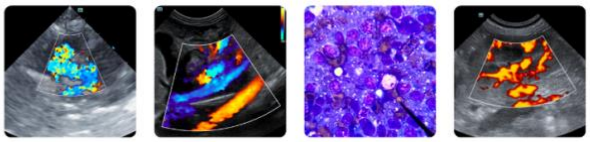

PATIENT

Simon Kaiser

SPECIES

Canine

BREED

Lab mix

SEX

Neutered Male

AGE

4

WEIGHT

65

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr Maniar

INVOICE

22309

DATE

11-24-25

PRESENTING CLINICAL SIGNS

History: excessive panting, shaking decreased energy
Abnormal PE/Chem/CBC/UA Results: Na 177 ALB 4.1 RBC 9.5

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. A moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The region of the prostate is not visualized due to its pelvic location.

The left kidney is normal in size (6.77 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.60 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is slightly small in size (0.59 cm at cranial pole) (0.56 cm at caudal pole) with a normal shape. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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

Spleen

The spleen is normal in size (2.04 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 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 lumen is not distended. 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. 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.

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Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

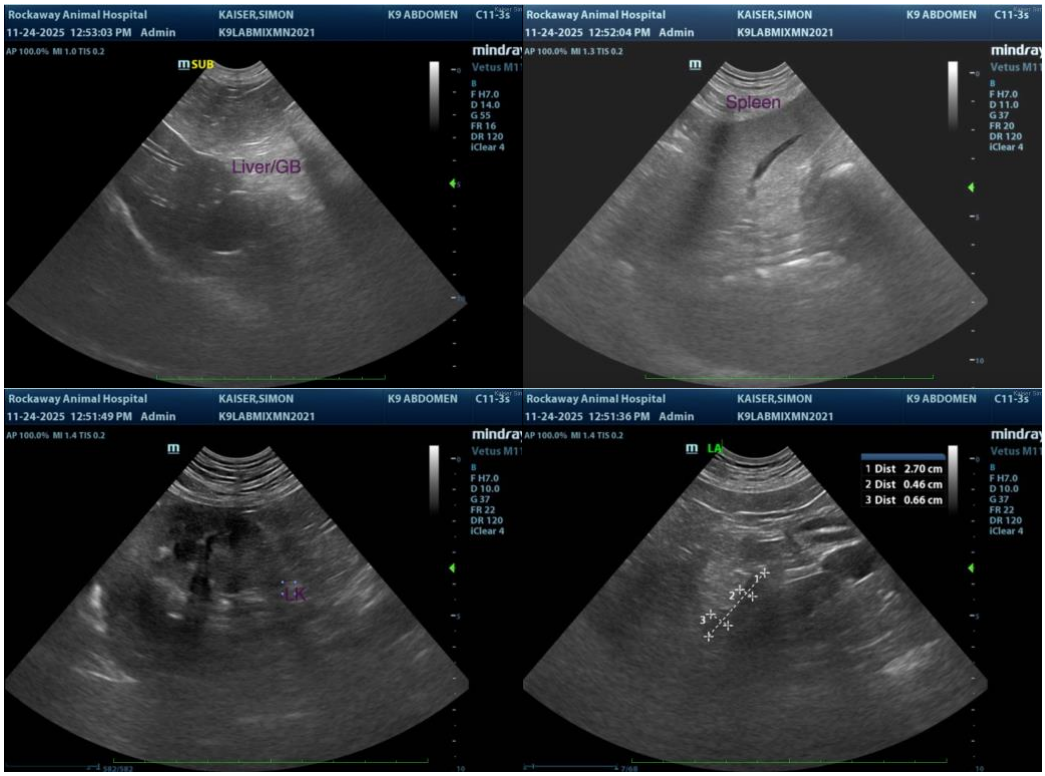
ULTRASONOGRAPHIC FINDINGS

The slightly small left adrenal gland may be a normal variant for this patient or may be due to early atrophy (i.e., secondary to hypoadrenocorticism).

*An obvious cause for the patient's clinical signs and hypernatremia is not identified in this study. Considerations include salt intoxication, severe dehydration, diabetic insipidus, neurologic disease, heat stroke (if applicable), fever (if applicable), seizures (if applicable), inadequate access to water, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A thorough history is recommended to assess for access to water, possible salt toxicosis, heat stroke, etc.
- A thorough neurologic examination is also recommended.
- A urinalysis is also recommended to assess urine specific gravity, etc.
- Restoration of eunatremia should be initiated via careful administration of IV fluids, with close monitoring of the patient's sodium level every 4-6 hours to avoid too-rapid correction of the patient's sodium concentration.
- Other symptomatic measures are also recommended, as needed.



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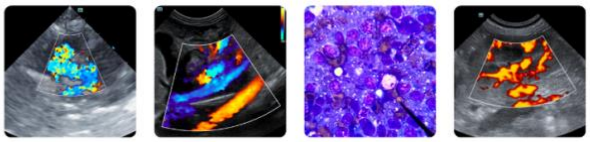

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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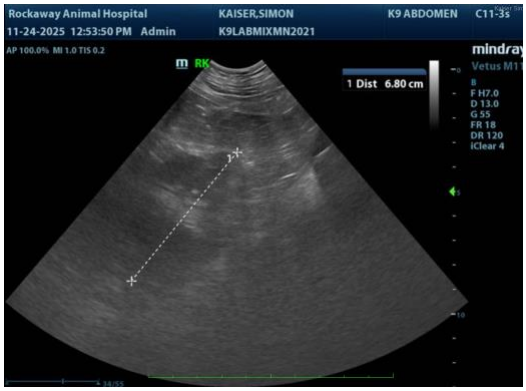

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com