

PATIENT

Donnie Abdulla

SPECIES

Canine

BREED

Mixed

SEX

FS

AGE

10Y, 8M

WEIGHT

55lbs

INTERPRETED BY

Nele Eley (Ondreka),
DVM Dr. med. vet.,
DipECVDI

IMAGING PERFORMED BY

Mobile Pet Imaging

HOSPITAL NAME

Mobile Pet Imaging

REFERRING VET

Novoa

INVOICE

74387

DATE

3-30-26

PRESENTING CLINICAL SIGNS

- On 3/10/26, Donnie presented with lethargy at her rDVM. She is on a Kidney diet due to a history of elevated renal values. Laboratory tests performed revealed the following results. Bloodwork. CBC: Hemoglobin 14.5 g/dL (14.6 - 21.7) Eosinophils 0.072 K/ μ L (0.141- 1.927) . CHEM: Glucose 46 mg/dL (63 - 114), Creatinine 2.2 mg/dL (0.5 - 1.5), BUN 46 mg/dL (9 - 31), Cholesterol 429 mg/dL (131 - 345). SDMA 22 μ g/dL (0 - 14). Her kidney values were high and similar to her last results. Cardiopet proBNP 1,064 pmol/L (0 - 900). Total T4 1.7 μ g/dL (1.0 - 4.0). Urinalysis: Collection Method Freecatch, Specific Gravity 1.012 (1.030 - 1.098), WBC 50-75 HPF, marked Rods >40/HPF. A urine sample was taken (3/18/26) by cystocentesis, a culture of the urine showed Klebsiella pneumoniae (>100,000 CFU per ml). Convenia was given as therapy. The cause of the patient's nonspecific clinical signs was not identified by radiology. CT was requested to further investigate the elevated renal enzymes.

Abnormal PE/Chem/CBC/UA Results: PE: T 100.5 F, HR 172, RR 38, MM Pink, CRT <2 seg. H/L: WNL. CHEM (3/30/26): BUN 36 mg/dL (7-27), CREA 1.8 mg/dL (0.5 -1.8), TBIL 2.0 mg/dL (0.0 - 0.9).

COMPUTED TOMOGRAPHIC STUDY OF THE ABDOMEN

Plain and post contrast studies are available for review.

COMPUTED TOMOGRAPHIC FINDINGS

The serosal fat presents normal attenuation behavior. There is no evidence of peritoneal effusion or peritonitis.

The left kidney measures 52mm and the right measures 50mm in length which is within expected limits. Mildly irregular nephrogram with reduced corticomedullary definition is present bilaterally. The renal pelves appear normal. The pyelogram of both kidneys is normal. Ureters appear normal without dilation or obstruction.

Mild generalized wall thickening of the urinary bladder wall with slightly irregular mucosal surface is seen.

The adrenal glands are within normal limits for size, shape and organ architecture.

Both liver and spleen present with normal shape, even surface, uniformly attenuating parenchyma and homogeneous contrast enhancement, unremarkable.

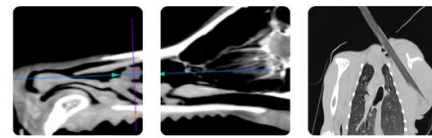
The pancreas is evenly contoured; the pancreatic parenchyma is homogeneous and presents uniform contrast enhancement.

The position, delineation, wall and content of the gastrointestinal tract are considered within normal limits throughout.

The patient's body condition score is slightly elevated.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Bilateral renal changes consistent with chronic renal disease.
- Chronic cystitis.



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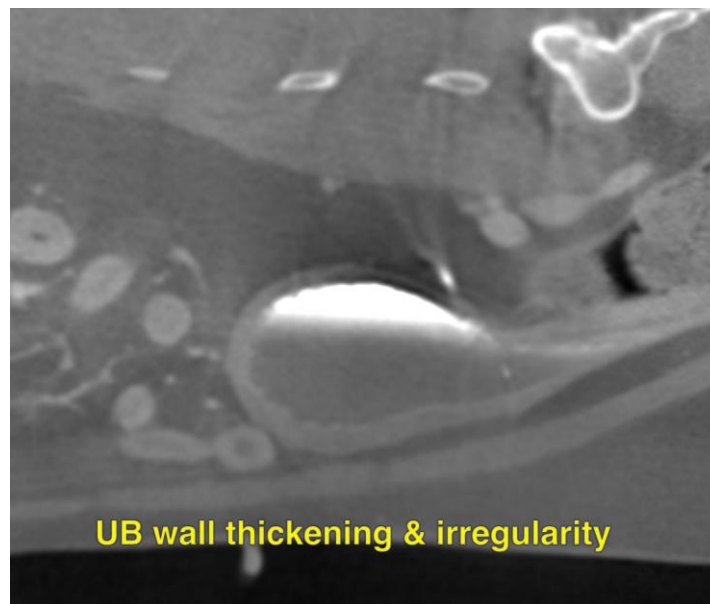
3-30-26

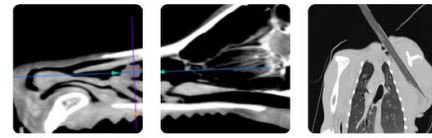
INTERPRETATION OF FINDINGS & FURTHER RECOMMENDATIONS

The CT findings are compatible with previously documented chronic renal disease. The urinary bladder wall thickening is mild and nonspecific and consistent with chronic cystitis. No obstructive uropathy or other significant abdominal abnormalities are detected.

The patient's body condition score is slightly elevated.

Correlate with renal function test and ongoing urinalysis. Continue antibiotic therapy as guided by culture and sensitivity. Supportive management for chronic kidney disease including diet, hydration, and monitoring of electrolytes is recommended.





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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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Nele Eley (Ondreka), DVM, Dr. med. vet., DipECVDI
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