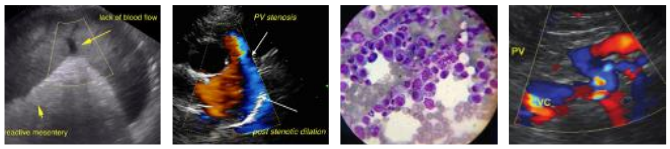
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Laila Wilhelm

SPECIES
Canine

BREED
Boxer Mix

SEX
Spayed Female

AGE
8 Years 11 Months

WEIGHT
68 Lbs.

INTERPRETED BY
Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY
Dr. Travis Cerf

HOSPITAL NAME
VC of Hardyston

REFERRING VET
Dr. Travis Cerf

INVOICE
13230

DATE
12/28/21

PRESENTING CLINICAL SIGNS

History: P presented on 12/4 for Pu/Pd, hair loss, panting. No heart murmurs/arrhythmias mm:pink Clear lungs bilaterally. Abd: soft;non-painful L/N: wnl. Lateral thighs - patchy alopecia w/ dermatitis. Abnormal PE/Chem/CBC/UA Results: CBC/CHEM/UA: WNL Dex Suppression test - elevated creat:cortisol ratio LDDS test - inconclusive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The wall is diffusely thickened (up to 0.55 cm) with a slightly irregular mucosal surface. No cystic calculi are observed. The region of the trigone appears normal.

The left kidney presented normal size (7.21 cm in length); normal shape and architecture with 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.

The right kidney presented normal size (7.36 cm in length); normal shape and architecture with 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.

Adrenal Glands

The left adrenal gland is normal size (0.96 cm at cranial pole) (0.75 cm at caudal pole) (3.06 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 right adrenal gland is normal size (0.79 cm at cranial pole) (0.69 cm at caudal pole) (2.93 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.

Spleen

The spleen is normal in size (1.38 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.

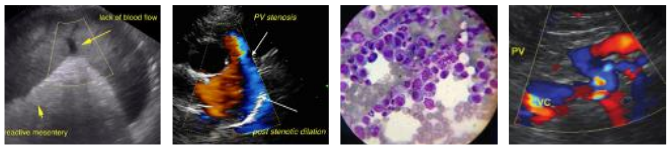
Liver

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. 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.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Laila Wilhelm

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

8 Years 11 Months

WEIGHT

68 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Travis Cerf

HOSPITAL NAME

VC of Hardyston

REFERRING VET

Dr. Travis Cerf

INVOICE

13230

DATE

12/28/21

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. No obstructive or overt infiltrative disease is noted.

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.

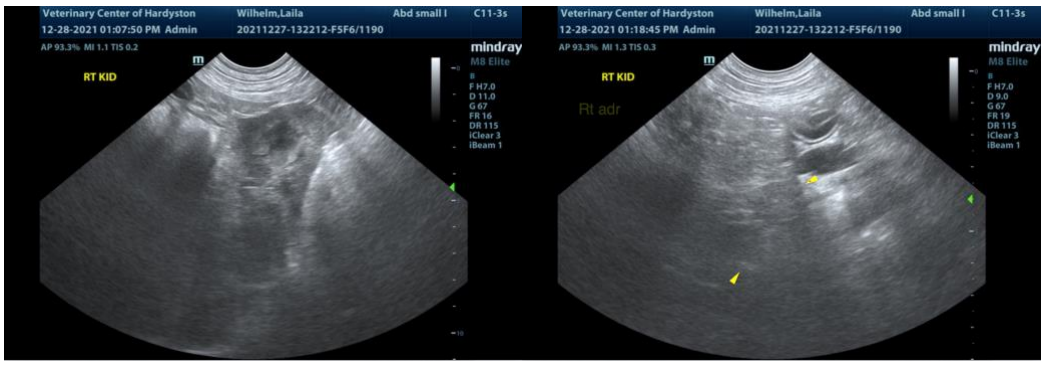
ULTRASONOGRAPHIC FINDINGS

- The bladder wall changes could be consistent with cystitis. Alternatively, the wall changes may be somewhat artifactual due to lack of full repletion.
- Minor age-related renal changes

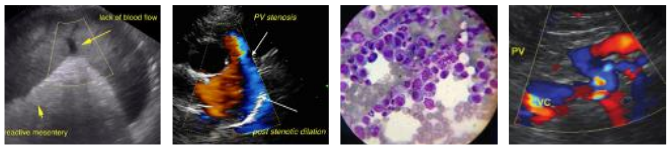
  *An obvious cause for the patient's PU/PD is not identified in the study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- To further evaluate for causes of PU/PD, consider the following:
  1. Urine culture and sensitivity to assess for occult pyelonephritis
  2. Leptospirosis testing (i.e., blood and urine PCR, serology)
  3. Pre- and postprandial serum bile acids to assess for occult hepatic dysfunction
  4. ACTH stimulation test to further assess for Addison's disease and hyperadrenocorticism. However, it should be noted that hyperadrenocorticism is rare in patients with a normal ALP.
- If the above diagnostics are inconclusive, a DDAVP trial +/- a modified water deprivation test may be warranted.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Laila Wilhelm

SPECIES

Canine

BREED

Boxer Mix

SEX

Spayed Female

AGE

8 Years 11 Months

WEIGHT

68 Lbs.

INTERPRETED BY

Andrea Nicastro, DMV, Diplomate DACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Dr. Travis Cerf

HOSPITAL NAME

VC of Hardyston

REFERRING VET

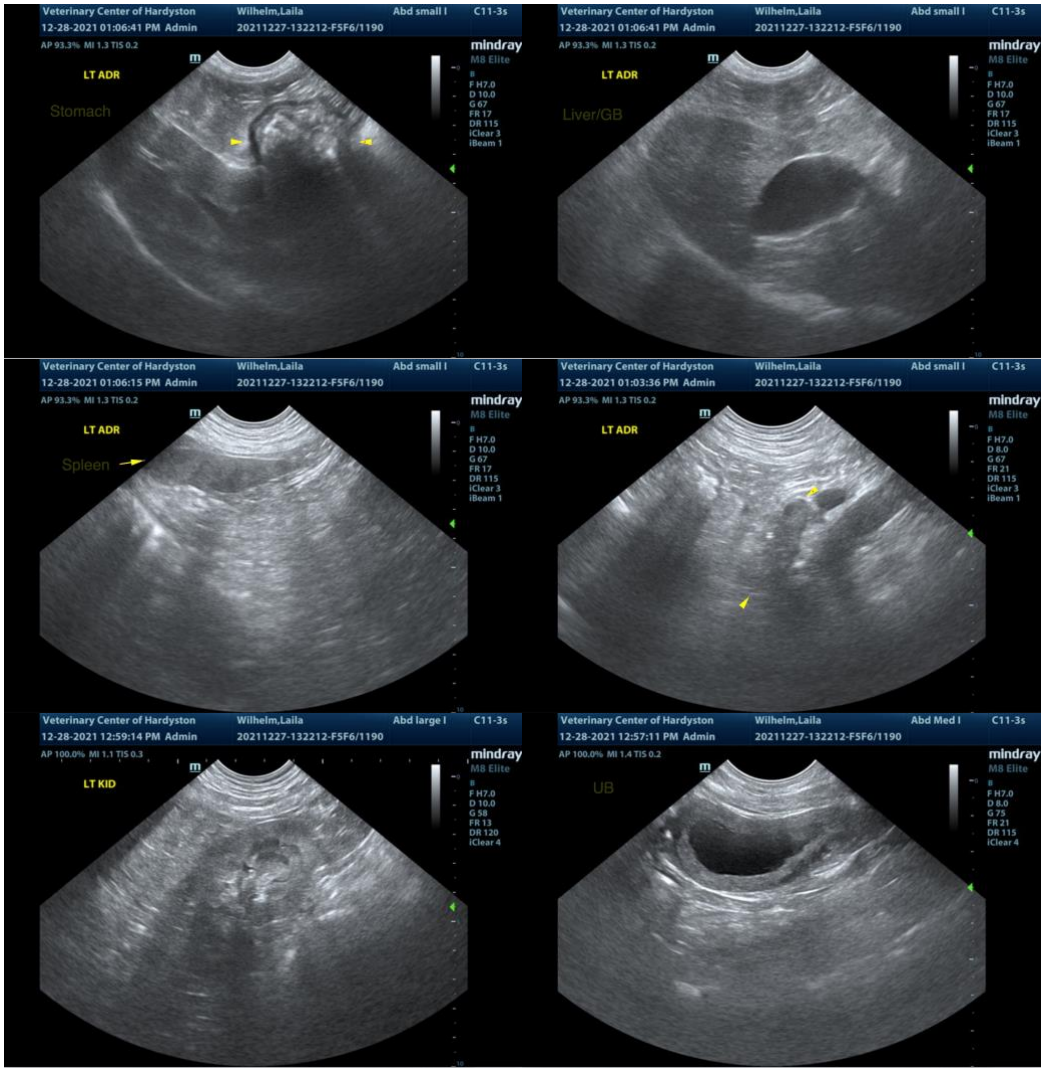
Dr. Travis Cerf

INVOICE

13230

DATE

12/28/21



The information and recommendations provided are based on the images presented by the referring veterinarian. 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, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com