



PATIENT

Charlie Larose

SPECIES

Canine

BREED

Golden Doodle

SEX

Male Neutered

AGE

3y

WEIGHT

80 lbs

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VCA Palmetto AH

REFERRING VET

Dr Vivian Ghiorzi

INVOICE

22258

DATE

11-14-25

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Weight gain since previous visit (10 lbs); dilute urine since last year, including first urine in the AM (1.014) - owner does not report polydipsia. Dilute urine was an incidental finding.

Abnormal lab-work values: Urine specific gravity 1.014 (first urine in the AM). Isosthenuria on a first-morning urine sample. Creatinine 1.2. BUN 15

Current Medications: None (Heartgard Plus)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.17 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.68 cm in length) with a normal shape, architecture and 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.

The right kidney is normal in size (7.30 cm in length) with a normal shape, architecture and 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.

Adrenal Glands

The left adrenal gland is subjectively normal in length with a slightly flattened contour (0.42 cm at cranial pole) (0.46 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is subjectively normal in length with a slightly flattened contour (0.47 cm at cranial pole) (0.54 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (2.16 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.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small



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intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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Pancreas

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.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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The flattened adrenal glands may be a normal variant or could be consistent with early atrophy (i.e., secondary to hypoadrenocorticism)

*An obvious cause for the patient's PU/PD is not definitively identified in this study. Considerations include early hypoadrenocorticism, occult urinary tract infection, subclinical renal disease, psychogenic polydipsia, diabetic insipidus (central vs nephrogenic), Leptospirosis, other.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- A urine culture and sensitivity is recommended to assess for occult infection.
- A resting cortisol level to screen for hypoadrenocorticism. If resting cortisol level is < 2.0 mcg/dL, an ACTH stimulation test is recommended.
- Depending on the results of the above diagnostics, further work-up may be warranted, and could include the following:

1. Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if the clinical suspicion for disease is high.
2. DDAVP trial to assess for central diabetic insipidus
3. Modified water deprivation test (to assess for psychogenic polydipsia and nephrogenic diabetic insipidus).

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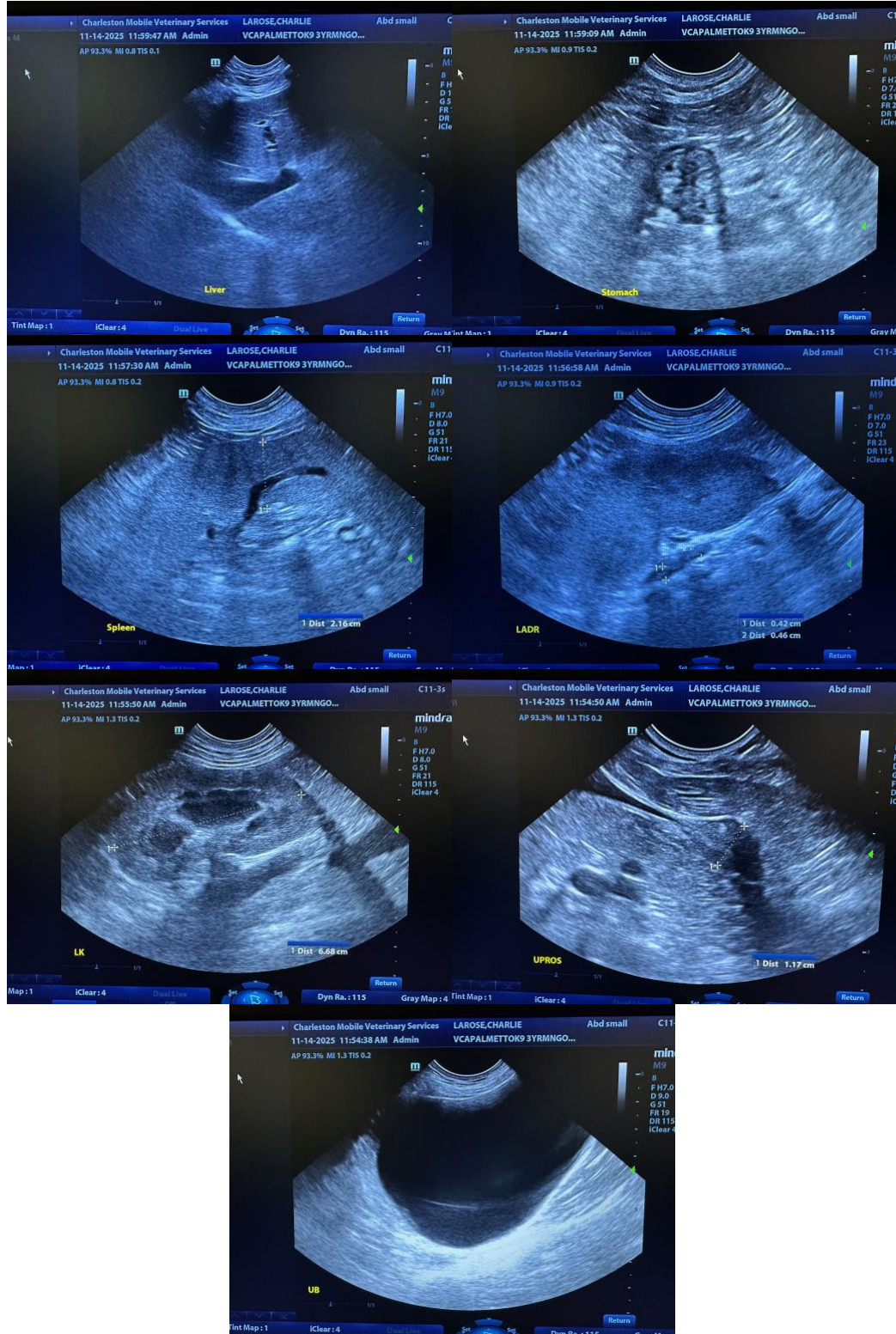
Dr Vivian Ghorzi

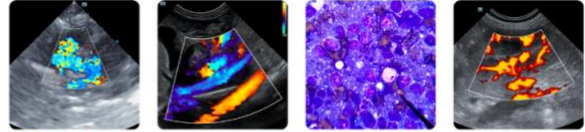
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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