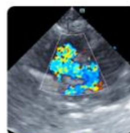
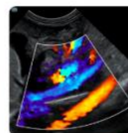
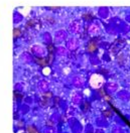
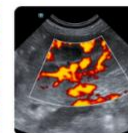





PATIENT

Ozzy Narvaez

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Intact Male

AGE

3 Years

WEIGHT

15.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

Dr. Nader

INVOICE

14658

DATE

03/27/26

PRESENTING CLINICAL SIGNS

- presented for vomiting/ hematemesis, decrease appetite, diarrhea/ hematochezia, hematuria, lethargy for the past 4- 5days.
- UTD on vax including leptospirosis.

PE: jaundice, dehydration, abdominal pain. Pt/ PTT - elevated pli -normal parvo test in house + chem - elevated LES, hyperbilirubinemia CBC - neutrophilic leukocytosis.

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.

The prostate was enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The visualized testicles were sonographically normal. The prostate measured 1.9 cm in diameter.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.8 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.52 cm width at the caudal pole.

The right adrenal gland was not definitively visualized.

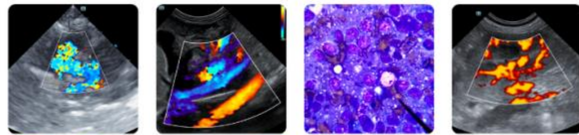
Spleen

The spleen presented normal in size and contour with homogenous mildly hypoechoic splenic parenchyma.

Liver & Gallbladder

The liver revealed generalized hepatomegaly. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with primarily anechoic bile and mild nonorganized bile sediment. The gallbladder wall was mildly thickened in appearance consisting of an echogenic double rim corresponding to the inner and outer portions of the wall. This is consistent with gallbladder wall



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edema. Possible causes may include acute inflammation, edema and anaphylaxis. The gallbladder wall measured 0.27 cm wall width. The common bile duct was not definitively visualized.

Gastrointestinal

The stomach presented intact borderline to mild thickened wall. Empty lumen with mild lumen gas. The stomach wall measured 0.60 cm wall 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 semi formed to soft fecal matter.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation.

Free Abdomen

Cranial mesenteric to hepatic lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example measured 2.2 cm x 1.5 cm. Scant pockets of peritoneal effusion were present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Acute hepatopathy pattern.
- Gallbladder wall edema with nonorganized bile debris.
- Prominent nonhomogenous hypoechoic pancreas.
- Nonspecific gastroenterocolonopathy exhibiting thickened empty stomach and semiformed/soft fecal matter in colon.
- Hypoechoic to swollen cranial mesenteric/hepatic lymphadenopathy and scant effusion.

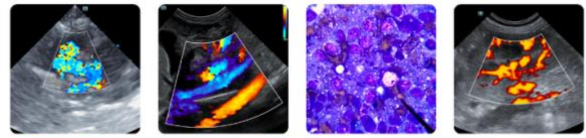
Secondary Findings

- Sonographically normal kidneys and urinary bladder.
- Benign prostatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the hepatopathy and gallbladder wall edema may include acute hepatitis (viral, bacterial, leptospirosis, toxin), non-obstructive cholestasis or non-cardiac congestion anaphylaxis or occult infiltrative neoplasia. Mild pancreatitis may be suspected if cranial abdomen/subxiphoid discomfort on palpation. No evidence of gastrointestinal mechanical obstruction or foreign material.

Further assessment may include (assuming normal clotting status) hepatic and accessible lymph node FNA cytology +/- leptospirosis titers/PCR despite vaccination status. Hospitalization with hepatogastrointestinal support, empirical therapy for possible mild pancreatitis and clinical monitoring



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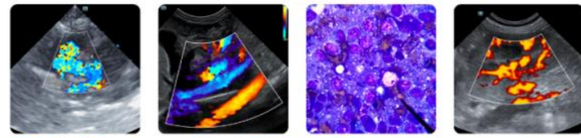
with sonographic reassessment if progressive hepatopathy or clinical signs would be appropriate. Potential guarded prognosis.



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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