

PATIENT

Leonard Rizzi

SPECIES

Canine

BREED

Chihuahua Mix

SEX

MN

AGE

5

WEIGHT

9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Bassano

HOSPITAL NAME

Greater Staten Island
Veterinary Service

REFERRING VET

Bassano

INVOICE

24082

DATE

03/03/2026

PRESENTING CLINICAL SIGNS

- Presented for anorexia; lethargy and diarrhea over last 2-3 days
- No known medical history
- Abnormal PE/Chem/CBC/UA Results: BG: 787 Ketodiastix (urine): 2,000glucose, Moderate ketones Blood Pressure: 100mmHg CBC:WBC 53.75 (H), Neu 39.93 (H), Lym 5.74 (H), Mono 8.01 (H), EOS 0.02 (L), PLT 724 (H), PCT 0.89 (H), ChemlytesGlu 678 (H), BUn 81 (H), Ca 7.6 (L), Glob 4.7 (H), ALT 141 (H), ALKp 1536 (H), Tbil 1.3 (H), Chol 345 (H), Na 140 (L), Cl 94 (L), Pancreatic Lipase 830 (H), UA: Pending

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 moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 md resulting in an altered cortex: medulla ratio. Adequate corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.4 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was borderline prominent in size with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.57 cm width 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/Gallbladder

The liver presented mildly increased in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. 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 and common bile ducts were normal.

Gastrointestinal



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The stomach presented borderline thickened wall. Intact wall layering was maintained and distinct. The stomach contained a mild amount of anechoic fluid.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.

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

Pancreas

The pancreas was mildly prominent in size with symmetrical mildly swollen capsule contour, and homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

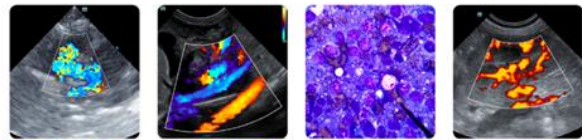
ULTRASONOGRAPHIC FINDINGS

Primary

- Enlarged hyperechoic liver- metabolic/ diabetic hepatopathy, vacuolar hepatopathy, inflammatory disease, lipidosis probable, occult round cell neoplasia thought less likely
- Non-organized gallbladder debris (non-mucocele)
- Mild pancreatitis
- Gastroenteritis with mild hypomotile stomach
- Possible mild diabetic nephropathy
- Borderline prominent left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Empirical therapy for diabetic ketoacidosis in correlation with fructosamine level and urine C/S pending UA is recommended. Concurrent gastrointestinal support and empirical therapy for mild pancreatitis is warranted. Sonographic monitoring recommended if evidence of progressive hepatopathy, non-responsive gastrointestinal signs or diabetic dysregulation.



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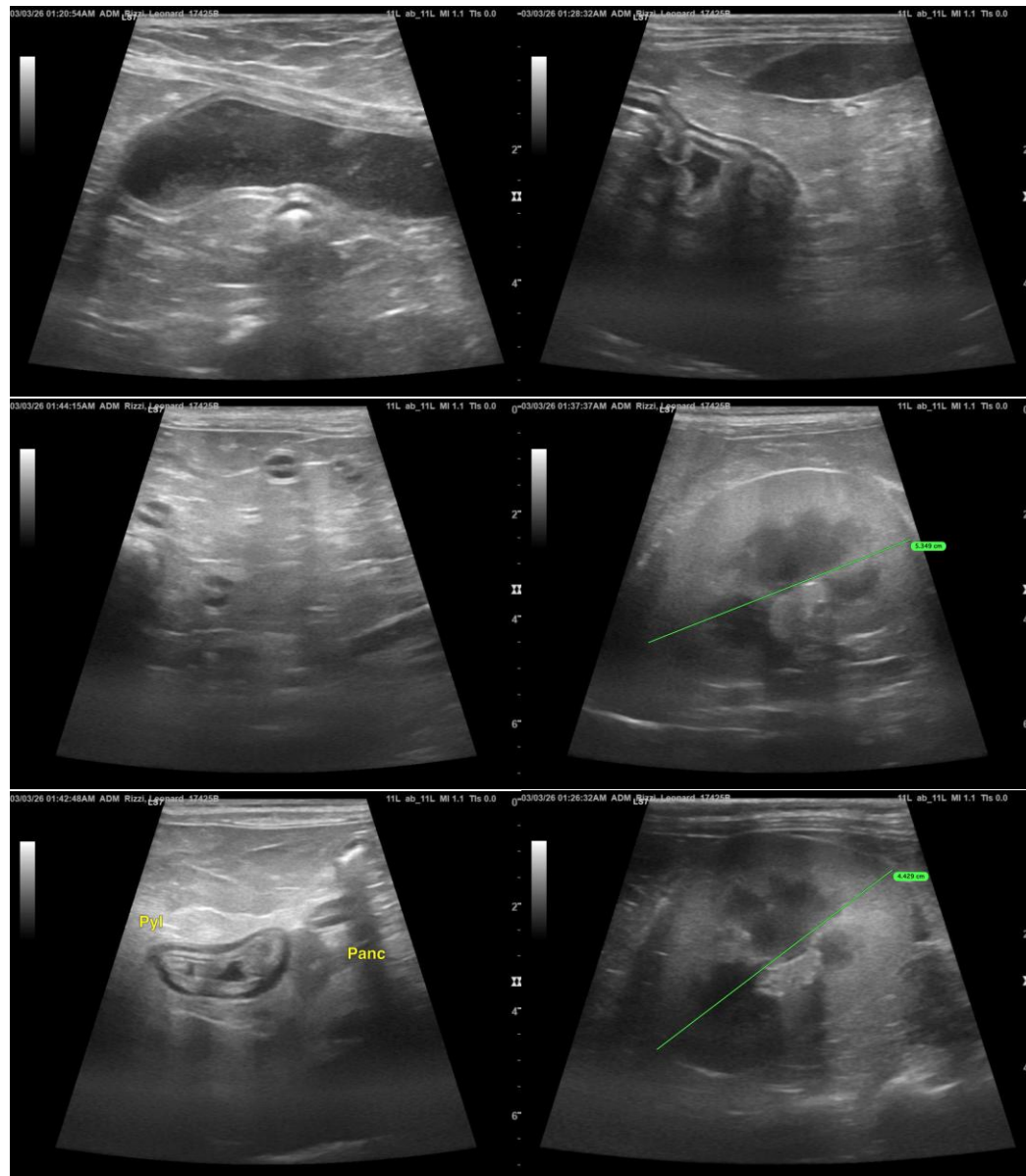
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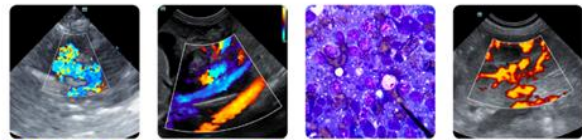
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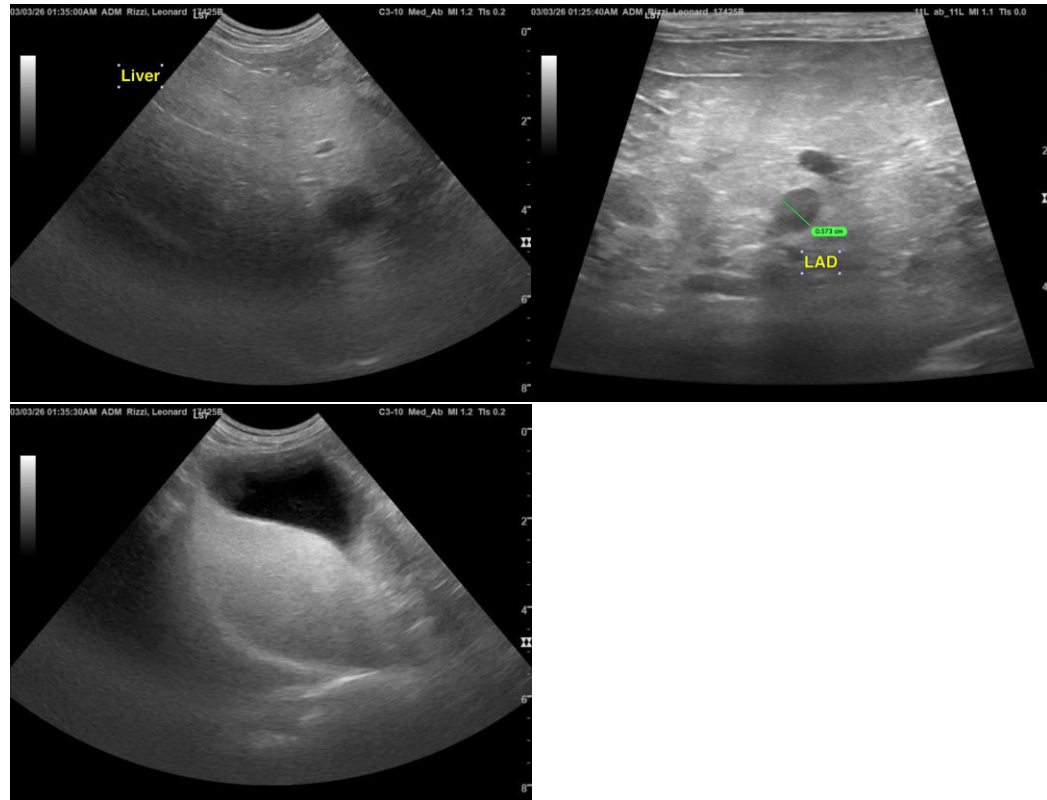
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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