

PATIENT PRESENTING CLINICAL SIGNS

Beau Nordstrom History: history of allergies but recent onset of PUPD with water intake at 200mL/kg/day and USG 1.004. Diarrhea for past week. meds: apoquel, optixcare plus cytopoint,

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

The **urinary bladder** is mildly distended with anechoic urine. The wall is mildly thickened (up to 0.40 cm) with a slightly irregular mucosal surface. No cystic calculi are observed. The trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

BREED

Coonhound

The **prostate** is normal in size (1.23 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

SEX

Neutered Male

The **left kidney** is normal size (7.88 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

7 years

The **right kidney** is normal size (7.45 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

44.4 kg

Adrenal Glands

The **left adrenal gland** is normal size (0.65 cm at cranial pole) (0.63 cm at caudal pole) (3.21 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

The **right adrenal gland** is normal size (1.80 cm at cranial pole) (0.67 cm at caudal pole) (2.49 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

IMAGING PERFORMED BY

Kelly Reschny

Spleen

The **spleen** is normal in size (1.88 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Tillsonburg VC

Liver

The **liver** is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen, with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr. Reed

The **gall bladder** lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

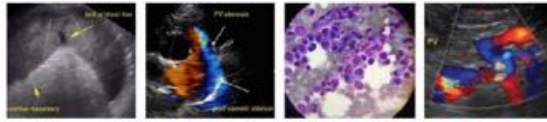
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Gastrointestinal

The **gastric lumen** is mildly distended with echogenic fluid. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal.

DATE

10.26.22



PATIENT

Pancreas

Beau Nordstrom

The region of the **pancreas** is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

SPECIES

Free Abdomen

Canine

The **peritoneal cavity** is normal. There is no evidence of inflammation or effusion. The abdominal **lymph nodes** are normal/not visible.

ULTRASONOGRAPHIC FINDINGS

BREED

Primary Findings

Coonhound

- Mild, bilateral age-related renal changes

SEX

Secondary Findings

Neutered Male

- The urinary bladder wall thickening may be artifactual due to lack of full repletion or may be secondary to cystitis. Artifact is considered most likely, given the inactive urine sediment and lack of lower urinary tract signs.

AGE

7 years

*An obvious cause for the patient's clinical signs is not definitively identified in this study. Considerations include early renal disease, occult pyelonephritis, Leptospirosis, occult hepatic disease, diabetes insipidus, psychogenic polydipsia, Cushing's Disease, other.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Urine culture and sensitivity
- Leptospirosis testing (i.e., blood and urine PCR, serology)
- Consider pre-and postprandial serum bile acids to assess for occult hepatic dysfunction.
- Further testing for Cushing's Disease (i.e., low-dose dexamethasone suppression test). It should be noted that Cushing's Disease is rare in patients with a normal ALT.
- Depending on the results of the above diagnostics, a DDAVP (vasopressin) trial +/- a modified water deprivation test may be warranted.

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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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