

PATIENT

Gambino Russo

SPECIES

Canine

BREED

Pitbull Mix

SEX

Intact Male

AGE

9 Years

WEIGHT

76 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

16195

DATE

05/14/26

PRESENTING CLINICAL SIGNS

9 year old MI Pitbull Mix presented on 5/12 for a one week hx of anorexia. Workup was declined and treated with SQF and Cerenia. Re-presented 5/13 for AXR- concerns for small intestinal dilation. Further workup was recommended but again declined. Patient is only eating small bacon treats, has not had additional vomiting. Presented today for AUS and further workup.

PE: BAR, cranial abdominal pain Bloodwork: BUN 6 (7-27) ALT 753 (10-125) ALKP > 2000 (23-212) GGT 74 (0-11) TBIL 5.0 (0.0-0.9) CHOL 404 (110-320) WBC 18.67 (5.05-16.776) NEU 13.51 (2.95-11.64) MONO 2.92 (0.16-1.12)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The prostate was mildly 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 3.8 cm in diameter. A small mid to cranial prostatic cyst was visualized.

No obvious medial iliac or sublumbar lymphadenopathy or masses.

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 7.0 cm in length. The right kidney measured 6.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.61 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 0.76 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.

Liver & Gallbladder

The liver presented normal in size with subjective adequate vascular volume. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. The



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capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance without signs of congestion. Probable ventrocaudal thinly walled hepatic cyst containing anechoic fluid was visualized measuring 2.5 cm in diameter.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was not visualized. No evidence of inflammation or wall edema.

Gastrointestinal

The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild progressively shadowing ingesta without overt evidence of obstruction to pyloric outflow.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A mild segmental ileus pattern is present without obstruction or foreign material to the level of the colon.

Normal visible colon wall layers were present with semi formed fecal matter.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

Hypoechoic to swollen jejunal and suspect hepatic lymph nodes were present with mild surrounding perilymphatic hyperechoic omentum with an example measuring 5.3 cm x 2.8 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

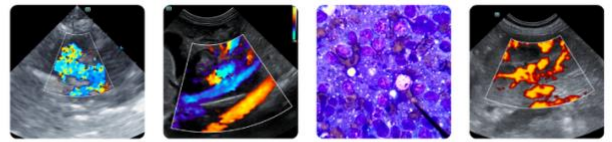
- Hepatopathy with probable ventrocaudal cyst- most suggestive of acute hepatopathy criteria.
- Sonographically normal gallbladder.
- Mild progressively shadowing gastric ingesta.
- Acute enteropathy pattern exhibiting mild segmental Intestinal ileus.
- Hypoechoic to swollen jejunal and suspect hepatic lymphadenopathy.
- Sonographically normal area of pancreas.

Secondary Findings

- Benign prostatic hyperplasia pattern with small prostatic cyst

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of current mechanical gastrointestinal obstruction. A mild amount of progressively shadowing to possible mild fluid absorbing gastric foreign material is not definitively excluded given history of anorexia Nonspecific acute hepatitis (viral, bacterial, leptospirosis, toxin), nonspecific enteritis with considerations including dietary indiscretion, enterotoxin, infectious disease, acute inflammatory bowel or other with mesenteric and potentially hepatic lymphadenitis or multicentric occult hepatointestinal and lymphatic neoplastic criteria are all potentials.



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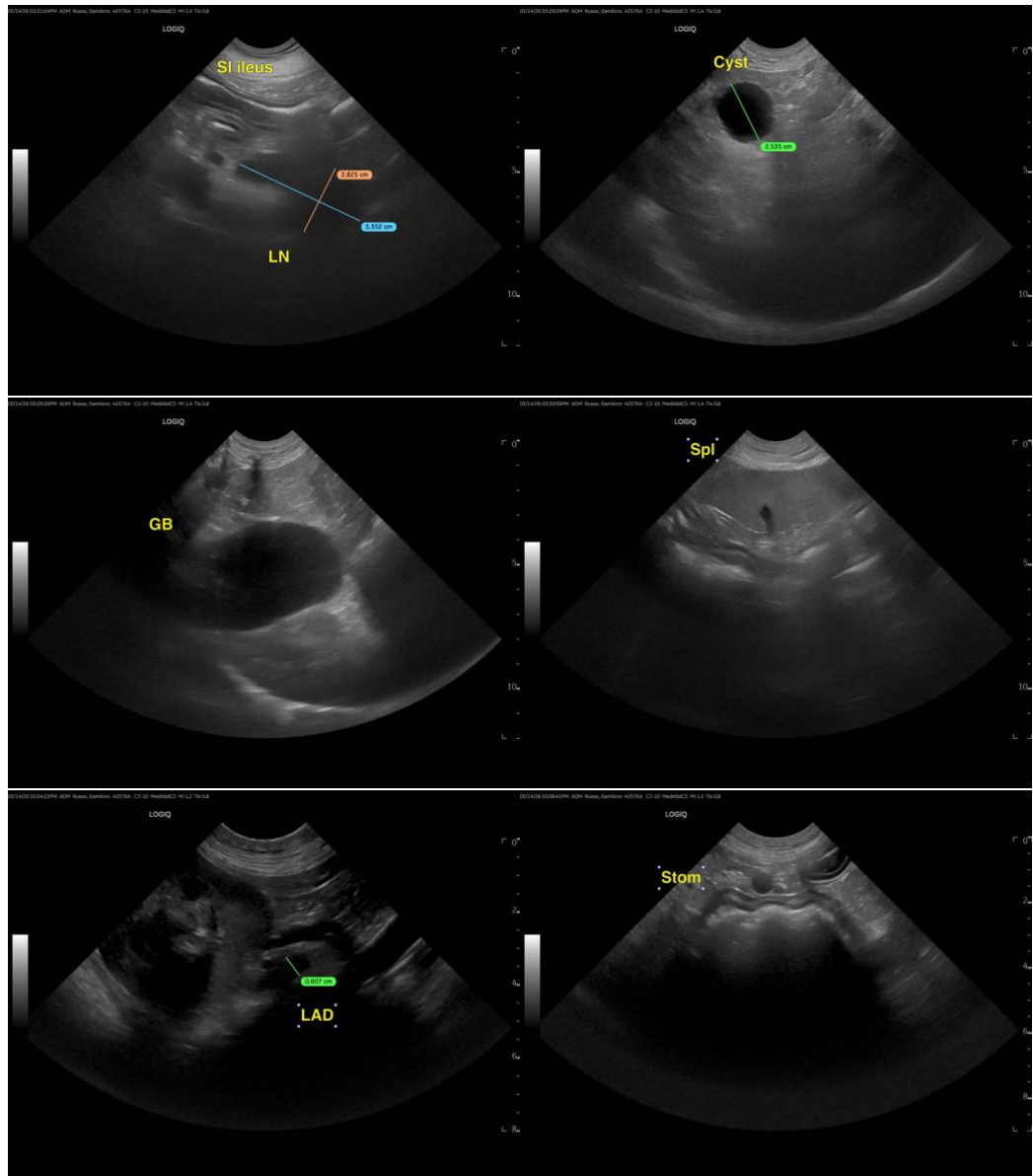
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Further assessment may include (assuming normal clotting status) hepatic and accessible lymph node FNA cytology +/- leptospirosis titers/PCR if clinically indicated. Initial hospitalization with gastrointestinal support including IV fluids to promote gastrointestinal motility, documented 12-hour fast and sonographic reassessment of the gastrointestinal tract for evidence of persistent progressively shadowing gastric content or progressive intestinal ileus is indicated. If documented, exploratory laparotomy with biopsies are considered essential (assuming normal clotting status) may be indicated.





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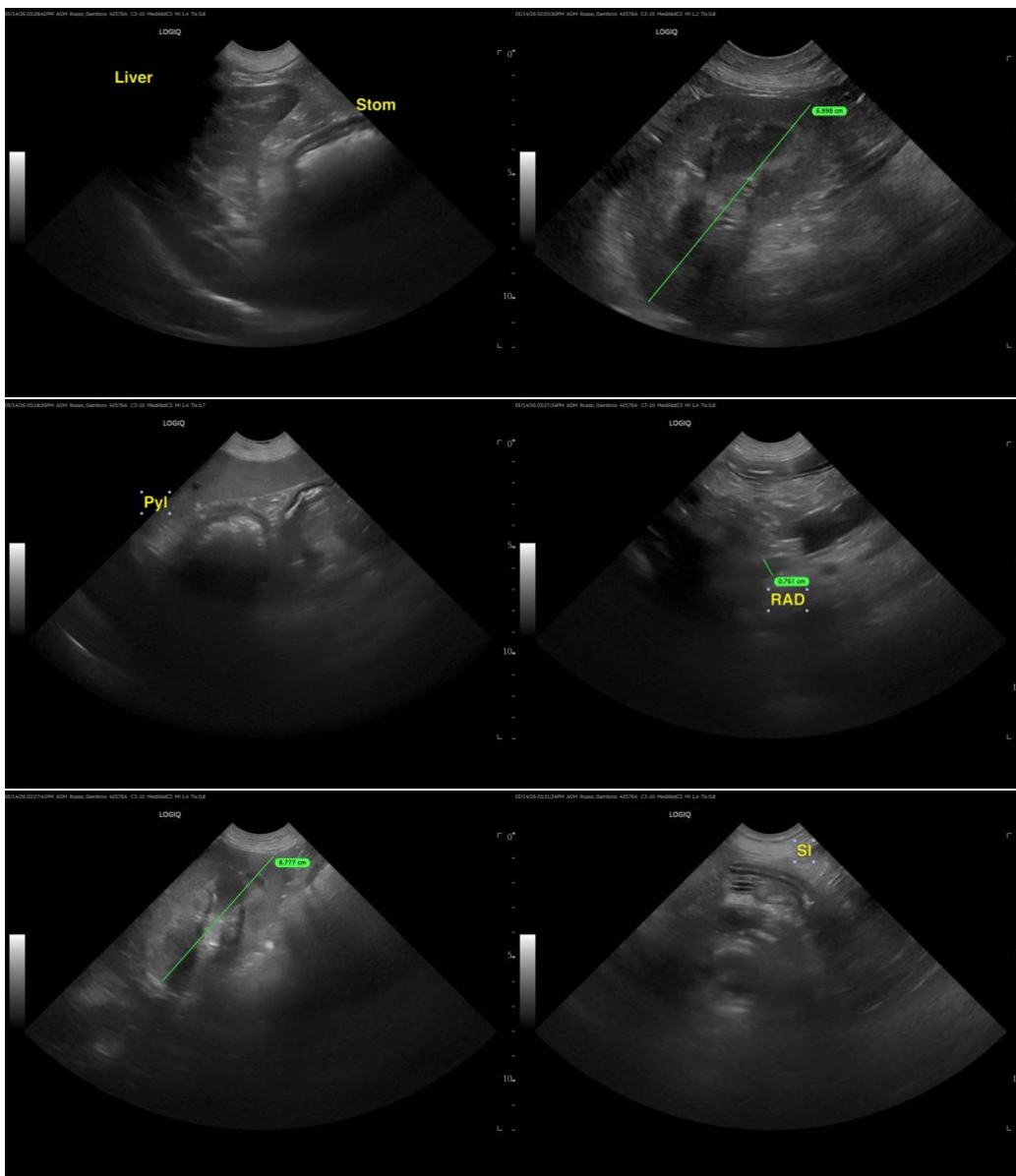
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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