



PATIENT

MAGGIE MERRITT

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

12yr

WEIGHT

67.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein Veterinary
Clinic

REFERRING VET

Dr Erin Rothrock

INVOICE 24871

DATE
05/18/2026

PRESENTING CLINICAL SIGNS

Patient presented 5/16 for hyporexia/anorexia and diarrhea. Physical exam overall unremarkable other than moderate dehydration. Bloodwork revealed azotemia and there is concern for dilation of the retroperitoneal space. Patient does have a history of OA; patients leptospirosis vaccine is UTD

Abnormal PE/Chem/CBC/UA Results: BW: mild lymphpenia (0.77 K/uL), moderate azotemia (CRT 4.1 mg/dL, BUN 74 mg/dL), elevated ALKP (1398 U/L), otherwise unremarkable; CPL normal RADS: mild subjective cardiomegaly, no other changes throughout thorax; small amount of material within gastric lumen (likely ingesta), no obvious obstructive pattern or foreign material noted, kidneys difficult to see but possibly one small kidney and one larger kidney with moderate dilation of the retroperitoneal space

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 mild non-dependent particulate sediment. 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 increased echogenicity and mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia. No evidence of left hydroureter. Scant perinephric to retroperitoneal effusion around the caudal left kidney. Moderate right kidney pyelectasia to mild hydronephrosis without evidence of right hydroureter. Right kidney cranial cortical cyst present. No obvious right perinephric or retroperitoneal effusion. The left kidney measured 6.9 cm in length. The right kidney measured 6.6 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 0.85 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 0.50 cm width at the caudal pole.

Spleen

The spleen exhibited subjective borderline mild enlargement with symmetrical contour and mild splenic folding. Primarily homogenous parenchyma with several to multiple medial parenchyma and perihilar non-capsule deforming well demarcated hyperechoic nodules.

Liver/Gallbladder

The liver presented subjectively mildly 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



PATIENT	congestion. The gallbladder was non-distended in size with mild non-organized debris. The cystic and common bile ducts were normal.
MAGGIE MERRITT	
SPECIES	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material.
Canine	
BREED	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.
Labrador Retriever	Normal visible colon wall layers were present with semi formed to possible soft feces in lumen.
SEX	Pancreas
FS	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.
AGE	Free Abdomen
12yr	Intermittent mildly enlarged asymmetrical non-homogenous cystic mid abdomen/ aortic lymph nodes. An example measured 2.6 cm x 1.0 cm. No evidence of surrounding inflammation.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
67.2	Primary
INTERPRETED BY	<ul style="list-style-type: none">• Non-specific nephropathy exhibiting bilateral mild to moderate pyelectasia to emerging right kidney hydronephrosis, scant left perinephric / retroperitoneal effusion• Sonographically normal gastrointestinal tract with mild non-shadowing gastric ingesta and semi-formed to soft fecal matter in colon- gastric ingesta consistent with food /chyme echogenicity• Benign hepatopathy pattern with mild non-organized gallbladder debris• Subjective mild splenomegaly with splenic folding and hyperechoic nodules suggestive of benign criteria / myelolipomas• Intermittent mild non-homogeneous cystic mesenteric / aortic lymph nodes -subjective benign
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jessica Green	Nonspecific chronic to acute on chronic nephropathy combined with chronic renal changes and pyelectasia which may indicate pelvic scarring secondary to chronic renal changes or pyelonephritis possible. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
HOSPITAL NAME	
Stanglein Veterinary Clinic	
REFERRING VET	Metabolic gastric stasis and gastroenterocolitis is suspected. Renal and gastrointestinal support with monitoring of renal parameters, UA and gastrointestinal signs for further assessment and prognosis is recommended. Recheck sonogram if progressive azotemia or gastrointestinal signs is recommended.
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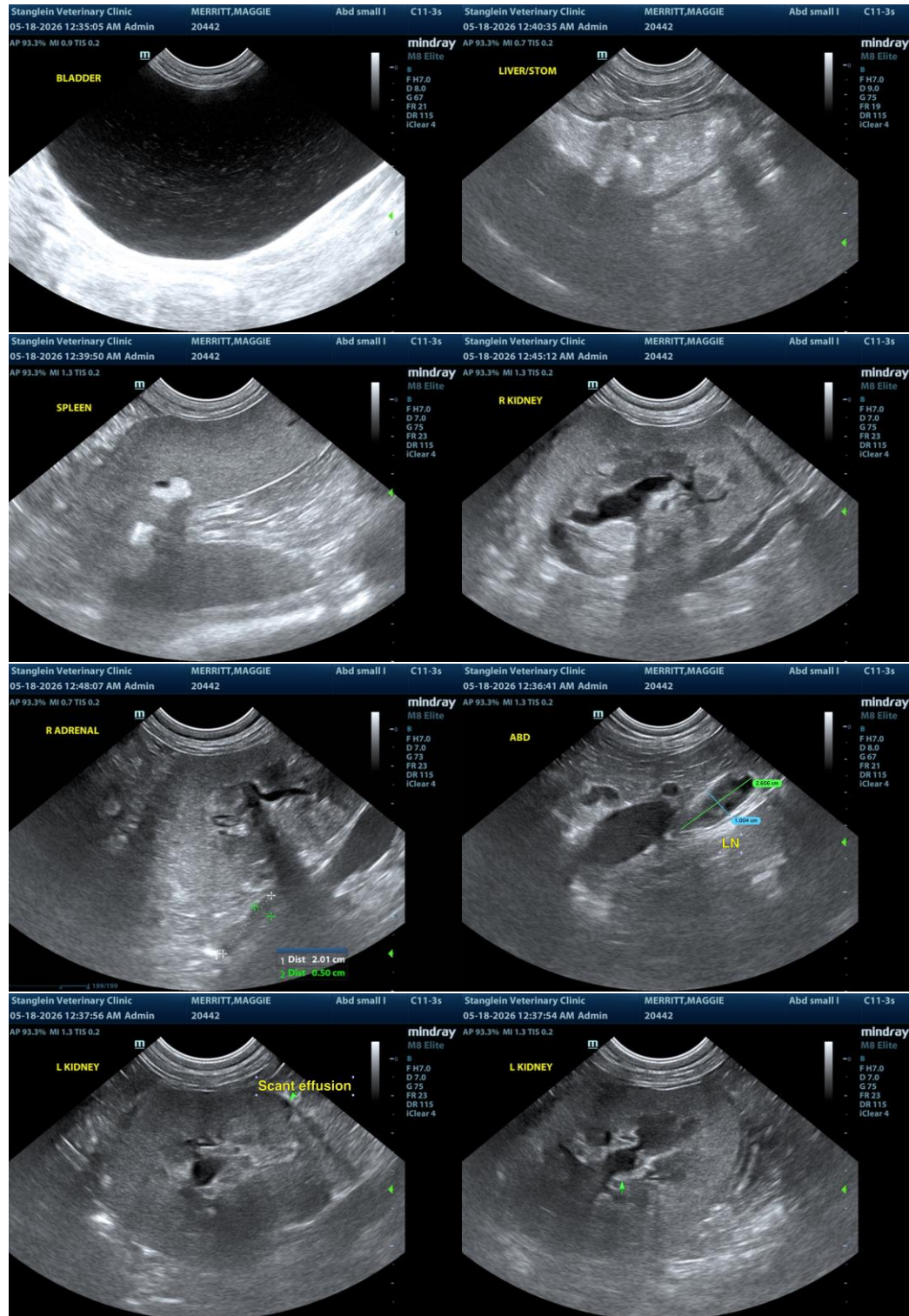
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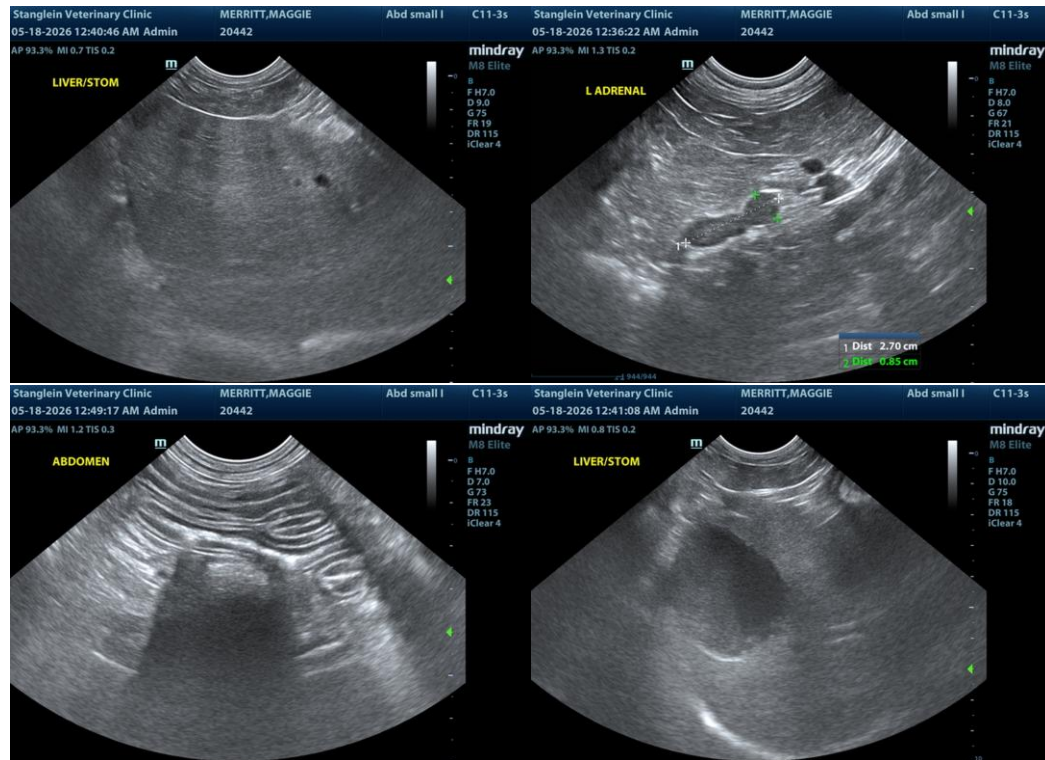
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com