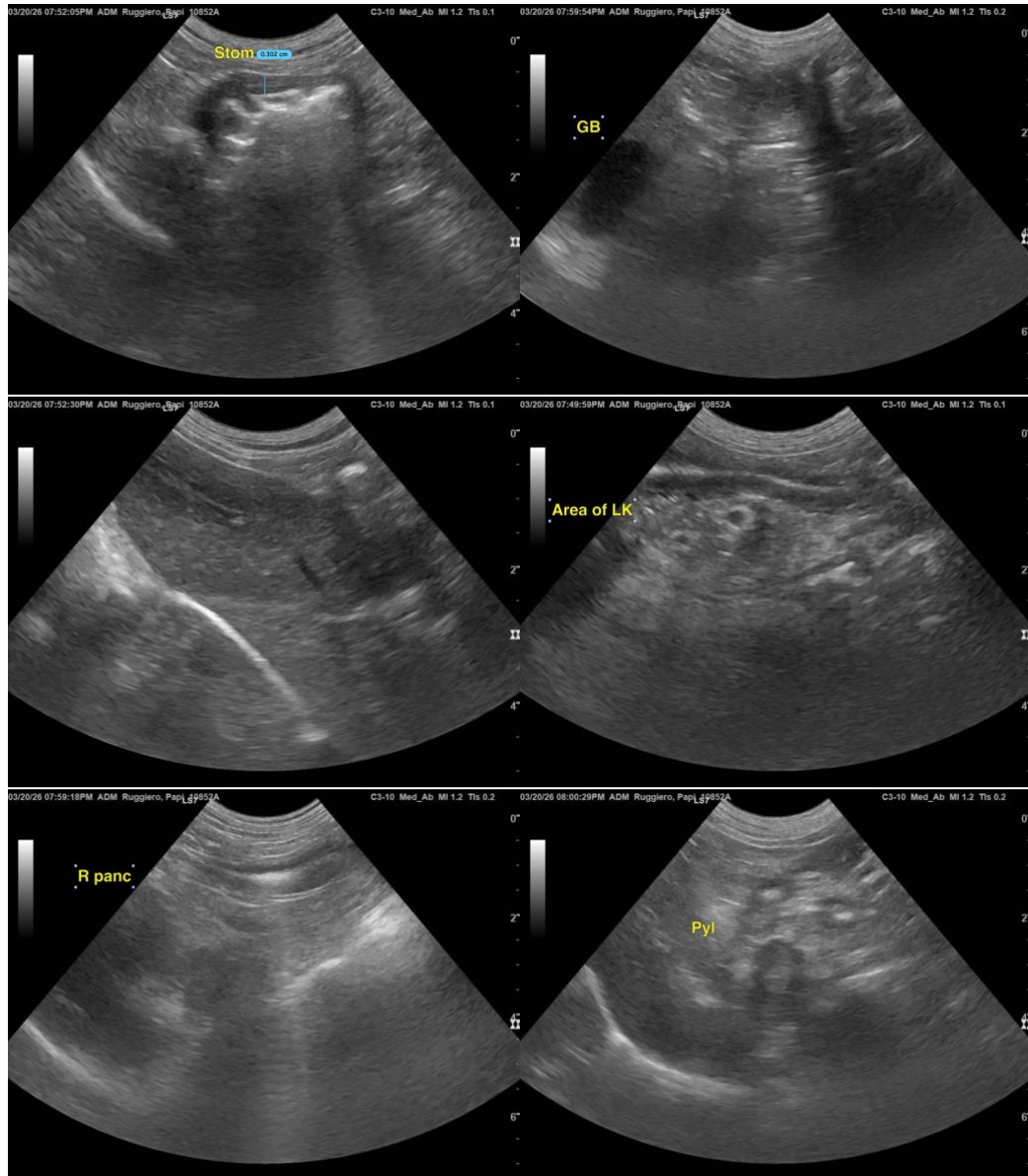
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evidence of neoplastic criteria. A GI panel and screening cortisol level to assess for occult disease may be considered. Gastrointestinal support is indicated.





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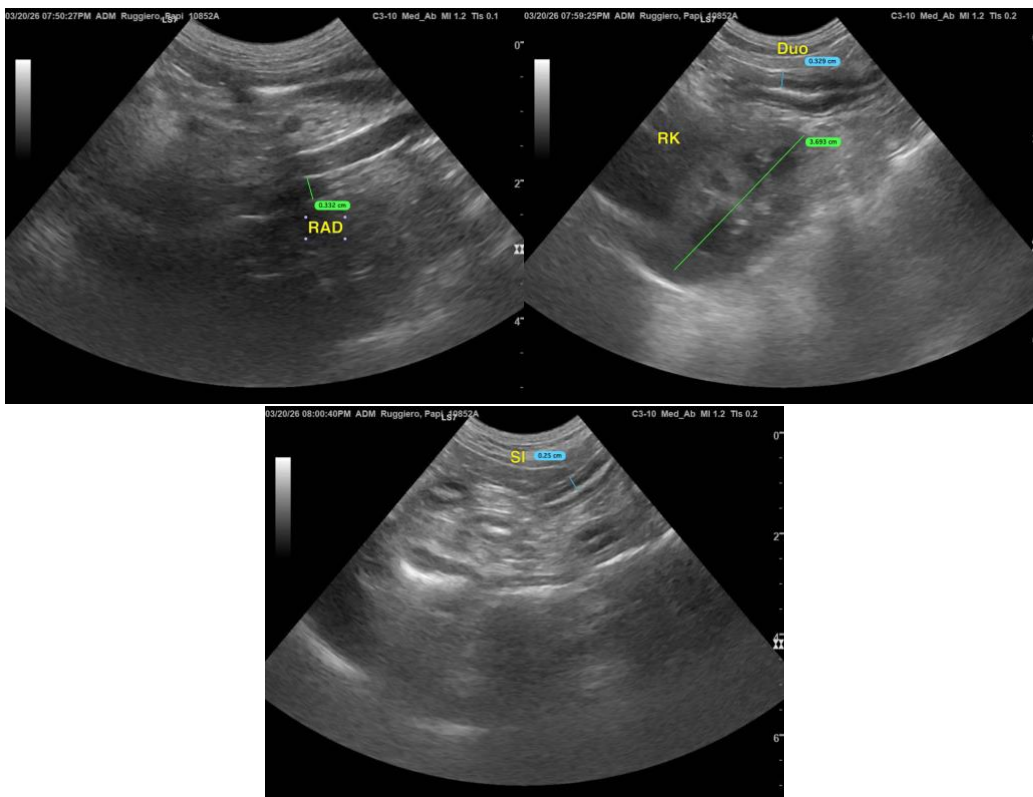
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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