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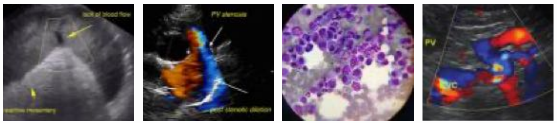

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Moe Ashford

SPECIES

Canine

BREED

Weimaraner

SEX

Spayed Female

AGE

10 years

WEIGHT

57 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr Glaze

DATE

11.2.22

INVOICE

11952

PRESENTING CLINICAL SIGNS

History: PU/PD for approximately one month. Persistent isosthenuria. Accidents in house. O quantified water intakes at between 80-110 ml/kg. Recent bloodwork taken after O attempted 25% reduction in daily intake. Further reduction in water intake halted.

Abnormal PE/Chem/CBC/UA Results: Increased HCT versus previous panel. Increased Na and serum osmolarity with concurrent isosthenuria. Low albumin. Repeatable at after-hours clinic. Low A/G ratio. Mildly elevated ALT increased over previous panel. Bile acids fairly unremarkable. Lepto PCR neg. Resting cortisol slightly below normal. ACTH stim not yet performed. Current Medications Amoxicillin for acute onset UTI diagnosed at ER. Last dose three days ago. Radiographic Findings None

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is normal size (7.19 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The **right kidney** is normal size (7.03 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The **left adrenal gland** is normal size (0.67 cm at cranial pole) (0.75 cm at caudal pole) (3.22 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.

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

Spleen

The **spleen** is normal in size (2.42 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. One to two ill-defined hypoechoic nodules are observed at the cranial aspect (the largest measuring 0.90 cm in length). 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. No pathological hepatic lymphadenopathy observed.

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.

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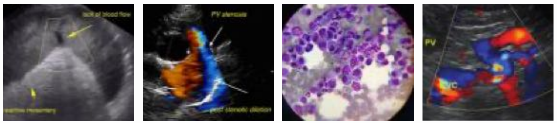

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Gastrointestinal

The **stomach and intestine** are free of stasis and exhibit normal peristaltic activity. 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 intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic nodules trend toward the benign (i.e., focus of lymphoid hyperplasia, extramedullary hematopoiesis, or similar) with a lower possibility of emerging neoplasia.
- Minor bilateral age-related renal changes

  *An obvious cause for the patient's PU/PD is not identified in this study. Considerations include early renal disease, hyperadrenocorticism, diabetes insipidus, Leptospirosis (less likely), psychogenic polydipsia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended to assess for occult pyelonephritis.
- If the clinical suspicion for Leptospirosis is high, consider further testing for Leptospirosis (i.e., serology).
- Depending on the results of the above diagnostics, consider the following to further investigate the PU/PD:

  1. Cushing's testing (although this disease is less likely in light of the normal ALP)
  2. DDAVP trial to evaluate for central diabetes insipidus
  3. +/- Modified water-deprivation test

- To further investigate the hypoalbuminemia, consider the following:
  1. UPC
  2. +/- further GI work-up if there is no evidence of renal protein loss or decreased hepatic production

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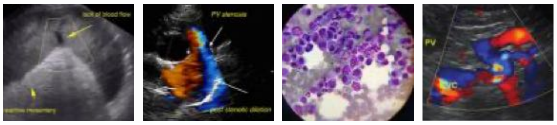

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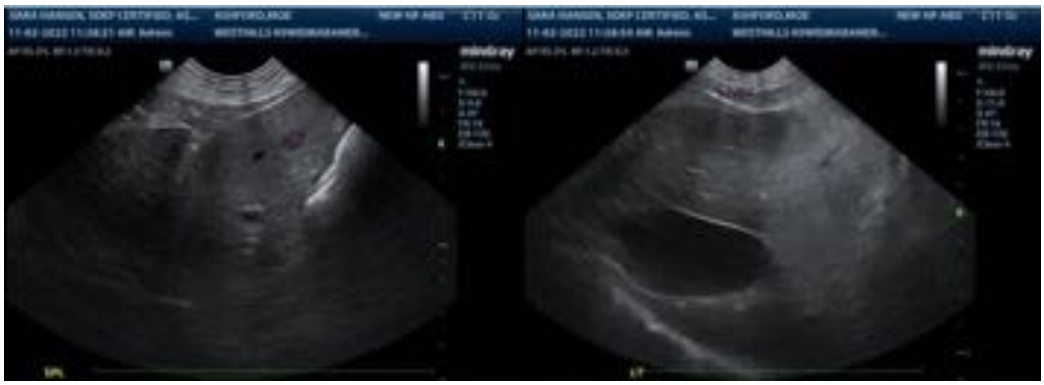

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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