



PATIENT

Speedy Sunshine
Willer

SPECIES

Canine

BREED

Chi Mix

SEX

FS

AGE

14

WEIGHT

11.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal
Hospital

REFERRING VET

Dr Salazar

INVOICE

24094

DATE

03/03/2026

PRESENTING CLINICAL SIGNS

PU/PD

Abnormal PE/Chem/CBC/UA Results: BUN 54 Creat 1.5 U/A 1 Hyaline cast UPC 0.44 USG 1.002

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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. Mild left kidney pyelectasia was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 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 0.52 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm width.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Subtle symmetrical, echogenic nodules were present throughout the perihilar to medial parenchyma consistent with myelolipomas or perihilar medial capsule fibrosis. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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 contained mild retained fluid and lumen gas with no signs of 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.



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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

BREED

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

Chi Mix

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

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- Moderate chronic renal changes exhibiting mild medullary mineral and left kidney pyelectasia
- Normal adrenal glands
- Normal volume liver
- Mild hypomotile stomach

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of adrenal or hepatic pathology as a contributing factor to the clinical signs indicating probable primary renal disease or insufficiency in conjunction with decreased USG. The pyelectasia in the left kidney may be owing to chronic renal changes or pelvic scarring with mild potential for left kidney pyelonephritis. Correlation with urine C/S on a sterile urine sample is recommended. If no evidence of underlying infection, CKD therapy with monitoring of UA +/- as needed urine C/S and UPC level is recommended.

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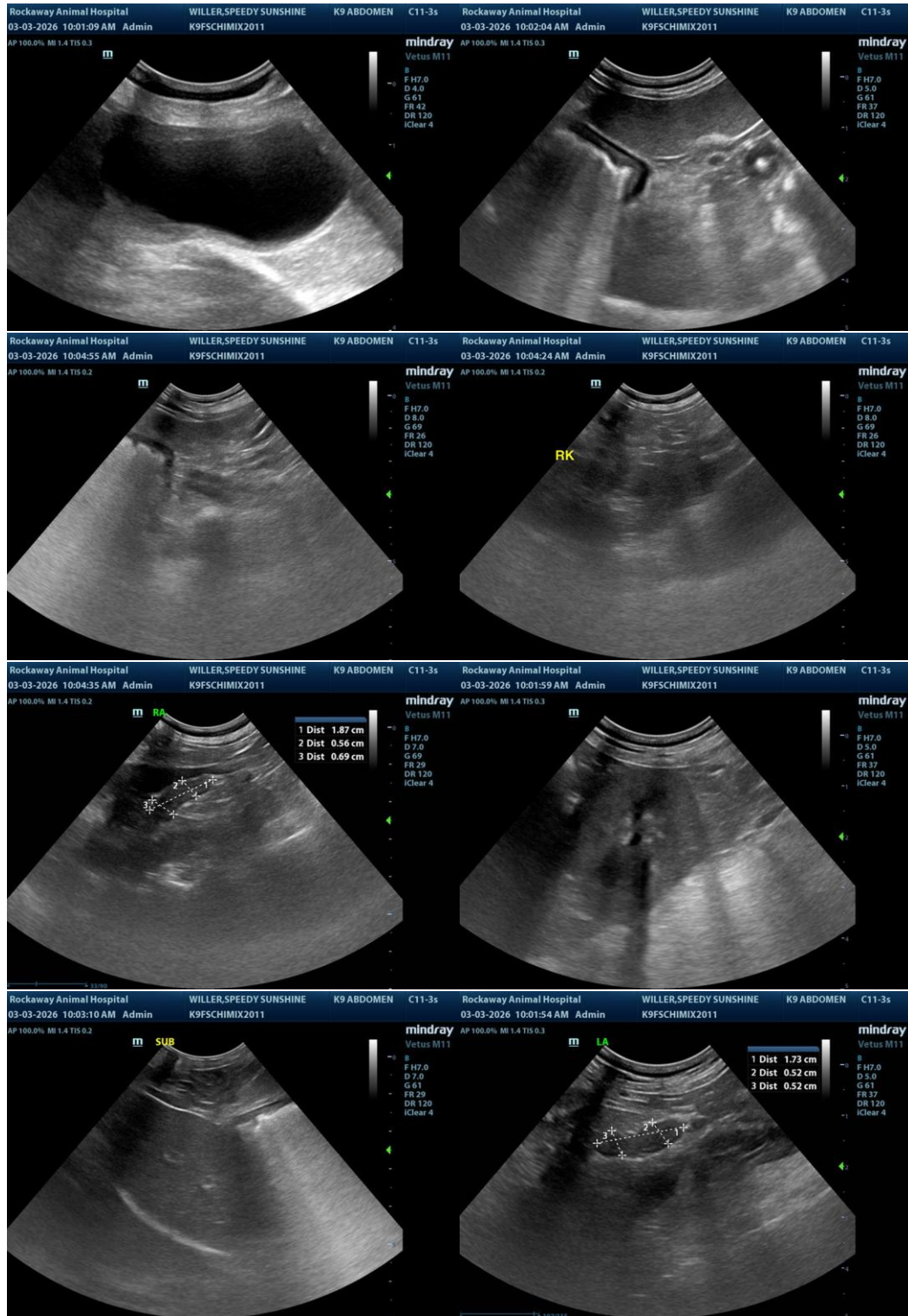
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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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