



PATIENT

Sheila Rodriguez

SPECIES

Canine

BREED

Mini Australian Shep

SEX

F

AGE

1

WEIGHT

2.66

INTERPRETED BY

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

IMAGING PERFORMED BY

Kari Lemanski, DVM

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Kari Lemanski, DVM

INVOICE

23304

DATE

12/22/2025

PRESENTING CLINICAL SIGNS

Shelia is a 1 YO F Australian Cattle Dog who was presented for kidney issues. P has been vomiting for about one week. O took to pDVM on Friday and had bloodwork performed that results came back this morning. P was given cerenia and SQ fluids. p has not vomited since then, but last meal was last night. BUN 239 (6-31 mg/dL), Creatinine 7.7 (0.5-1.6 mg/dL), SDMA 59.7 (<14.0). It was recommended p come here for further care and diagnostics.

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 no evidence of urine/lumen sediment, mineral, or calculi. 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the uterus and bilateral ovaries 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 0.34 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 0.30 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. Normal vascular volume. 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 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.



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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 mechanical/metabolic ileus, obstruction or foreign material.

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

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable normal volume kidneys
- Normal bilateral adrenal glands.
- Normal urinary bladder
- Normal gastrointestinal tract

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant renal pathology. No evidence of dysplasia, overt infectious criteria, neoplasia etc. suggesting acute renal insult or injury. Consideration for renal toxic insult or infectious disease is indicated. Correlation with full urinary workup including UA, C/S and UPC is recommended. A leptospirosis titer/PCR is warranted. Hospitalization with renal and gastrointestinal support with clinical monitoring for further prognosis is indicated. Sonographic reassessment is suggested if evidence of progressive anemia. Monitoring of USG and urine output is recommended. A screening cortisol level to rule out occult Addisons disease is recommended.

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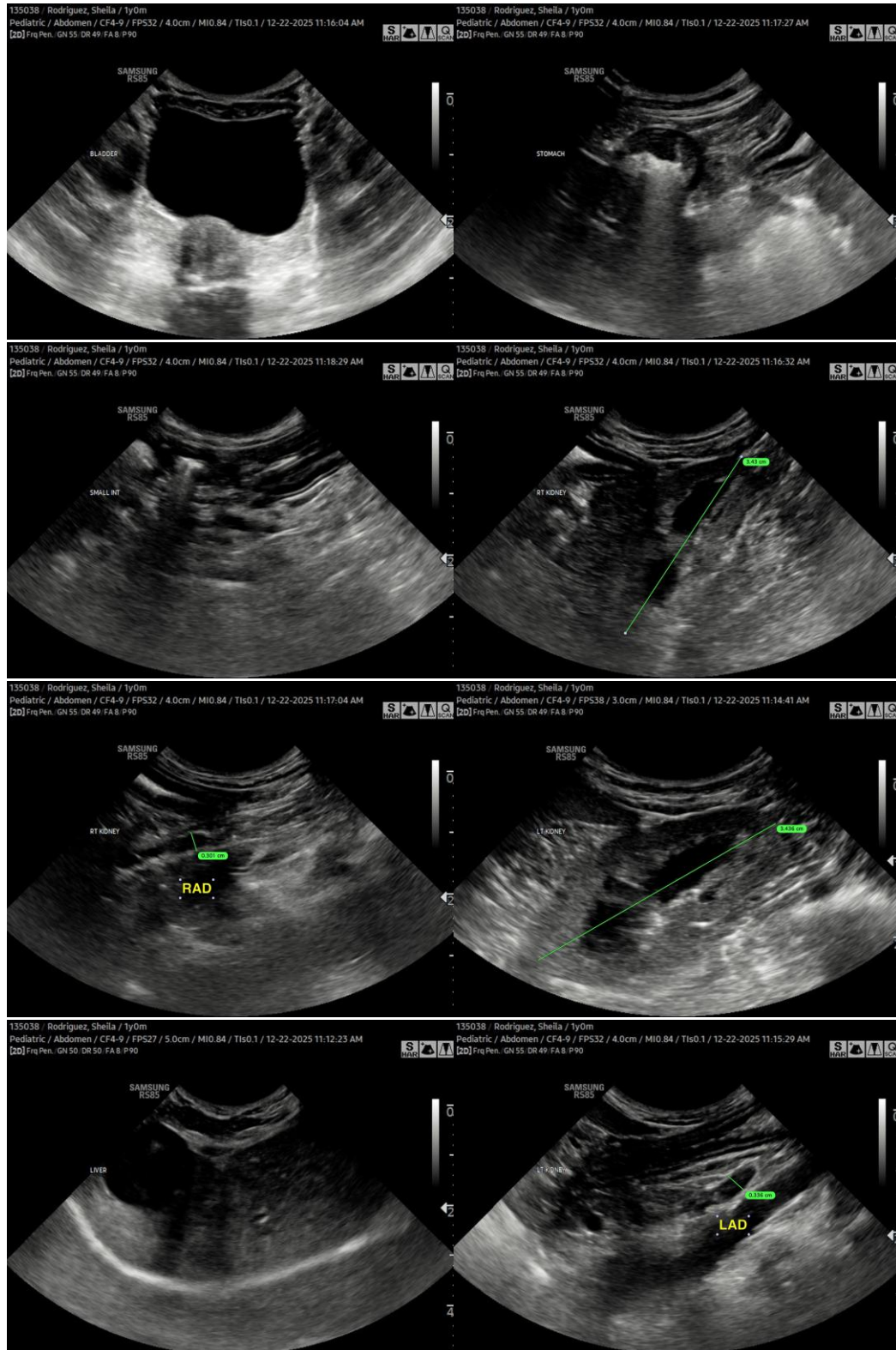
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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