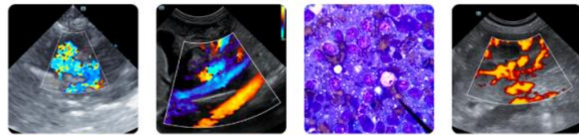


PATIENT

Toast Rodriguez

SPECIES

Canine

BREED

MBD

SEX

Spayed Female

AGE

8 Years

WEIGHT

10.96 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gabriella Iannuzzi

HOSPITAL NAME

Greater Staten Island Veterinary Services

REFERRING VET

Dr. Gabriella Iannuzzi

INVOICE

15227

DATE

04/18/26

PRESENTING CLINICAL SIGNS

Presented 4/17/26 for vomiting, lack of appetite and frank blood stool. Also noted increased respiratory effort and moaning. full history limited

Abnormal PE/Chem/CBC/UA Results: 4/18/26 iSTAT: BUN 5 (10-26), Crea 0.4 (0.5-1.3), Na 151 (139-150), K 4 (3.4-4.9), TCO2 17 (17-25), HCT 37% (35-50), Hb 12.6 (12-17) PCV/TP: 42%, 4.8 g/dL BP: 130 4/17/26 CXR (3v)- Radiology report: The lung changes are concerning for aspiration pneumonia, given the history of vomiting. - Lungs: In the ventral periphery of the right middle lung lobe and caudal subsegment of the left cranial lung lobe, there is a mild, unstructured interstitial pulmonary pattern. BP: 90 mmHg (presentation) ACTH stim: Pre cortisol: 13.12; Post cortisol 29.44 Pancreatic lipase: 170 (0-200) CBC: HCT 45% (37.3-61.7), HgB 21.5 (13.1-20.5), Neu 11.92 (2.95-11.64), Mono 1.17 (0.16-1.12), PLT 510 (148-484) Chemistry: K 6.6 (3.5-5.8), Cl 106 (109-122) Recheck e-lytes: K 6 (3.5-5.8)

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 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 indistinct corticomedullary border demarcation with minor pyelectasia. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

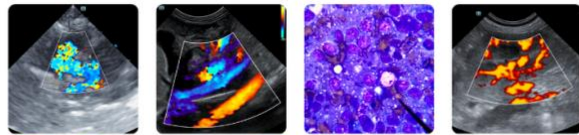
Bilateral symmetrical adrenal gland borderline to mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.59 cm width at the caudal pole. The right adrenal gland measured 0.58 cm width at the caudal pole. A nonexpansive mildly hyperechoic nonmineralized cranial pole nodule was present measuring 0.69 cm x 0.41 cm in the left adrenal gland.

Spleen

The spleen presented overall normal in size with primarily symmetrical contour and homogenous parenchyma. A solitary mildly expansive hypoechoic medial to caudal medial splenic nodule was present measuring 1.2 cm in diameter.

Liver & Gallbladder

The liver presented mild 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. Intermittent discrete hyperechoic nodules were present with an example measuring 1.9 cm in diameter.



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

Gastrointestinal

The stomach presented intact mildly prominent wall layering and empty lumen with mild lumen has.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild segmental nonobstructive jejunal ileus pattern is present without obstruction or foreign material to the level of the colon.

The colon walls presented intact yet mild thickened wall layering with no distention. Nonformed fecal matter was present in the colon lumen consistent with patient's history.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No evidence of significant or swollen mesenteric lymphadenopathy was present. Scant left lateral abdominal effusion was present with generalized mild increased mesenteric echogenicity.

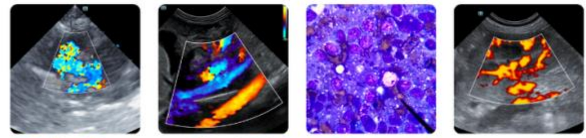
ULTRASONOGRAPHIC FINDINGS

- Noncongested hepatomegaly with discrete hypoechoic intraparenchymal nodules- hyperplasia, hematopoiesis, inflammation, vacuolar changes, cholestasis despite lack of hepatic enzyme elevations, occult neoplasia are all possible.
- Mild gallbladder debris (non-mucocele).
- Mildly expansive splenic nodule- hyperplasia, hematopoiesis, inflammation, emerging granuloma or tumor.
- Bilateral borderline/mild adrenomegaly with nondisruptive cranial left adrenal nodule- hyperplasia, adenoma with emerging adrenal neoplasia thought less likely.
- Nonspecific gastroenterocolitis pattern with nonobstructive jejunal ileus.
- Sonographically normal pancreas.
- Scant lateral abdomen peritoneal effusion and mild hyperechoic omentum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25-gauge needle, hepatic parenchyma/nodule and splenic nodule FNA cytology is warranted for further clarification. No evidence of active pancreatitis as a contributing factor. The current clinical signs and adrenal presentation are of unclear clinical significance given a ACTH stimulation test. Clinical monitoring and potential further adrenal workup indicated if clinical signs consistent with Cushing's syndrome are present.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), and as needed gastroprotectants is suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.



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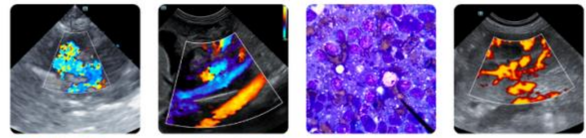
No evidence of mechanical obstruction i.e. foreign body, mass or stricture. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia are recommended.

Sonographic monitoring is indicated if non-responsive or progressive clinical signs.



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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