



PATIENT

Max Prado

SPECIES

Canine

BREED

Wheaten Terrier

SEX

MN

AGE

6yr

WEIGHT

48lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Suciu

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr Thomas

INVOICE

23506

DATE

01/07/2026

PRESENTING CLINICAL SIGNS

Referred for abdominal ultrasound for azotemia (BUN 43, creatinine 4.1, SDMA 38.2), high phosphorus (2.5-6.0). Patient has normal appetite (Royal Canin Renal Support), no vomiting or diarrhea. No PU/PD.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-obstructive cystourethral junction lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 areas of medullary mineral, intermittent small cortical cyst and mild pyelectasia were present. The left kidney measured 5.0 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the residual prostate appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 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 0.53 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 was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Adequate vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with normal walls and multiple non-obstructive choleliths present. An example measured 0.7-0.8 cm in diameter. No evidence of gallbladder/peripheral gallbladder inflammation or wall edema was present. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size with mild asymmetrical contour and isoechoic to mild heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary

- Non-specific chronic nephropathy pattern exhibiting medullary mineral, mild pyelectasia and small cortical cysts.
- Mild non-obstructive cystourethral junction lumen mineral
- Normal adrenal glands
- Non-obstructive choleliths.
- Mild heterogeneous pancreas.
- Sonographically unremarkable normal volume liver.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. No evidence of ureteral or urethral obstruction. A urinary workup including UA, C/S and UPC level is recommended.

Renal and as needed gastrointestinal support is recommended with clinical monitoring for further assessment and prognosis.

A spec cPL could be considered if clinical signs consistent with chronic pancreatitis are present.



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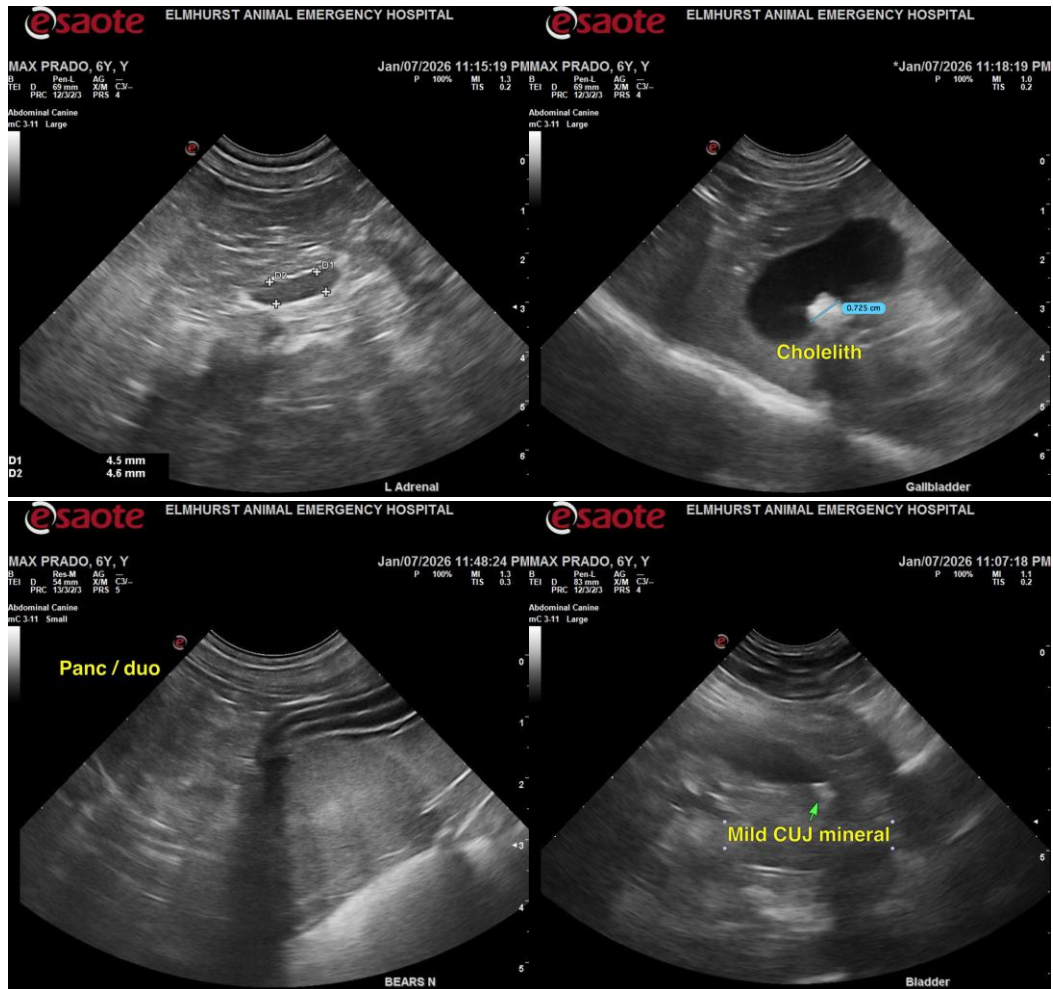
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com