

**PATIENT**

Jj Varsalona

SPECIES

Canine

BREED

Golden Doodle

SEX

FS

AGE

8yr

WEIGHT

49.5lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Cutrone

HOSPITAL NAMEGreater Staten Island
Veterinary Service**REFERRING VET**

Cutrone

INVOICE

23361

DATE

12/29/2025

PRESENTING CLINICAL SIGNS

Vomiting/Hyporexia since 11/19 on/off

Abnormal PE/Chem/CBC/UA Results: Azotemia Diagnostics @rDVM 12/26 BUN 114 Ca 12.7
Crea 5.9 Phos 12.9 SDMA 27 4DX: Negative 12/29 BUN >130 Crea 6.7 Phos 15.8 Diagnostics Blood
Pressure: 140mmHg Lepto Witness: Negative AXR: No overt abnormalities. Overall Normal abdomen.
UA: Pending Urine Lepto PCR: Pending Ultrasound: Pending Review

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. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. Anechoic urine was present in the lumen with mild non-dependent particulate sediment and focal to mild dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The left kidney was subnormal in size. The right kidney was adequate in size. 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 corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.6 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was 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 0.57 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 0.67 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 presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of



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congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid and chyme was present. No evidence of shadowing gastric echo, overt foreign material or mechanical pyloric outflow obstruction.

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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 area of the pancreas was sonographically normal.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary

- Bilateral chronic nephropathy with subnormal left kidney size
- Normal bilateral adrenals.
- Benign hepatomegaly
- Non-organized gallbladder debris
- Mild gastritis /uremic gastritis pattern, normal empty small intestine.
- Minor urinary bladder lumen mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The bilateral kidneys exhibited primarily chronic renal changes and subnormal left kidney size with considerations including non-specific chronic nephritis, dysplasia or other nephropathy. Acute on chronic renal insult i.e. infection or toxin is not definitively excluded. Correlation with pending diagnostics including urine C/S or UPC level for renal staging is recommended. No evidence of renal neoplasia which is considered unlikely. Renal and gastrointestinal support pending additional diagnostics with monitoring of renal parameters, urine output and body weight indicated as renal failure is of high concern.

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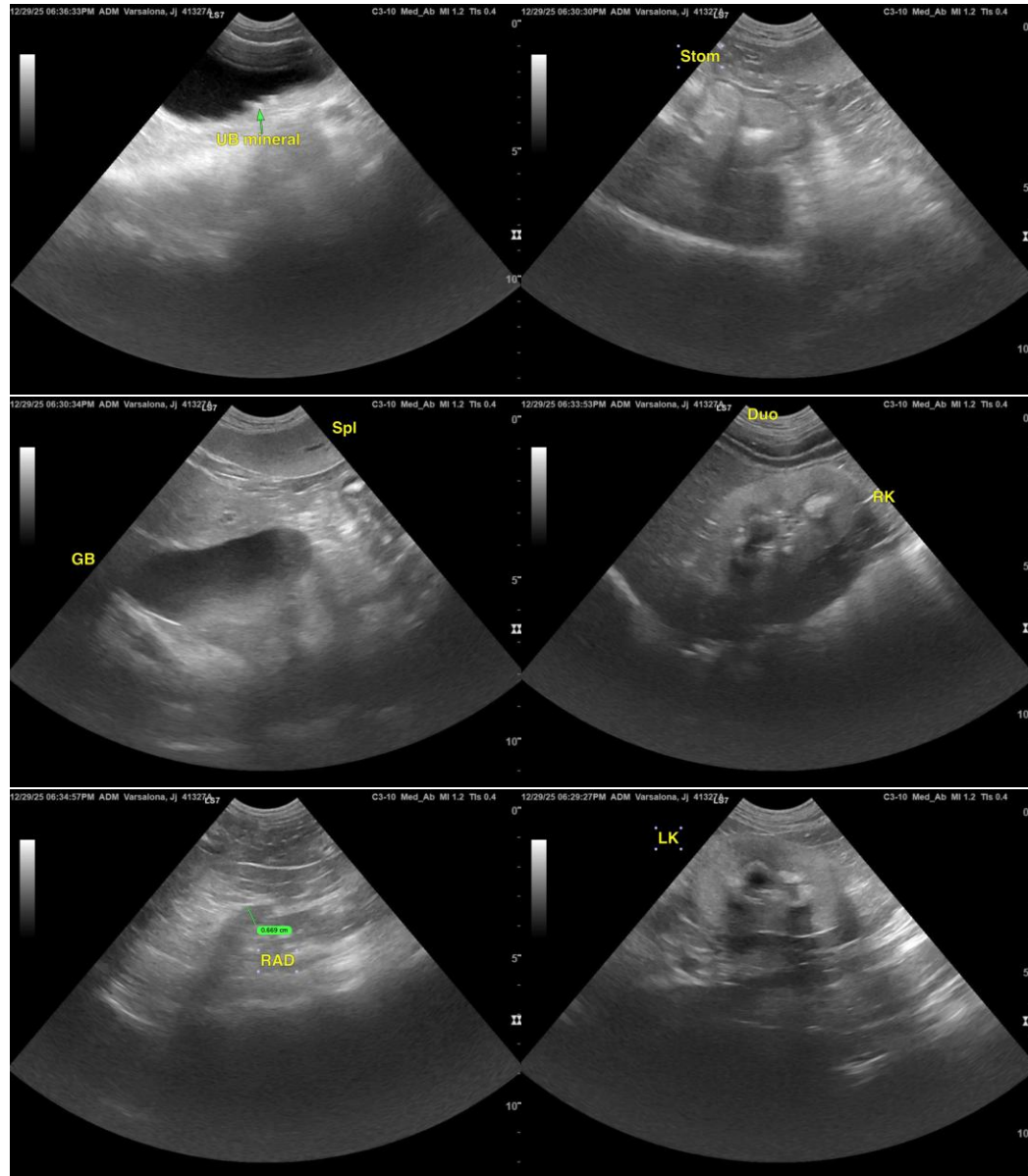
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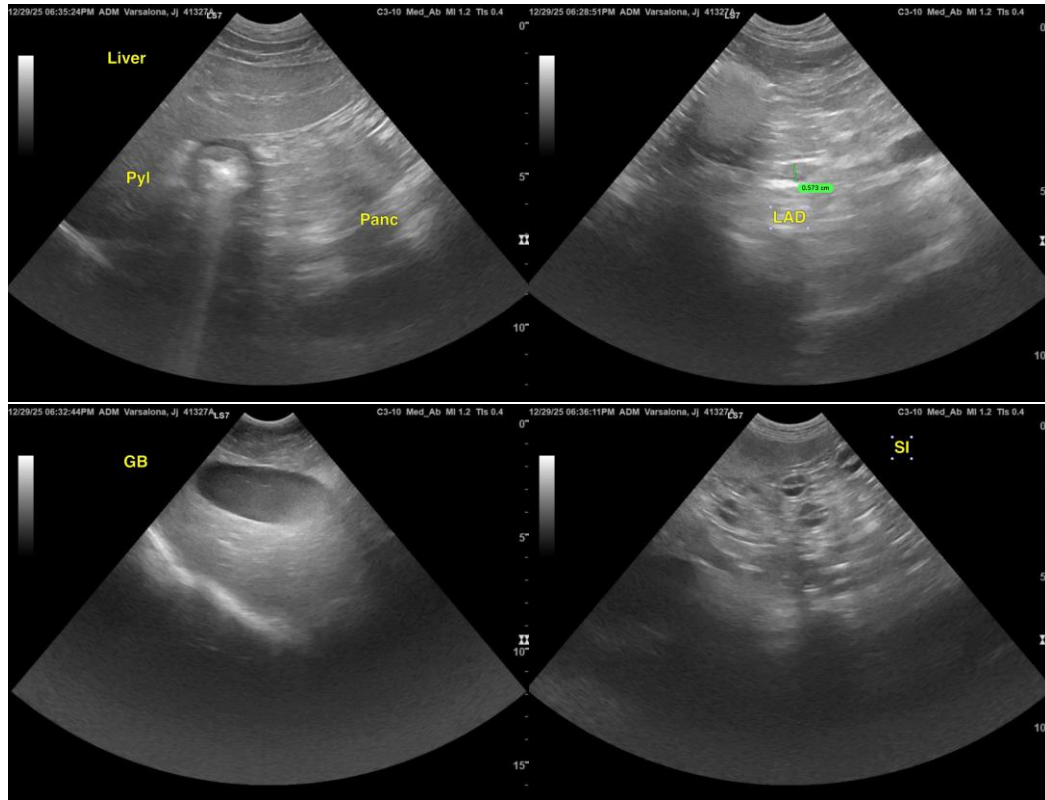
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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