



DATE PRESENTING CLINICAL SIGNS

12/1/25

Patient History: Intermittent inappropriate urination without polydipsia for 14 months (neg for culture, improving on Proin). Hypothyroidism well managed. Hx of mild alk phos elevation. P takes SAM-e supplement.

PATIENT

Otherwise doing well. PE WNL

Laska Grskovich

SPECIES

Current Medications: Proin 74mg SID, Levothyroxine 0.2mg BID, SAM-e supplement, monthly preventatives
Labwork Results: Labwork not attached, reported as: Alk phos (5-131): 9/24/24 (148), 5/7/25 (151), 9/11/25 (232)

Canine

Urine spG: 9/24/24 (1.010), 5/7/25 (1.021), 9/11/25 (1.022), 10/31/25 (1.023), Negative urine culture 10/31/25

BREED

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Midazolam/Torbugesic.

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

Doberman Pinscher

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Female, spayed

Urinary System

The urinary bladder wall is normal in thickness and 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.

AGE

1/5/2017

The left kidney is normal in size (6.28 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

79.6 lbs.

The right kidney is normal in size (6.81 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.

INTERPRETED BY

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.77 cm at caudal pole) with a normal shape and 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 right adrenal gland is subjectively normal in length with a slightly flattened contour (0.45 cm at cranial pole) (0.42 cm at caudal pole). The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

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

HOSPITAL NAME

VCA Coklumbia at
Centre Park

REFERRING VET

Dr. Springer

Spleen

The spleen is normal in size (2.03 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.

INVOICE

13390

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 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.

Gastrointestinal

The gastric lumen is gas 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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

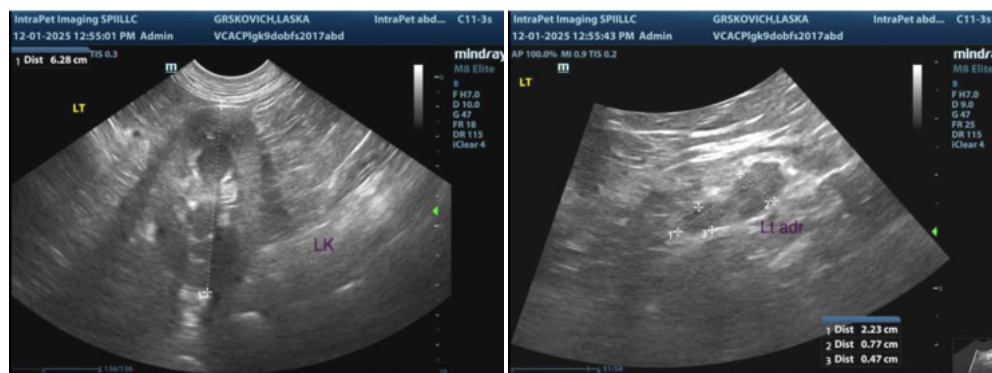
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

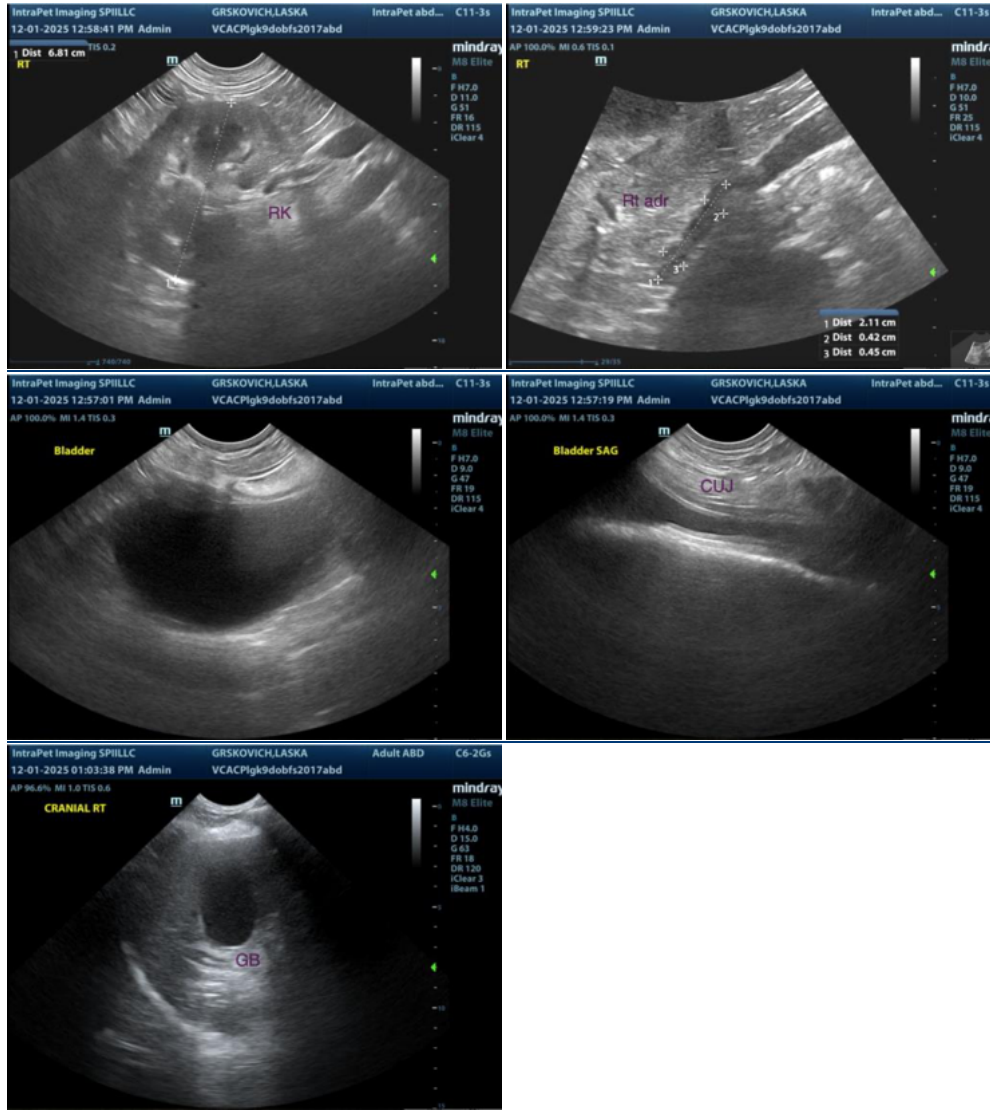
ULTRASONOGRAPHIC FINDINGS

- The flattened right adrenal gland may be a normal variant for this patient or may be due to atrophy (i.e., secondary to hypoadrenocorticism).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Consider a resting cortisol level to screen for hypoadrenocorticism.
2. Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.





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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