



PATIENT

Bella Mazzarisi

SPECIES

Canine

BREED

English Labrador

SEX

Spayed Female

AGE

7-8 Years

WEIGHT

84.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Cutrone

HOSPITAL NAME

Greater Staten Island
Veterinary Service

REFERRING VET

Dr. Cutrone

INVOICE

73927

DATE

3/23/26

PRESENTING CLINICAL SIGNS

ADR at home.

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. Primarily anechoic urine was present in the lumen. Mild non-dependent 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 area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Small lateral cortical cyst noted in the left kidney. Left kidney measured 7.0 cm. Right kidney measured 6.9 cm.

Adrenal Glands

The left adrenal gland presented mild parenchyma heterogeneity and mild capsule asymmetry without suspicion for overt neoplasia. The left adrenal gland was mildly enlarged in size, measuring approximately 2.8 cm in length x 1.4 cm at the caudal pole.

The right adrenal gland was not definitively visualized.

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 was mildly enlarged. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild, non-organized debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty 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 ileus, obstruction or foreign material.



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

Pancreas

The area of the pancreas appeared normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Enlarged, non-homogeneous liver.
- Mild non-organized gallbladder debris (non-mucocele).
- Sonographically normal spleen/gastrointestinal tract.
- Age related renal changes.
- Mildly enlarged non-homogeneous left adrenal gland.
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

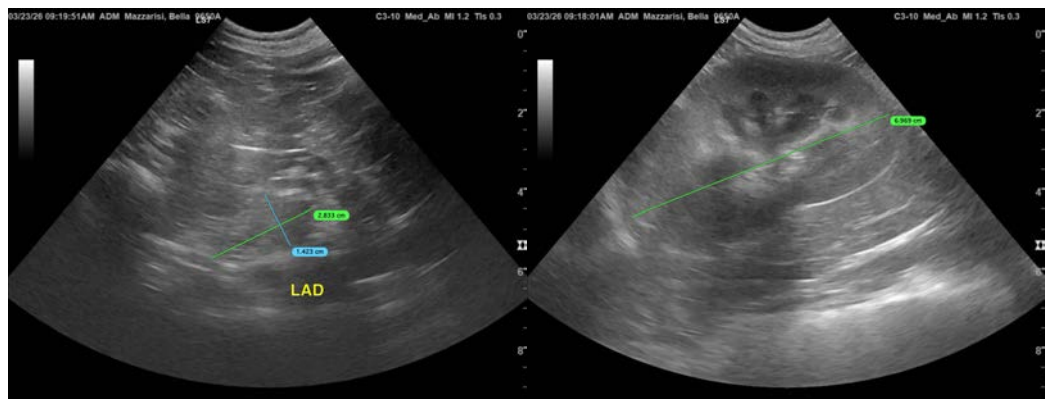
Correlation with full lab work and urinalysis recommended.

The liver is non-specific and may indicate metabolic, reactive, vacuolar, non-obstructive cholestatic or inflammatory hepatopathy, with occult hepatic neoplasia thought less likely.

The current clinical signs combined with the mildly enlarged left adrenal gland are of unclear clinical significance. Adrenal screening could be considered if clinically applicable. Monitoring of the left adrenal gland as well as systemic BP for evidence of hypertension or progressive left adrenomegaly is recommended.

Assuming normal clotting status, screening hepatic FNA cytology could be considered if concurrent elevated liver parameters.

3-view chest radiographs, neurological/musculoskeletal examination, and if clinically indicated GI panel to include PLI, TLI, cobalamin and folate may be considered to assess for occult disease as a contributing factor.





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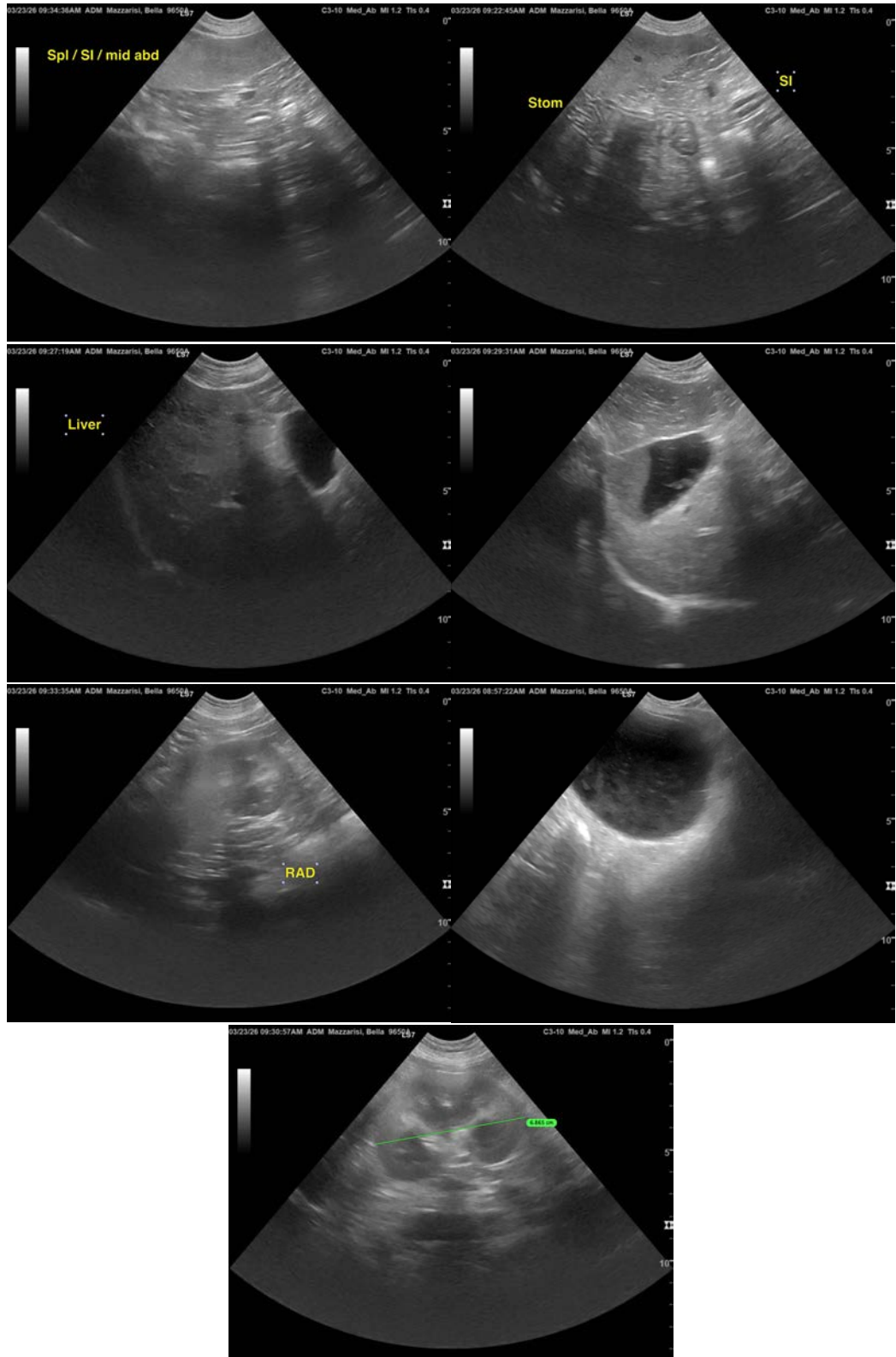
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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