



PATIENT

Diana Sandulescu

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

14

WEIGHT

31

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr. Maniar

INVOICE

12669

DATE

12/15/25

PRESENTING CLINICAL SIGNS

Hiding, tense Hx of kidney dz

Current meds Azodyl Enalapril SQ fluids

Abnormal PE/Chem/CBC/UA Results: Creat 2.8 BUN 55 ALT 138 Lipase 851

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine prohibiting full evaluation of the urinary bladder wall. Subjective thickened ventral apical and dorsal urinary bladder wall. Mild asymmetrical luminal surface contour and mild nonhomogenous nonmineralized mural echogenicity. Urinary bladder wall measured 0.82 cm wall width with no evidence of mineral or calculi. The urethra was normal in structure and tone to a depth of 3.0 cm.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. Mild areas of medullary mineral and minor pyelectasia were visualized. The left kidney measured 5.4 cm in length. The right kidney measured 5.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.57 cm width. The right adrenal gland measured 0.53 cm width. No evidence of adrenomegaly or tumors.

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

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented with intact nonthickened wall. The stomach was nondistended containing a mild amount of lumen gas and nonshadowing variably echogenic fluid/chyme.

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. Focal to intermittent mild hyperechoic intestinal mucosal speckling was visualized.



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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

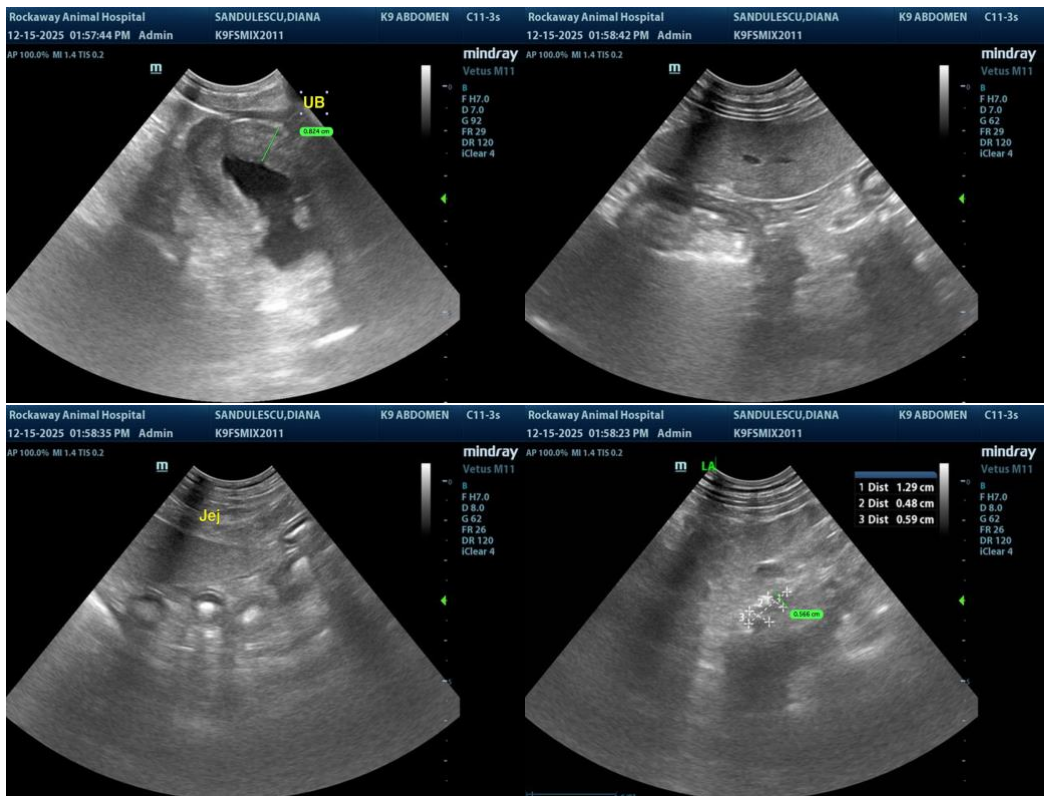
No visualized significant omental lymphadenopathy or mass was present.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic nephropathy exhibiting mild medullary mineral.
- Nonspecific mild gastroenteritis pattern with mild nonobstructive hypomotile stomach and focal/intermittent intestinal mucosal speckling.
- Sonographically normal liver/gallbladder- consistent with low-grade benign hepatopathy.
- Normal area of pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck urinalysis with suggested screening urine culture/sensitivity and UPC level for renal staging is recommended. Assessment for cranial abdomen/subxiphoid discomfort on palpation which may allude to mild to chronic pancreatitis is recommended. Gastrointestinal and renal support with empirical therapy for possible mild chronic pancreatitis and clinical monitoring would be reasonable. Recheck if progressive azotemia or clinical signs.





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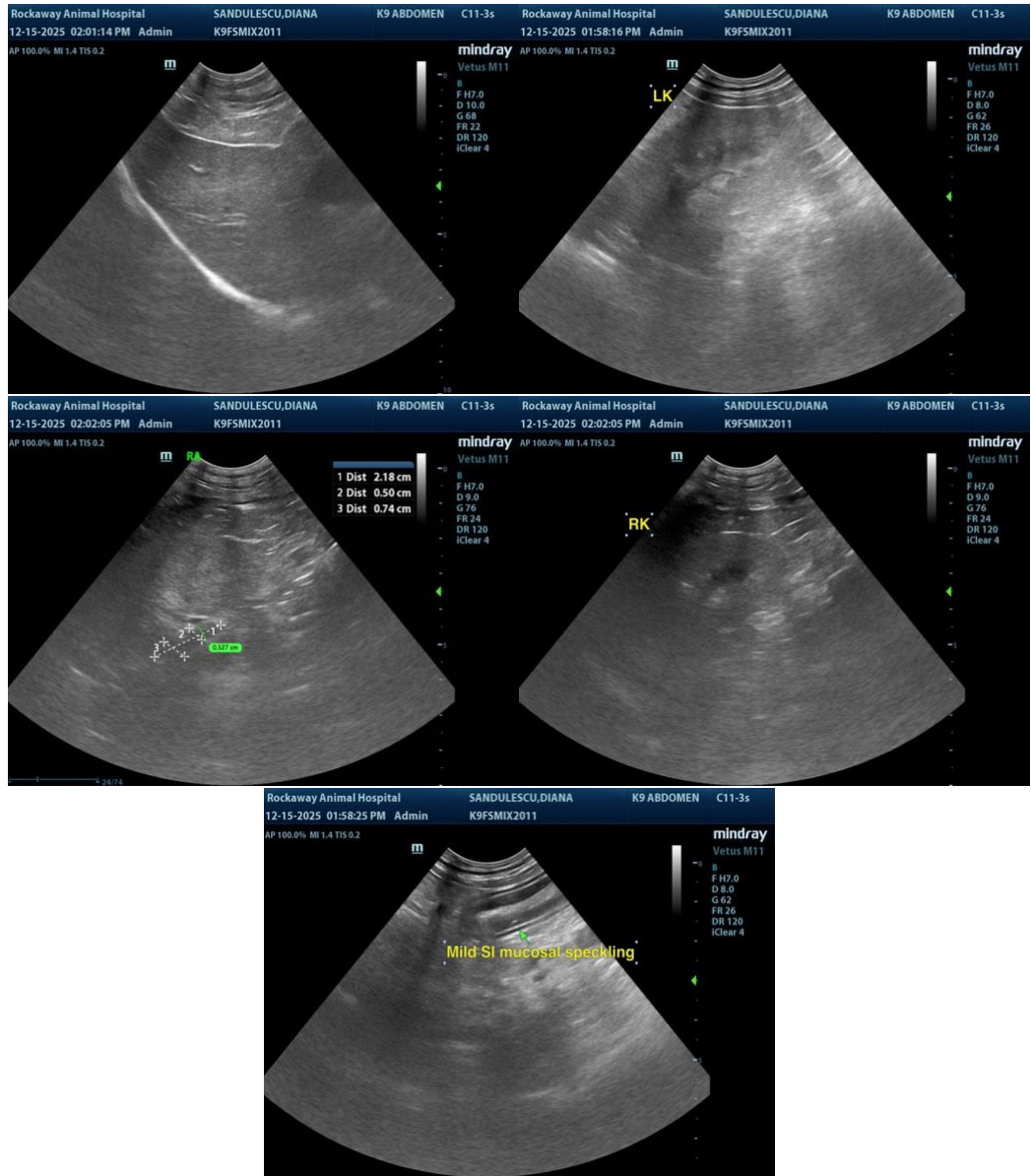
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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