



PATIENT

Maddie Materia

SPECIES

Canine

BREED

Maltese

SEX

FS

AGE

12yr

WEIGHT

12.5lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Alexandra Pasaturo

HOSPITAL NAME

Greater Staten Island
Veterinary Service

REFERRING VET

Alexandra Pasaturo

INVOICE

24473

DATE

04/12/2026

PRESENTING CLINICAL SIGNS

History: -Acute onset yesterday morning: panting, trembling, unable to get comfortable, abdominal discomfort when sitting/leaning on stomach

- Saw rDVM yesterday who performed chest and abdominal radiographs (no masses identified), blood work (elevated bilirubin only abnormality), and urinalysis (results pending)

- Administered cerenia and famotidine injection

- Sent home with gabapentin, famotidine, and cerenia

- Continued discomfort last night (11:30 PM): panting, trembling, restlessness

- Gave gabapentin at 11 PM, followed by vomiting of hard food within minutes

- Presented to GSVS Eatontown last night due to continued signs

- Received subcutaneous fluids, methadone, and brief ultrasound examination

- Brief ultrasound showed possible bile duct thickening/sludge, no masses or free fluid identified

- Significant improvement overnight: calm, normal breathing, appetite returned, playing with other dogs

- Multiple formed bowel movements since yesterday

- Currently on Denamarin (liver support) once daily and gabapentin as needed

Abnormal PE/Chem/CBC/UA Results: Slightly tense abdomen, tense on thoracolumbar palpation

Diagnostics rDVM 4/11: Chest, abdominal xrays: NSF CBC: NSF Chem: ALP 537, ALT 145, Tbil 1.4, PSL 204 Urinalysis: pending to lab

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 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.



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Liver/Gallbladder

The liver presented 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 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 non-organized moderate gravity dependent to non-dependent debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with borderline prominent wall. The lumen of the stomach contained a mild amount of retained fluid.

The small intestine presented intact wall layering exhibiting subjective borderline prominent intestinal mucosa with mild to subtle hyperechoic to general mucosal speckling.

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

Pancreas

The pancreas exhibited mildly prominent size, capsule asymmetry and mildly heterogeneous to hypoechoic parenchyma with parenchymal remodeling. No evidence of peripancreatic omental inflammation.

Free Abdomen

No evidence of overt lymphadenopathy or peritoneal effusion was present.

Mid to ventral abdomen peri intestinal mild hyperechoic mesentery was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Hepatopathy
- Nonorganized gallbladder debris (non-mucocele)
- Heterogeneous mild hypoechoic pancreas
- Mild retained gastric fluid
- Jejunal mucosal speckling
- Mid abdomen / peri-intestinal hyperechoic omentum
- Age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hepatopathy suggests benign criteria. Vacuolar, nonobstructive cholestatic, inflammatory hepatopathy favored. Possible mild to resolving pancreatitis and nonspecific enteritis is suspected. Hepatic FNA cytology could be considered if normal clotting status. Continued supportive care is recommended with clinical monitoring. No suspicion of neoplasia. Recheck if recurrent clinical signs.



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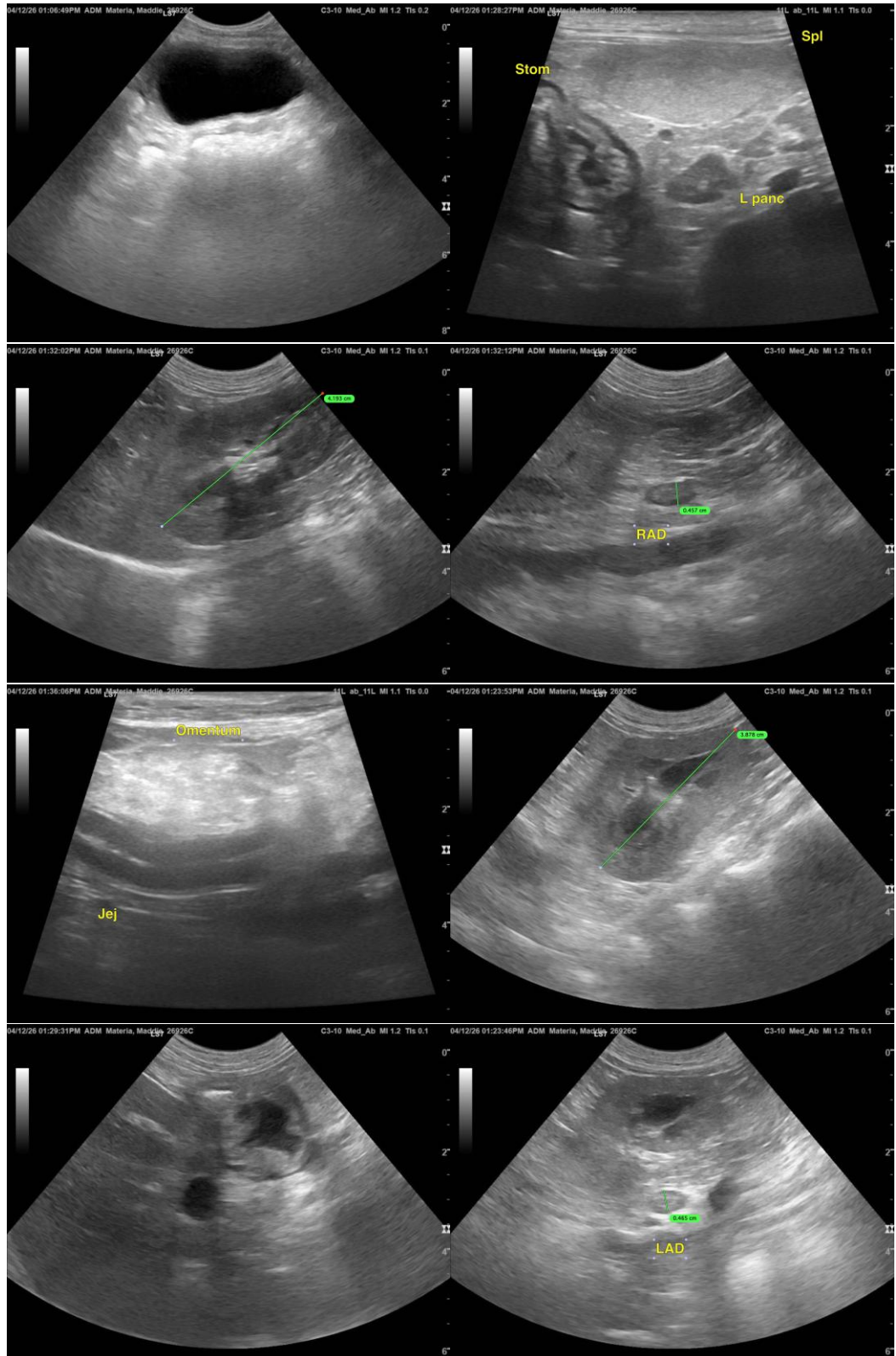
Alexandra Pasaturo

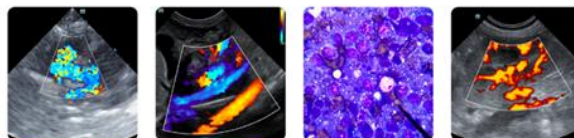
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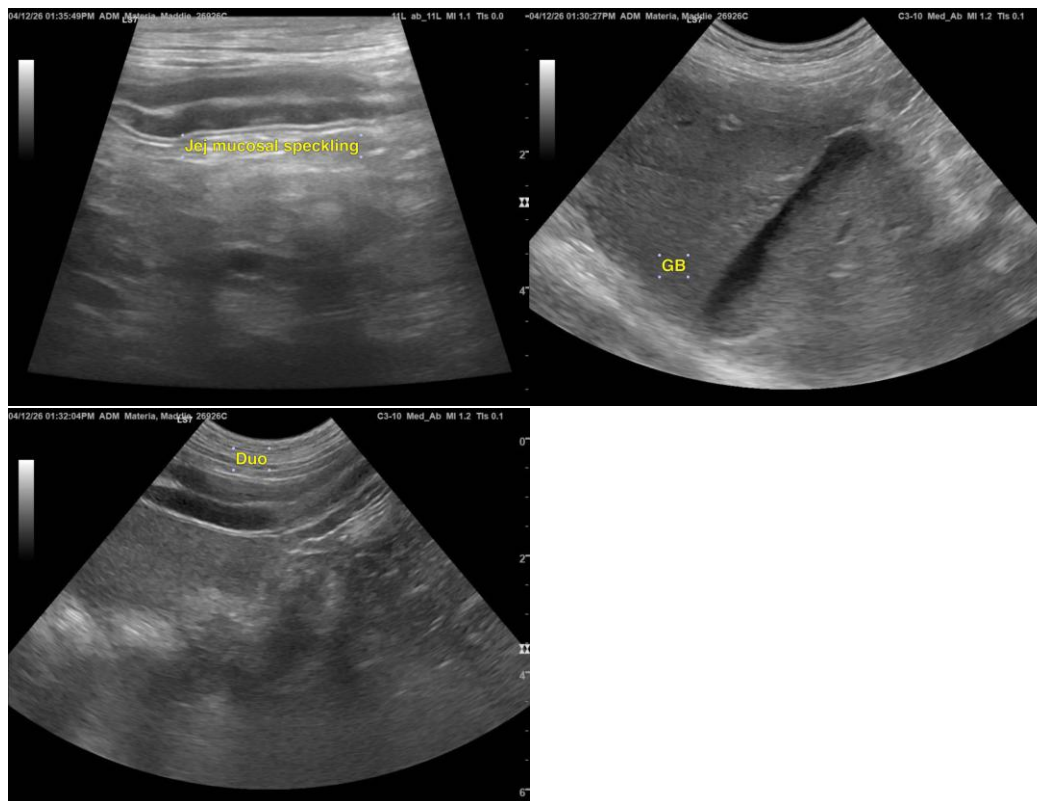
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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