



PATIENT

Sugar Marshmello Fluff
Kempin

SPECIES

Canine

BREED

Maltipoo

SEX

FS

AGE

16yr

WEIGHT

5.1kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sookhoo

HOSPITAL NAME

Calusa Veterinary
Center

REFERRING VET

Dr Turkell

INVOICE 24568

DATE
04/22/2026

PRESENTING CLINICAL SIGNS

- Chronic soft stool for a long time
 - Recent regurgitation of clear foam, sometimes with brown material
 - Currently receiving daily subcutaneous fluids for kidney disease
 - Recently completed course of prednisolone acetate and tobramycin eye drops
 - Currently on Optimmune for eyes
 - Decreased appetite, not wanting usual Wynwood kidney diet
 - Ate eggs and chicken/rice/pasta recently
 - Difficulty with stairs, especially going down
 - Previous chest mass identified on radiographs
- Abnormal PE/Chem/CBC/UA Results: SDMA 16 ug/dL, BUN 108mg/dL, Creat 3.5 mg/dL

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 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. Marked loss of corticomedullary distinction was also present. The renal medullary volume was subjectively mildly reduced. Dystrophic medullary mineral was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.4 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.54 cm width in the caudal pole. The right adrenal gland measured 0.56 cm width in 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 increased in size. The parenchyma of the liver was subjectively mildly increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. Multiple discreet hypoechoic intraparenchymal nodules were present, an example measured 0.5 cm in diameter. The capsule of the liver was symmetrical 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 moderate congealed non-organized debris. 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 to moderate variably echogenic non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Focal to segmental discreet hyperechoic intestinal mucosal speckling was present. 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 semi formed to soft formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to 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

- Bilateral marked chronic degenerative nephropathy
- Enlarged hyperechoic liver with discreet hypoechoic nodules
- Non-organized gallbladder debris, not consistent with mature mucocele
- Pancreatic remodeling
- Non-shadowing gastric ingesta
- Non-specific enteritis pattern with semi-formed to soft fecal matter in colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of mechanical upper to generalized gastrointestinal obstruction which may suggest some degree of metabolic gastric ileus or non-obstructive delayed gastric emptying assuming NPO. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may correlate with chronic pancreatitis is recommended. Correlation with a GI panel may be considered. Continued smaller more frequent feedings with gastric protectants and high colony count probiotics such as Provable may prove beneficial.

A recheck UA and suggested renal staging to include C/S and UPC level given chronic nephropathy is suggested. Assessment and monitoring of hepatic enzyme levels for evidence of cholestasis or inflammation +/- screening hepatic FNA cytology assuming normal clotting status for further clarification is recommended.



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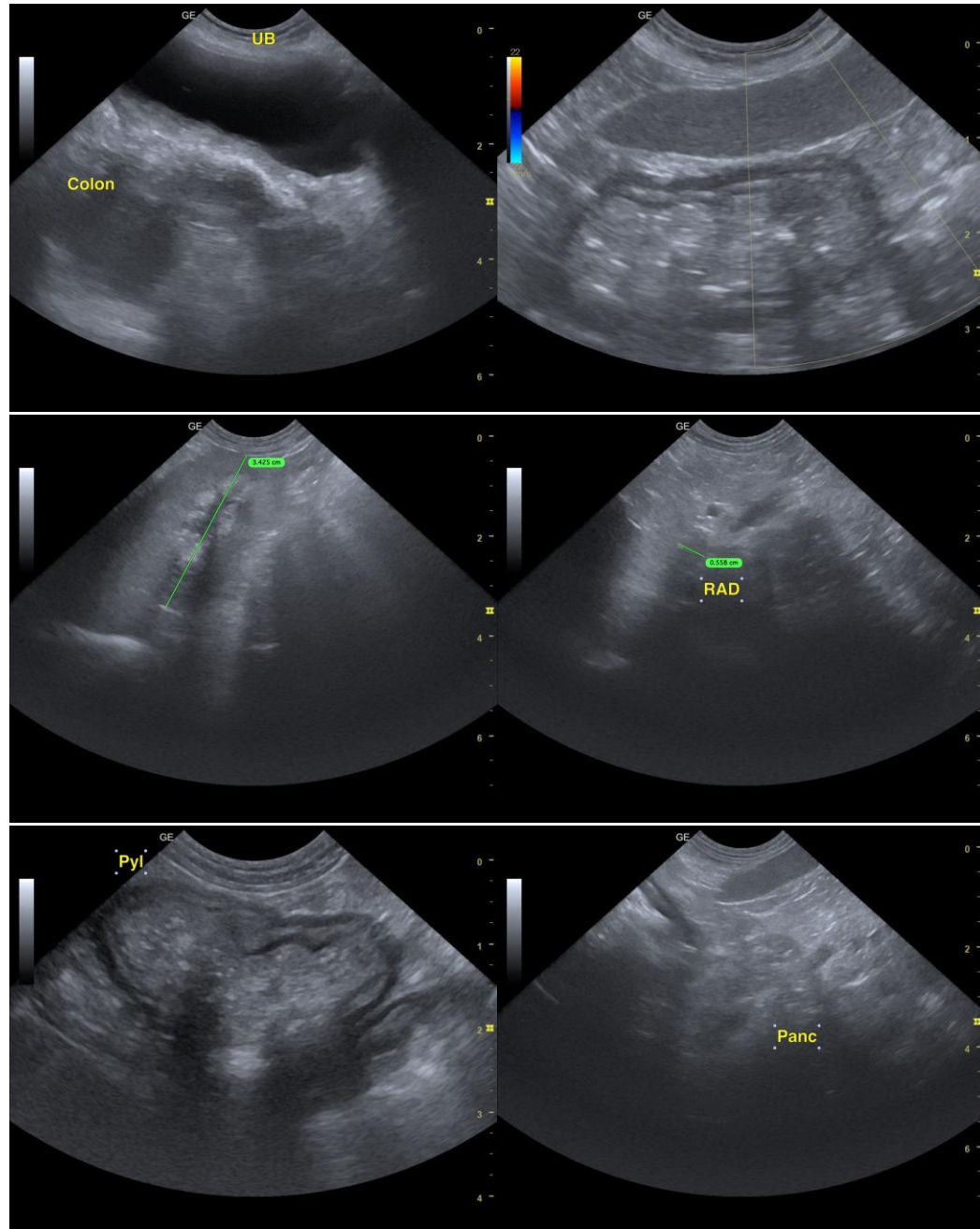
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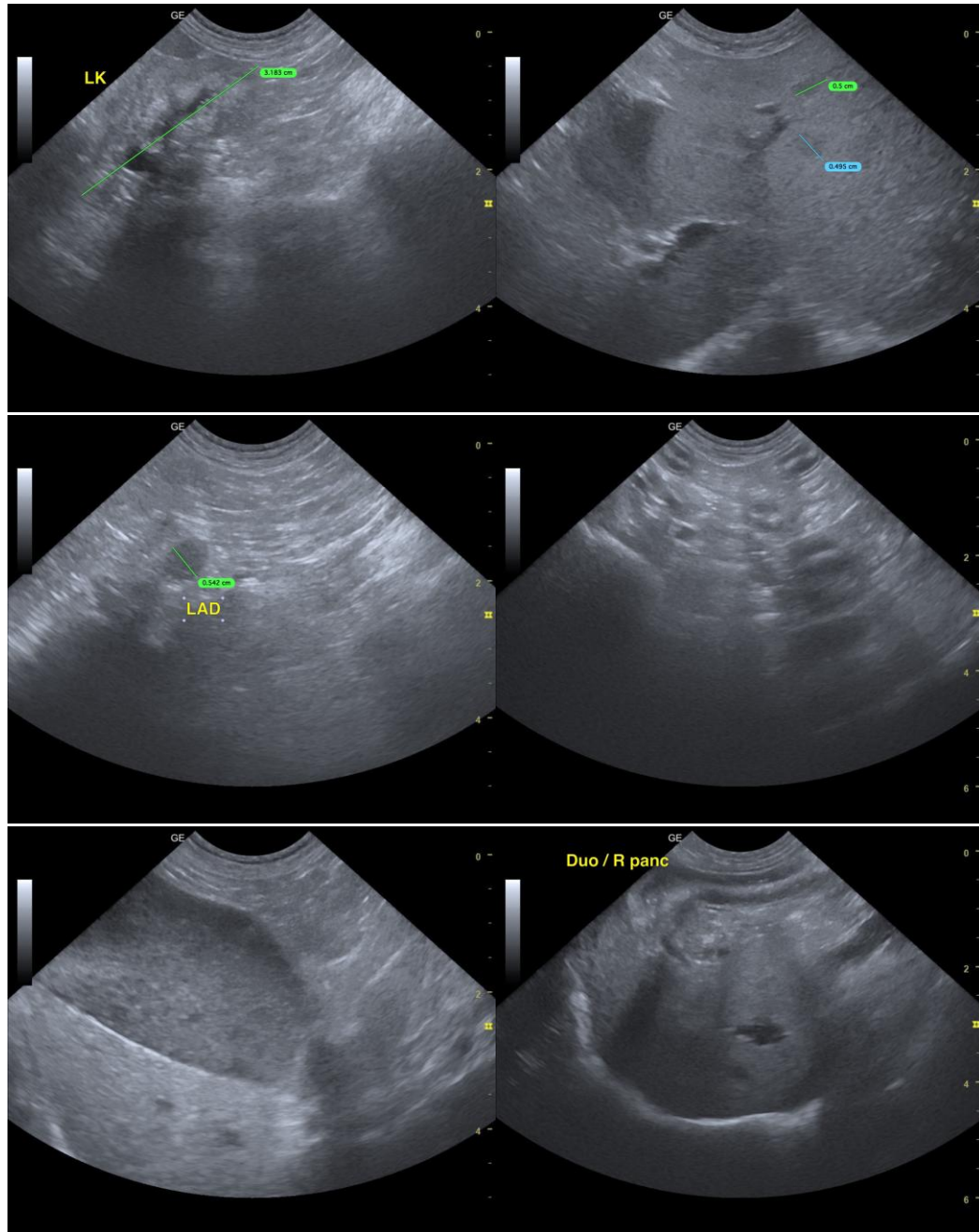
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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info@sonopath.com

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