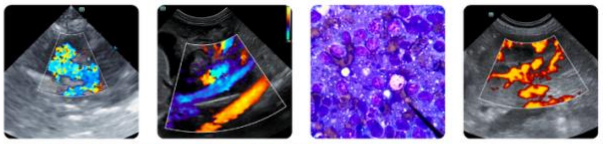


PATIENT

Mason Lucchesi

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

13 Years

WEIGHT

64 lbs

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

15592

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Presented on 4/20 for vomiting and hard swallowing. Given Cerenia and sent home with omeprazole. Re-presented on 4/28 for a 2-day history of not eating and was dyspneic on exam with crackles. Admitted to the hospital on 4/28 for treatment of aspiration pneumonia. Patient breathing has been improving (on IVF, Cerenia, Unasyn and enrofloxacin), but patient has not eaten in the hospital

Abnormal PE/Chem/CBC/UA Results: 4/20: AXR: no evidence of small intestine obstruction and one view CXR showed mild esophageal dilation. Bloodwork was within normal limits CXR: 4/28: right middle lung lobe consolidation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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.

No obvious pathology in the area of the residual prostate.

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. No evidence of pelvic dilation was present. The left kidney measured 7.5 cm in length. The right kidney measured 7.6 cm in length.

Adrenal Glands

The left adrenal gland was indistinctly visualized yet subjectively enlarged at the caudal pole. The left adrenal gland measured 1.0 cm width at the caudal pole.

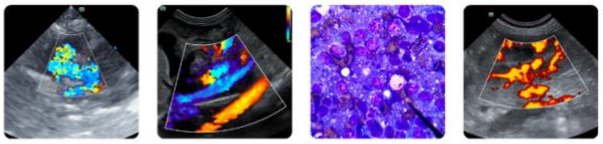
The right adrenal gland was not definitively visualized.

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 subjective mildly 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. Focal to intermittent subtle hyperechoic intraparenchymal nodule to nodules were present with an example measuring 2.1 cm in diameter.



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

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented borderline thickened duodenum wall exhibiting intact to mild indistinct duodenal wall layer detail and minor nonobstructive duodenal ileus. The duodenum wall measured 0.54 cm wall width. The visualized segments of jejunum exhibited intact wall layering with normal wall layer ratio and empty lumen.

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

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overall empty gastrointestinal tract with subjective duodenitis.
- Normal are of the pancreas.
- Mild hepatomegaly with focal/intermittent subtle hyperechoic hepatic nodules.
- Nonorganized gallbladder debris (non-mucocele).
- Age-related renal changes.
- Subjective mild caudal left adrenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of mechanical gastrointestinal obstruction. Mild pancreatitis at times may present sonographically normal and may be suspected if cranial abdomen/subxiphoid discomfort on palpation. Correlation with a spec cPL could be considered. The mild hepatomegaly and hepatic nodules are likely consistent with benign criteria, i.e. mild vacuolar or cholestatic hepatopathy and suspect subtle nodular hyperplasia or lipogranulomas.

Gastrointestinal support, including current gastroprotectants to cover esophagitis and duodenitis with monitoring of gastrointestinal response is recommended. Upper gastrointestinal endoscopy may be indicated if non-responsive or persistent clinical signs. Sonographic monitoring or reassessment of the bilateral adrenal glands is suggested if clinical signs consistent with adrenal disease arise.

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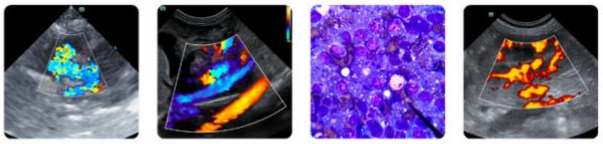

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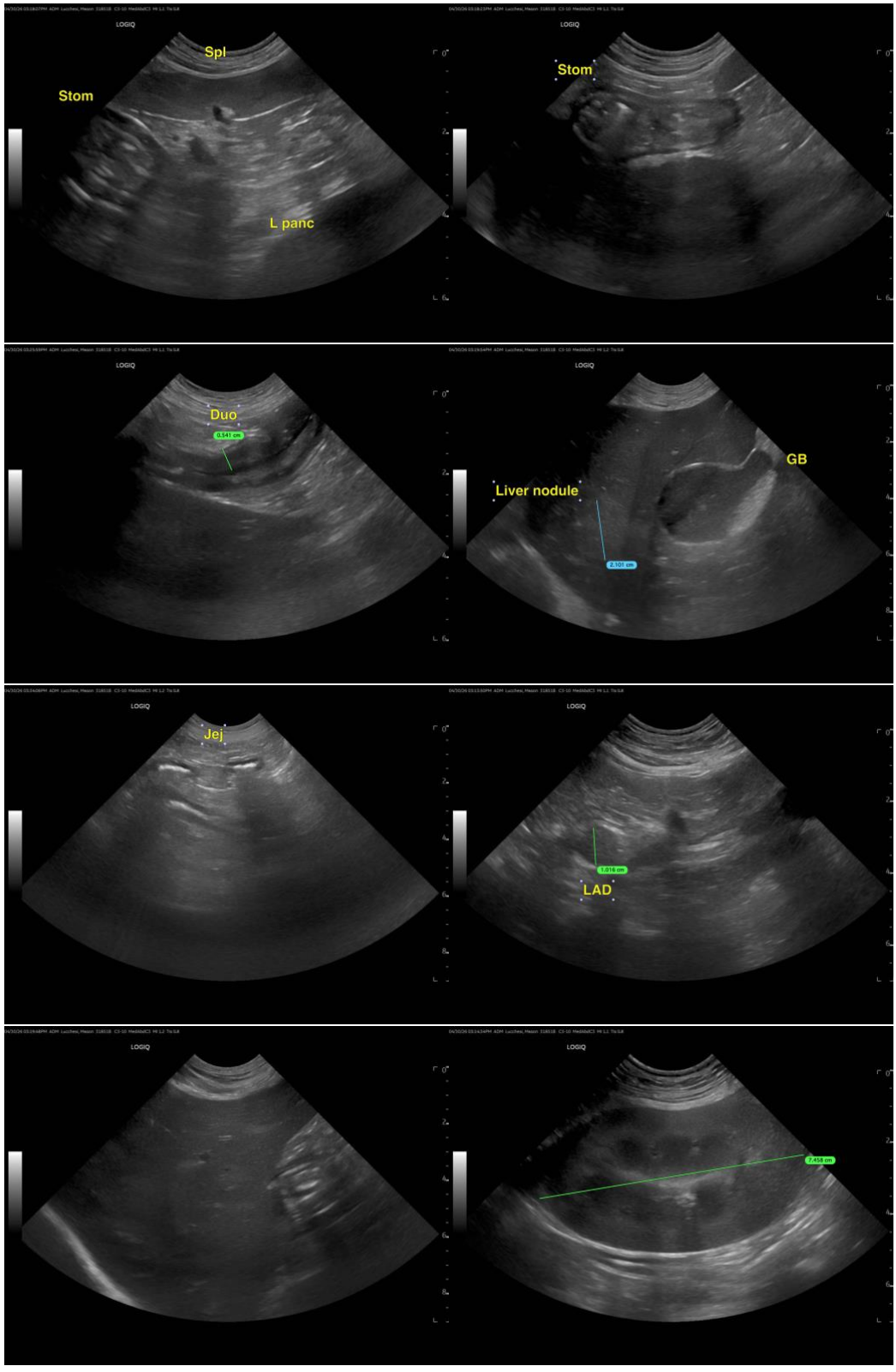

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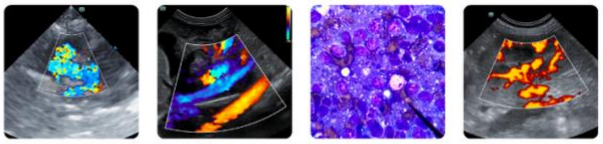

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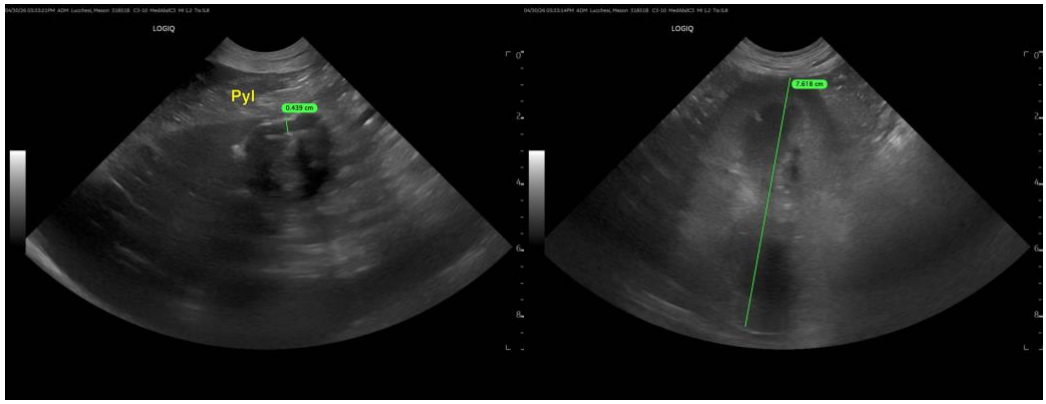

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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