



PATIENT

Becky Molinawska

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed Female

AGE

12

WEIGHT

76

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Samuel Gabriel

HOSPITAL NAME

Central Jersey Animal
Hospital

REFERRING VET

Dr. Samuel Gabriel

INVOICE

14357

DATE

03/16/26

PRESENTING CLINICAL SIGNS

- has chronic cystitis despite antibiotic urinalysis always has wbcs. panting a lot and urinating a lot
- hx of hypothyroidism and recessed vulva

Abnormal PE/Chem/CBC/UA Results: cbc,chem : bun mild high BUN 37 6-31 mg/dL HIGH
CREATININE 1.1 0.5-1.6 mg/dL SDMA 12.9 <14.0 UG/dL BUN/CREAT RATIO 34 4-27 HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papilla seen.

The left kidney presents normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. Numerous pinpoint hyperechoic foci within the pelvis consistent with benign nephrocalcinosis with no nephroliths seen.. The left kidney measured 6.2 cm in length.

The right kidney presents mildly small size with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 5.6 cm in length.

Adrenal Glands

The adrenal glands were not clearly seen yet no abnormalities were seen in the area of the adrenal glands.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents diffusely mildly enlarged and diffusely mildly hyperechoic with a mild mottled echotexture.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The stomach retains a small amount of partially digested food. No pyloric outflow tract obstruction is seen.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.



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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Bilateral loss of corticomedullary distinction with small right kidney size and nephrocalcinosis of the left kidney. These findings are consistent with renal disease.
- Mildly mottled enlarged liver. These findings may be age-related or may indicate a mild vacuolar hepatopathy. If the patient does not have cholestatic liver enzyme elevations, these findings are most likely age-related and are not considered highly significant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

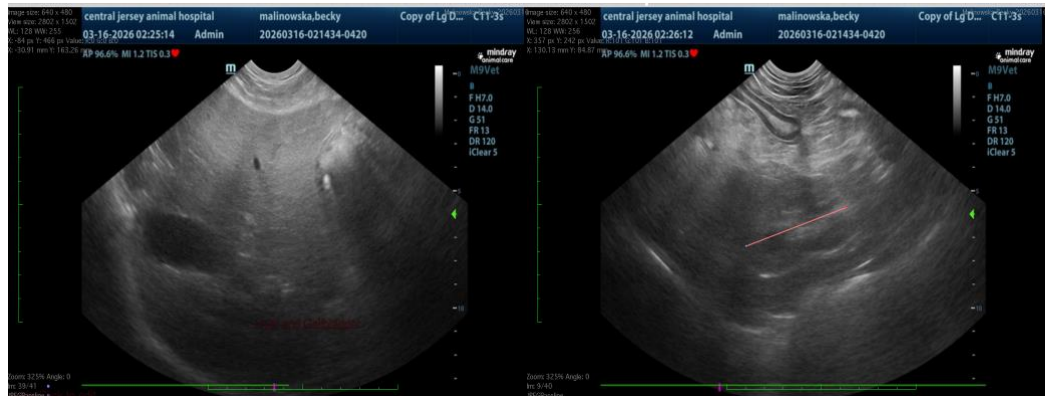
Recommend full-staging, monitoring and management of condition for international renal interest society guidelines.

Recommend every 6 to 12 months rechecking liver values to determine if cholestasis is seen. If it is, then recommend a workup for secondary causes.

Pancreatitis is not considered likely at this time.

No specific cause for the patient's chronic kidney illness. If the patient has not been screened before, vector-borne diseases such as Lyme disease recommend at screening. Also, consider screening the patient for leptospirosis to rule out infectious causes for chronic kidney disease.

Prognosis is open, pending results and recommend further diagnostics.





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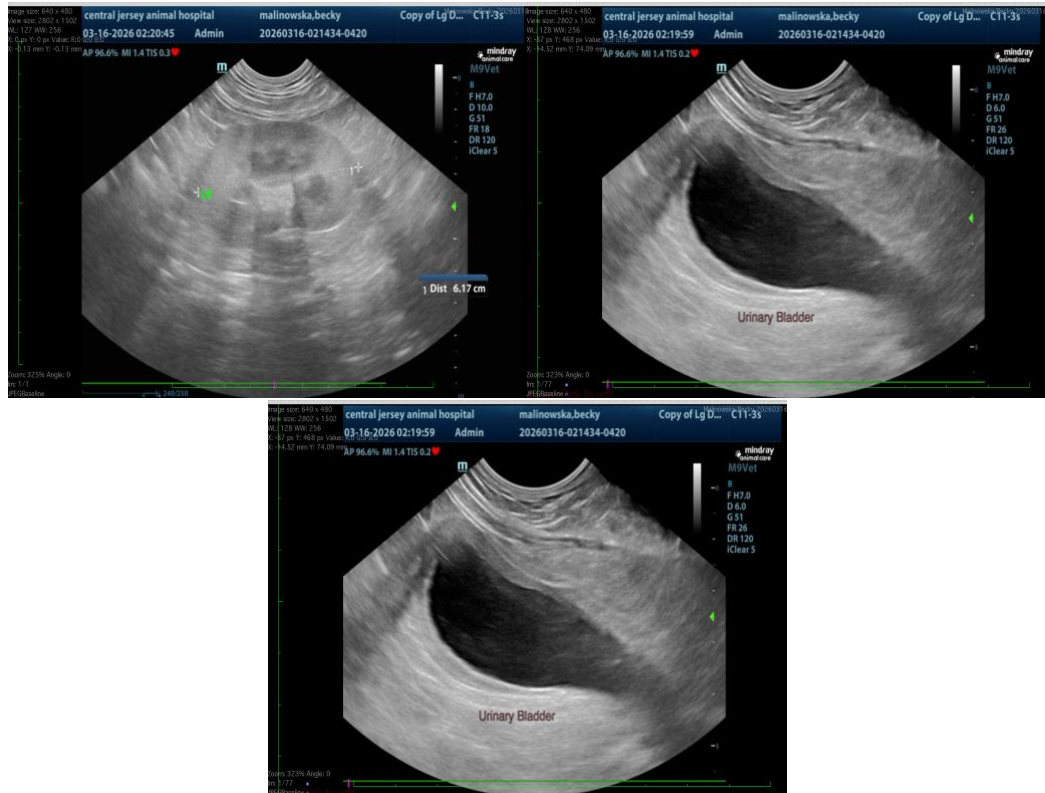
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
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