

PATIENT

Izzy Caltagirone

SPECIES

K9

BREED

Lab Mix

SEX

FS

AGE

10

WEIGHT

61.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Harrs

INVOICE

74922

DATE

5-8-26

PRESENTING CLINICAL SIGNS

Chronic diarrhea with blood r/o IBD , food sensitivity, parasitic infection. Weight loss , r/o chronic kidney dz , gastrointestinal dz, neoplasia Elevated liver values , mild leukocytosis r/o stress response, early infection . Started on renal diet

Abnormal PE/Chem/CBC/UA Results: ALT 158 Creat 1.9 BUN 32 WBC 23.39 Proteinuria USG 1.027

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 changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

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 5.6 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

Both adrenal glands presented mild enlargement based on caudal pole measurement with symmetrical contour and mild nonhomogeneous nonmineralized parenchyma. The left adrenal gland measured 1.1 cm width at the caudal pole. The right adrenal gland measured 0.92 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.

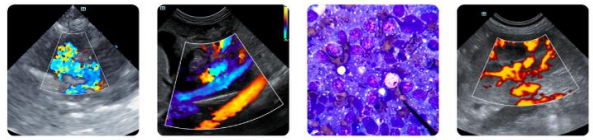
Liver/ Gallbladder

The liver presented subjectively 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.

The gallbladder was non-distended in size with thin walls and minor nonorganized gallbladder debris. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.



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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 ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with semi-formed to soft fecal matter in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to mildly heterogeneous remodeled parenchyma. No evidence of peripancreatic reactive or inflamed omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nonspecific mild chronic renal changes.
- Mild bilateral adrenomegaly.
- Hepatopathy – subjectively benign.
- Minor gallbladder debris (nonmucocele).
- Overall, sonographically normal gastrointestinal tract/colon with semi-formed to soft fecal matter.
- Mild pancreatic remodeling.

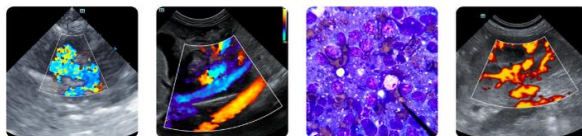
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of gastroenterocolic mural pathology although structurally insignificant or microscopic gastroenterocolic disease as well as mild to chronic pancreatitis may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate and fresh fecal analysis, if not done, is recommended.

Occult Addison's disease considered unlikely given the adrenal presentation. Adrenal screening could be considered if clinical signs consistent with adrenal disease are non-reported or arise, although current clinical signs are not overtly suggestive of Cushing's syndrome.

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 (Provable or Visbiome), and as needed gastroprotectants are suggested with clinical monitoring. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm.

Concurrent hepatic and renal support would be appropriate with consideration for renal staging to include screening culture and sensitivity and UPC level if persistent proteinuria.



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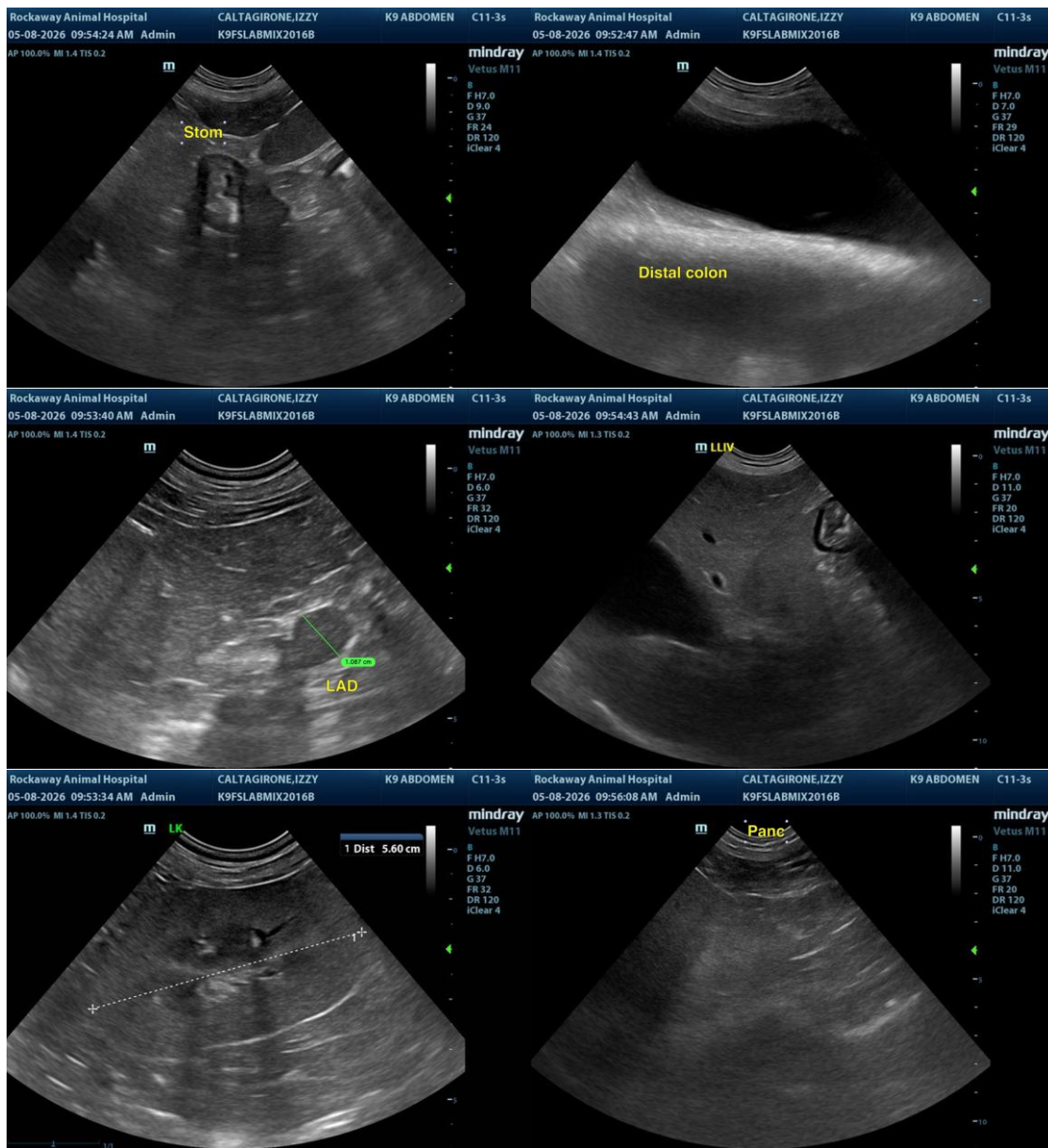
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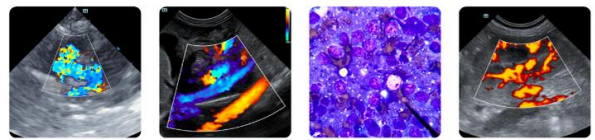
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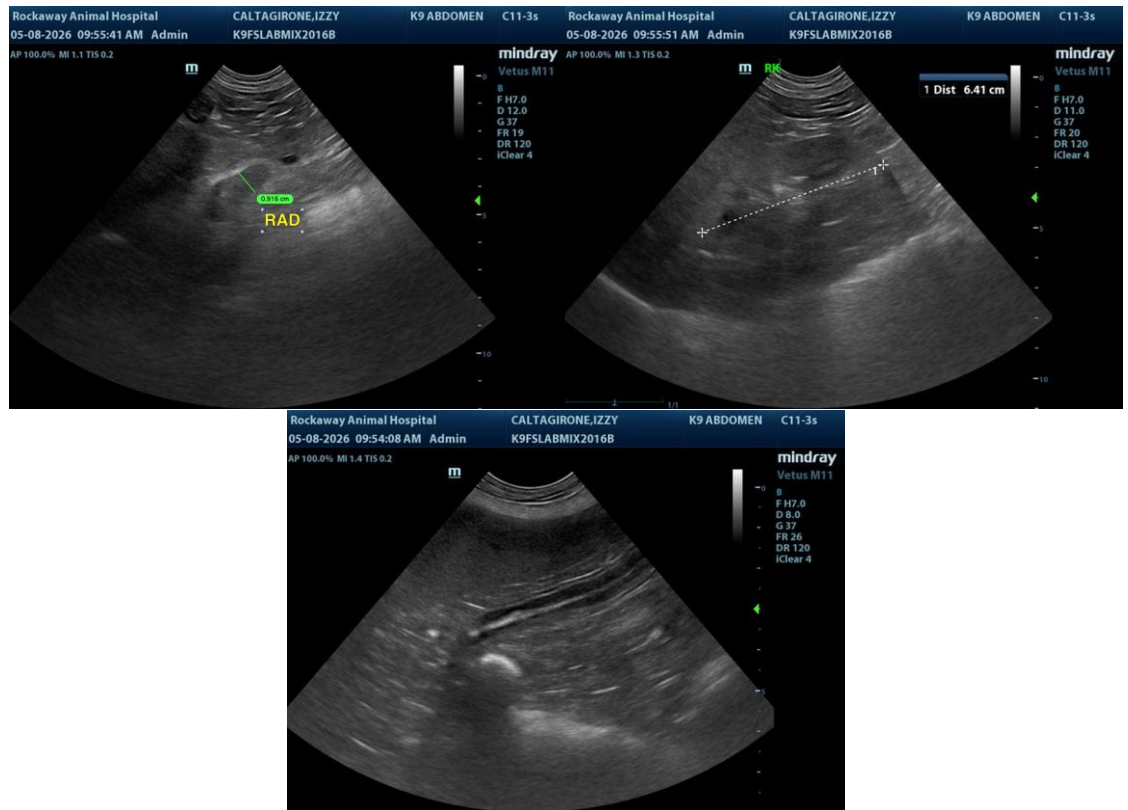
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com