



## PATIENT

Rufus Enamorundo

## SPECIES

Canine

## BREED

Papillon

## SEX

Intact Male

## AGE

9 Years

## WEIGHT

23 pounds

## 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. Camille Petrizzo

## INVOICE

14108

## DATE

03/06/26

## PRESENTING CLINICAL SIGNS

- Presented on 3/3 for abdominal pain and lethargy. Treated as an outpatient with supportive care. (SQF, Cerenia. TGH with gabapentin and omeprazole)
- Re-presented 3/5 for continued abdominal pain, decreased appetite and vomiting.
- Hx of Cushing's disease- on Vetoryl

Abnormal PE/Chem/CBC/UA Results: 3/5: CBC/chem: retic 149.7 (10-110), baso 0.16 (0.00-0.10), mpv 14.9 (8.7-13.2), alp 691 (23-212) PSL: 507 (0-200) PE: cranial abdominal pain, dehydration

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder was mildly distended in size with normal tone. The 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 indistinctly visualized yet 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 prostate measured 2.7 cm.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint hyperechoic cortical foci were present which may indicate pinpoint areas of cortical microinfarction, fibrosis or mineralization. The left kidney measured 4.5 cm in length. The right kidney measured 4.8 cm in length.

### Adrenal Glands

Bilateral symmetrical adrenal gland enlargement (more prominent in the right adrenal gland) with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.66 cm width at the caudal pole. The right adrenal gland measured 0.88 cm width at the caudal pole.

### 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. A solitary nondisruptive hyperechoic splenic nodule was present measuring 0.85 cm in diameter.

### Liver & Gallbladder

The liver presented moderately 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



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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.

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The gallbladder was non distended in size with nondependent to congealed nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

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### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, mild nonshadowing ingesta without signs of obstruction or foreign material.

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The small intestine presented regional mildly thickened intact stomach wall ventral gastric body measuring 0.85 cm wall width. 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.

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### **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.

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### **Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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### **ULTRASONOGRAPHIC FINDINGS**

- Ventral mildly thickened intact stomach wall with variably echogenic gastric ingesta- most consistent with food echogenicity.
- Hepatopathy- most consistent with benign vacuolar/steroid hepatopathy given the patient's history.
- Congealed nonorganized gallbladder debris- not consistent with mature mucocele.
- Bilateral adrenomegaly- consistent with the patient's history.
- Chronic renal changes.
- Mild pancreatitis.
- Small splenic nodule.

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### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

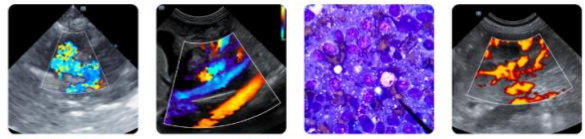
Empirical therapy for pancreatitis with gastrointestinal support and clinical monitoring is recommended. Suspect regional mild gastritis with emerging gastric neoplasia is thought less likely. Some degree of metabolic gastric ileus is possible given the presence of gastric ingesta. No overt gastrointestinal foreign material. Recheck sonogram is indicated if non-responsive or progressive gastrointestinal signs or persistent retained gastric ingesta.

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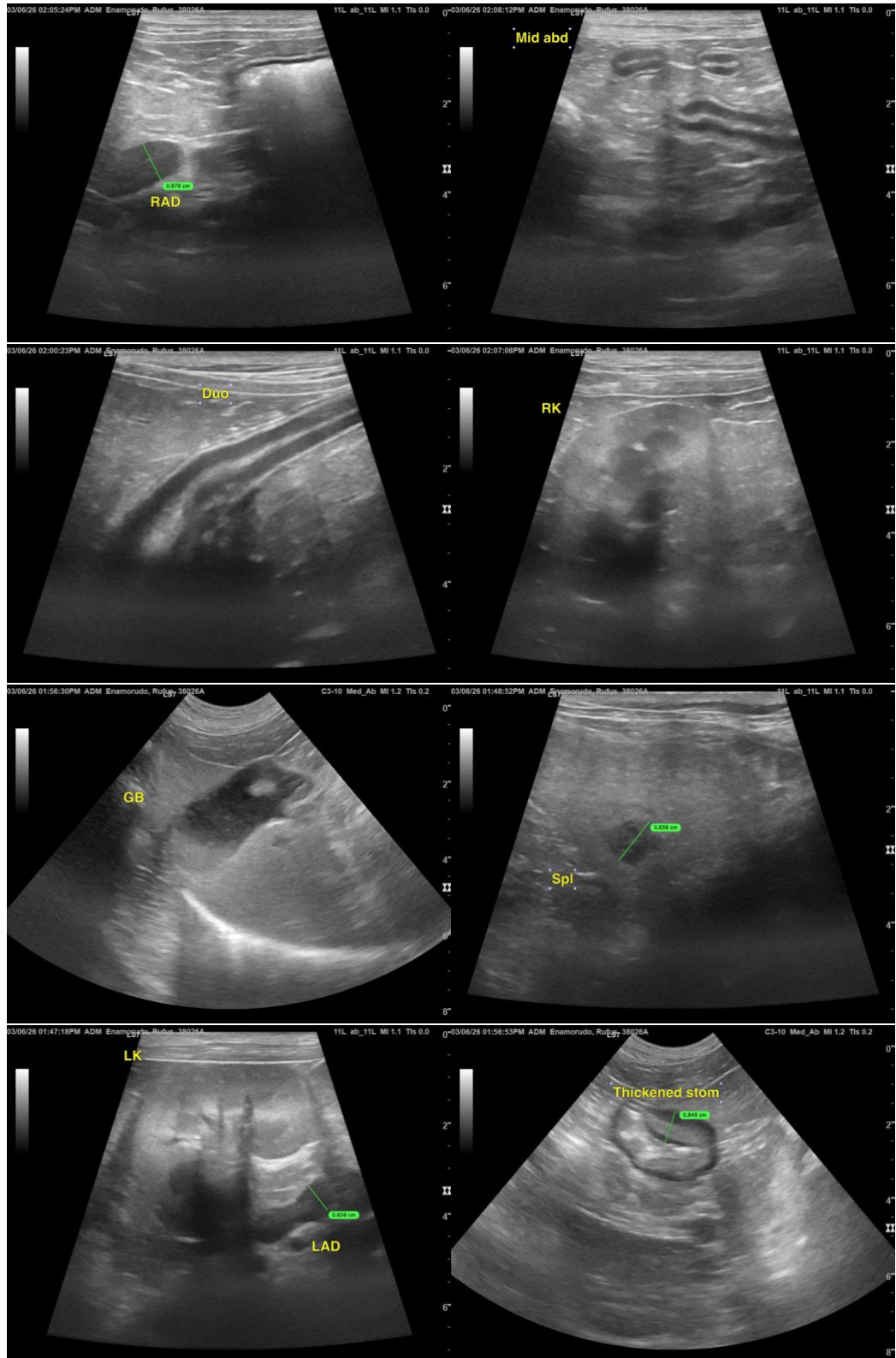
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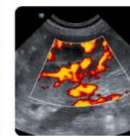
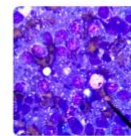
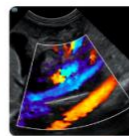
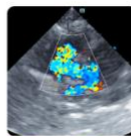
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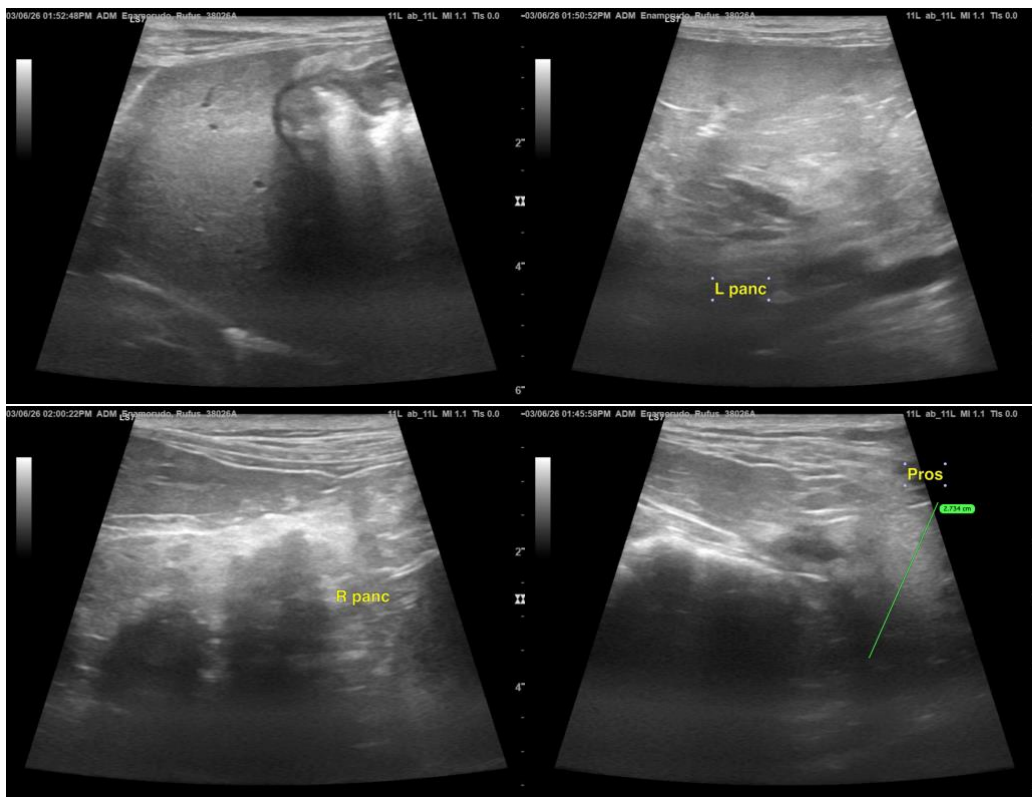
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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