



PATIENT

Toots Williams

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

16yr

WEIGHT

8.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Camille Petrizzo

HOSPITAL NAME

Greater Staten Island
Veterinary Service

REFERRING VET

Dr. Camille Petrizzo

INVOICE

24440

DATE

04/09/2026

PRESENTING CLINICAL SIGNS

- Toots is a 16 year old S Shih Tzu who presented to the GSIVS ER Department on 4/9/2026 for recheck evaluation.
- Was seen by the GSIVS ER Department on 4/5 for evaluation of vomiting and inappetence.
- Toots was treated with SQF and an anti nausea injection and sent home with Entyce.
- Abnormal PE/Chem/CBC/UA Results: CBC/CHEM- PCT 0.47 H (0.14-0.46), BUN 50 H (7-27), ALT (needs dilution), ALKP H 1135 (23-212), GGT 26 H (0-11), TBIL 1.0 H (0.0-0.9), CHOL 413 H (110-320)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. 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 changes were 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral medullary mineral to small renoliths present. Small right kidney cortical cyst present. The left kidney measured 3.3 cm in length. The right kidney measured 3.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was mildly enlarged. The right adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.63 cm width in the caudal pole. The right adrenal gland measured 0.37 cm width in the caudal pole.

Spleen

The spleen was indistinctly visualized without obvious pathology.

Liver/Gallbladder

Asymmetrically enlarged liver, primarily owing to a mild to moderately expansive, non-homogenous hyperechoic liver mass, measuring ~ 4.1 cm in diameter. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented mild thickened wall. Intact wall layering was maintained and distinct. The gastric lumen was empty with mild gas.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.



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Normal visible colon wall layers were present with semi formed to soft feces in lumen.

Toots Williams

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.

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Free Abdomen

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

BREED

Shih Tzu

ULTRASONOGRAPHIC FINDINGS

Primary

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- Liver mass
- Mild gallbladder debris (non-mucocele)
- Non-specific gastroenteropathy
- Sonographically normal area of pancreas
- Chronic renal changes exhibiting non-obstructive renolithiasis
- Mild micropolyploid urinary bladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8.6lb

No evidence of mechanical gastrointestinal obstruction or foreign material. The liver mass is non-specific with neoplastic criteria, i.e. carcinoma favored with significant hyperplasia, granuloma or other benign etiology felt less likely. Liver mass FNA cytology assuming normal clotting status is warranted for further clarification. Gastrointestinal support is indicated with clinical monitoring. A urinary workup is recommended if not done.

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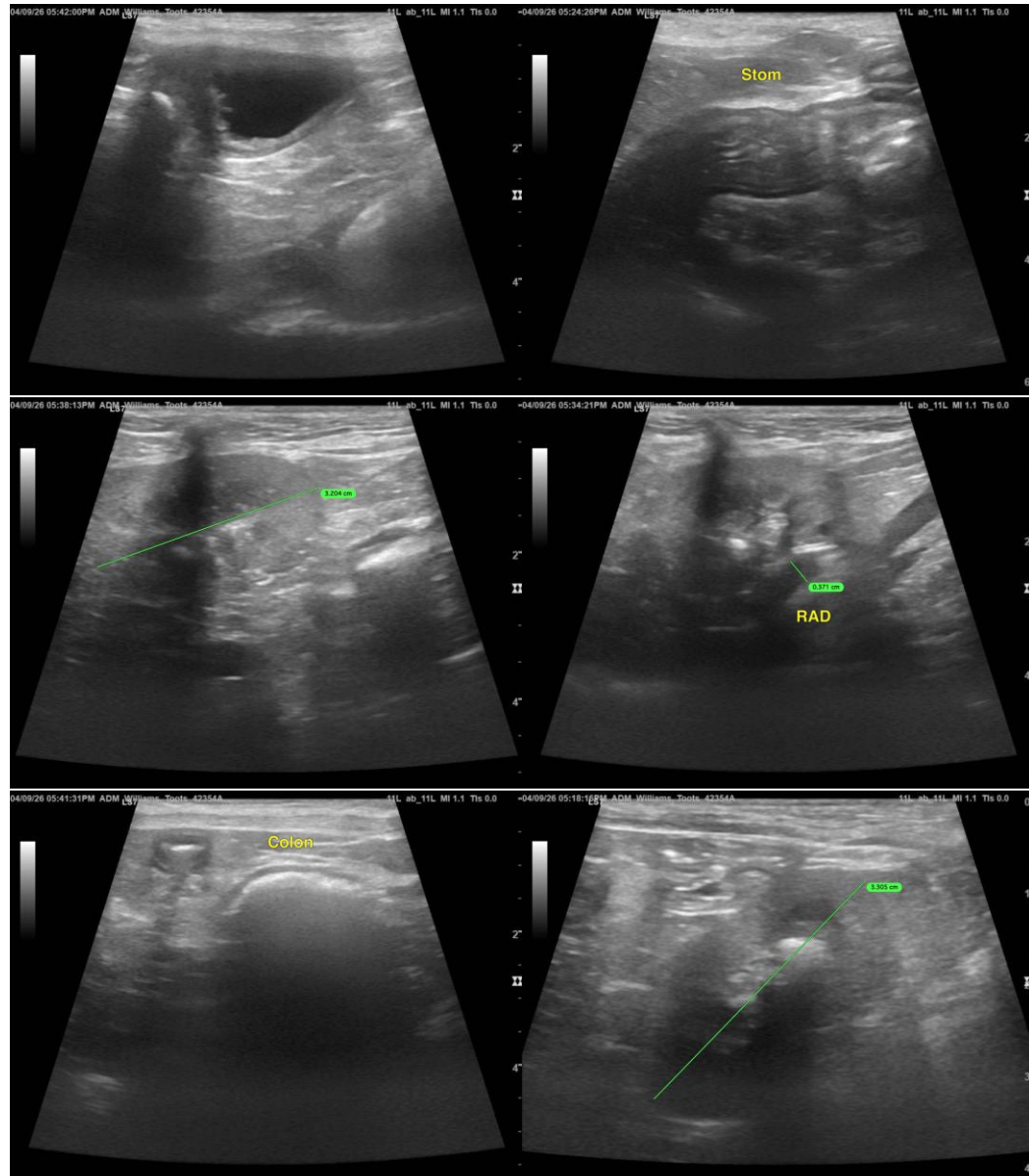
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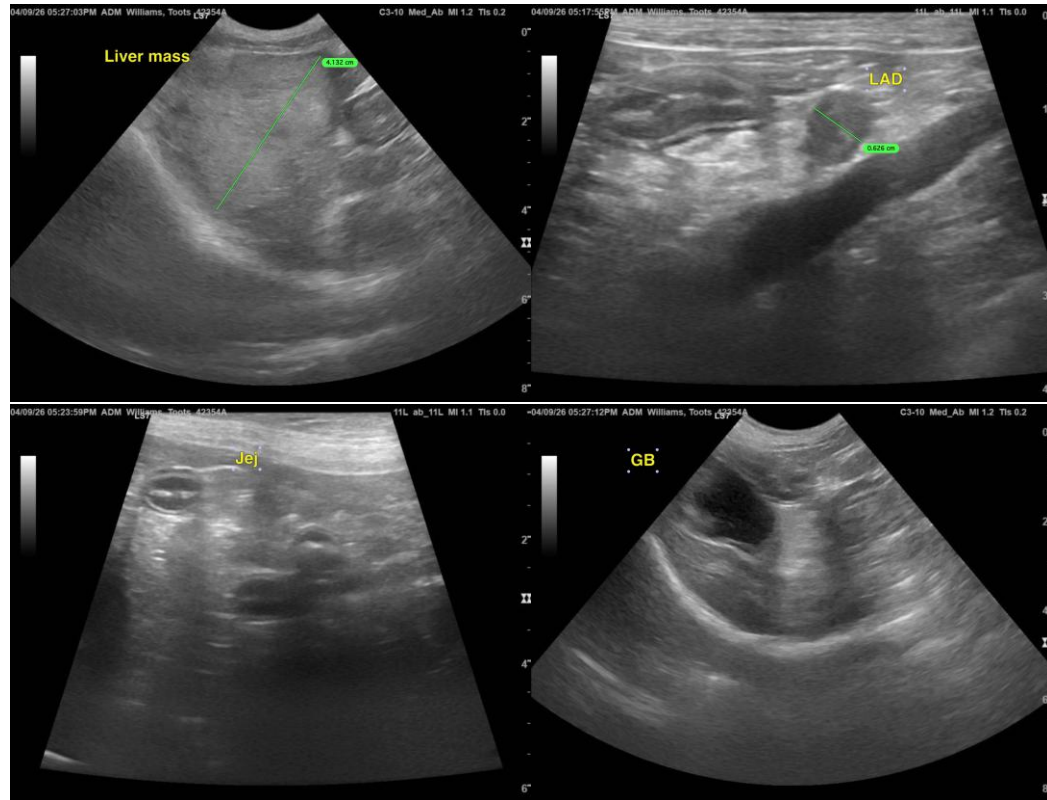
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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