



PATIENT

Elvis Khambekyan

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered male

AGE

1 year

WEIGHT

45 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Cameron Johnson

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Johnson

INVOICE

73635

DATE

3/19/26

PRESENTING CLINICAL SIGNS

- P presenting for a drop off appt for continued workup for P's consistent SDMA elevations. P was fasted overnight. No current meds. Discussed risks associated with sedation w/ O.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no sonographic evidence of inflammatory or neoplastic changes.

The left kidney measures 5.91×2.71 cm, with a cortical thickness of 0.60 cm. The right kidney measures 5.72×2.87 cm, with a cortical thickness of 0.59 cm. In both kidneys, the cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is mild increased echogenicity of the outer medulla. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

Adrenal glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.33 cm at the cranial pole and 0.37 cm at the caudal pole. The right adrenal gland measures 0.47 cm at the cranial pole and 0.51 cm at the caudal pole.

Spleen

Splenic thickness is 1.32 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with mildly rounded margins and a regular contour. The hepatic parenchyma is homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin, and the contents are anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal system

The stomach is empty, containing small amounts of digested ingesta and gas, with a wall thickness of 2.40 mm and preserved layering. The pylorus measures 3.10 mm.

Duodenum: 4.11 mm. Jejunum: 4.50 mm, with mucosa 3.41 mm, submucosa 0.53 mm, and muscularis propria 0.38 mm. The ileocecal junction measures 2.52 mm. Wall layering is preserved throughout. No signs of obstruction or ileus are identified.

Some intestinal segments contain material that appears incompletely digested or not clearly consistent with typical ingesta; however, no obstructive pattern is identified.



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Colon: 2.08 mm, with normal wall layering, empty in the descending segment and with minimal content in more cranial segments.

Pancreas

The evaluated pancreatic regions do not show evidence of overt inflammation or focal lesions.

Peritoneal cavity

There is no abdominal effusion or peritonitis. Cranial mesenteric lymph nodes are mildly enlarged (up to 6.29 mm) but maintain normal shape and echogenicity. Ileocecal lymph nodes are not visualized, and surrounding regions appear unremarkable. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Hyperechogenicity of the outer medulla.
- Mild cranial mesenteric lymphadenomegaly with normal morphology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys are normal in size, shape, and architecture, with cortical thicknesses and lengths appropriate for a dog of this size. The preservation of corticomedullary definition and absence of pyelectasia or asymmetry support normal renal structure. The mild increased echogenicity of the outer medulla is a nonspecific finding, which can be seen in normal dogs as well as in early or mild renal changes, and should not be overinterpreted in isolation.

Importantly, there are no ultrasonographic features of chronic kidney disease or renal dysplasia, and no structural abnormalities to explain the SDMA elevation. In this context, the findings support either very early or functional renal change not detectable on ultrasound, or a non-structural/transient cause.

The gastrointestinal tract is within normal limits in thickness and layering. Some abnormal intraluminal material is noted within some intestinal segments. However, in the absence of obstruction, this finding is considered nonspecific and of uncertain clinical significance. Mild enlargement of the cranial mesenteric lymph nodes with preserved morphology is most consistent with a reactive finding and may be associated with a mild or transient gastrointestinal process.

Recommendations

- Given normal renal architecture, continued monitoring is recommended, with particular emphasis on urine specific gravity and UPC, in addition to SDMA and creatinine.
- Correlation with serial measurements is important to confirm persistence or progression of SDMA elevation.
- Ensure optimal hydration status and consider repeat testing to rule out biologic or transient variation.



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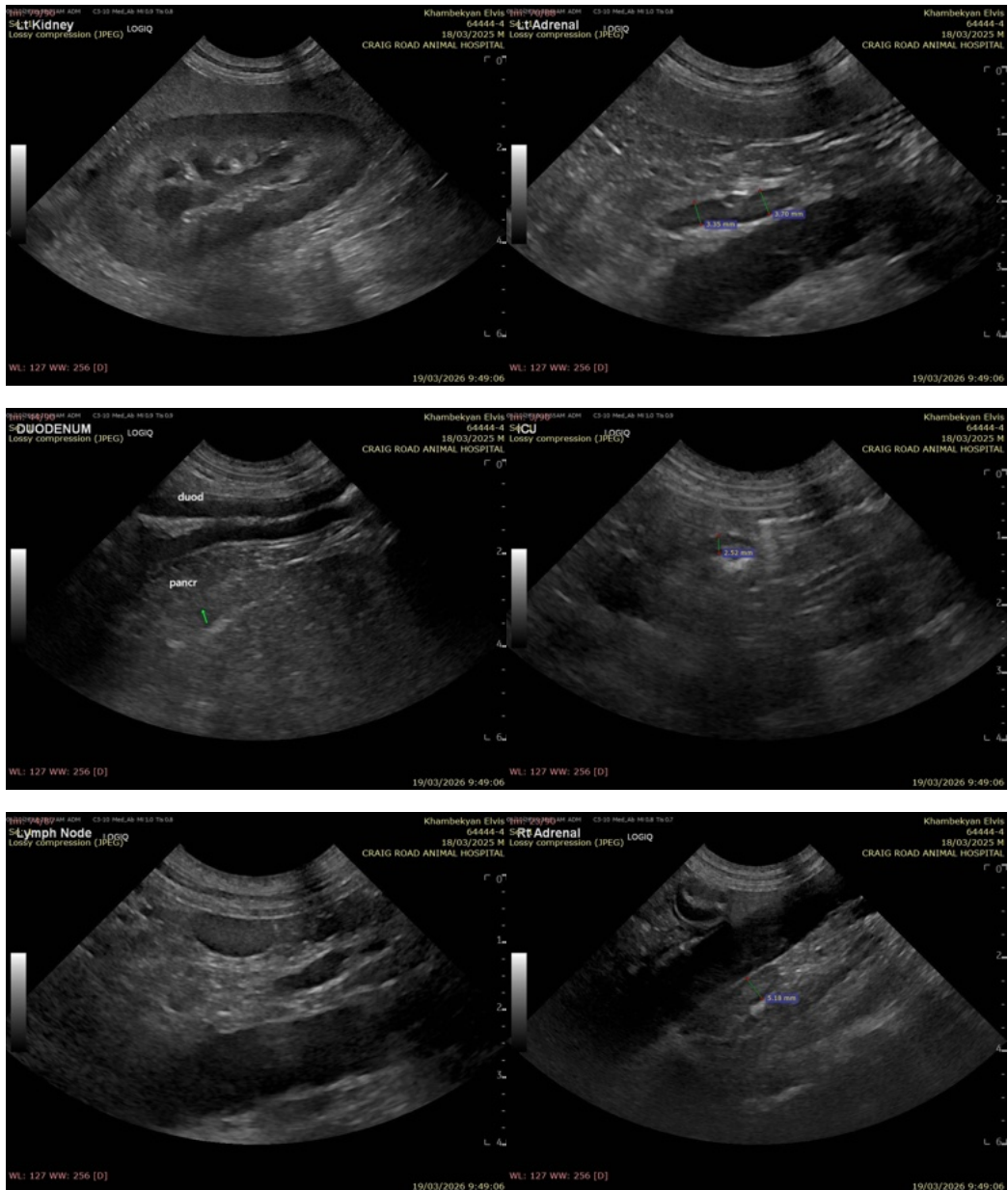
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- Gastrointestinal findings are minimal and nonspecific; correlation with clinical signs is recommended, and further gastrointestinal workup should be guided by clinical progression.
- Final diagnostic and therapeutic decisions should be made by the attending veterinarian, based on the complete clinical context.





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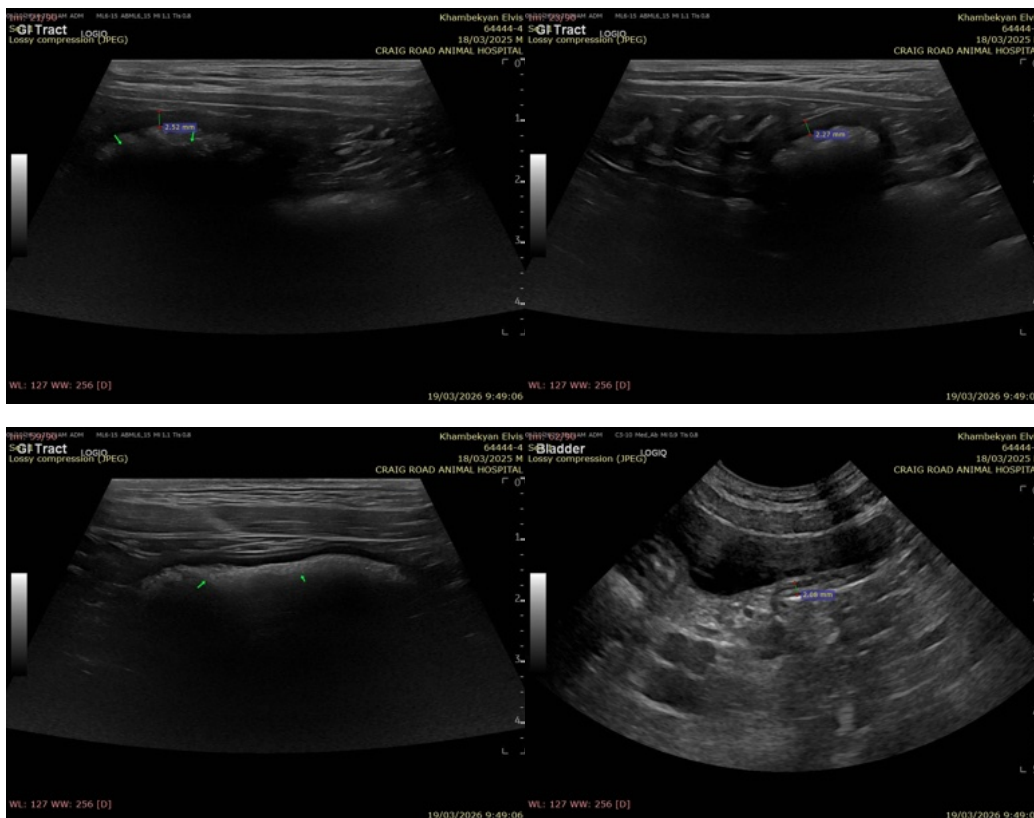
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

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