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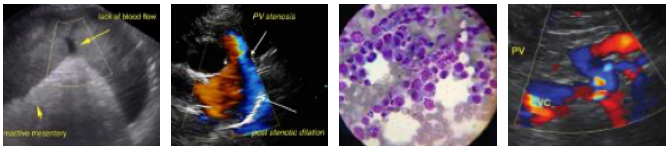


PATIENT
Tucker Cairns

SPECIES
Canine

BREED
Golden Retriever

SEX
Male, neutered

AGE
8 Yrs.

WEIGHT
33.4 kg..

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

IMAGING PERFORMED BY
Jessica Morgan

HOSPITAL NAME
Oxford County VC

REFERRING VET
Dr. Bowcott

INVOICE
14296

DATE
12/5/22

PRESENTING CLINICAL SIGNS

History: hx of elevation in SDMA 19 (N: 0-14) - june 2022 recheck 11/30/22- normal renal values, but S.G 1.006, now PU/PD, and leaking urine. Recheck 1st am urine S.G 1.005 eating drinking, no wt loss, seems fine otherwise.
Abnormal PE/Chem/CBC/UA Results: normalized renal values, not able to concentrate urine.

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. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is subjectively normal size; normal shape and architecture with 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 subjectively normal size; normal shape and architecture with 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 normal size (0.52 cm at cranial pole) (0.65 cm at caudal pole); 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.

What is thought to be the caudal pole of the right adrenal gland is normal size (0.70 cm in width); normal shape; glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

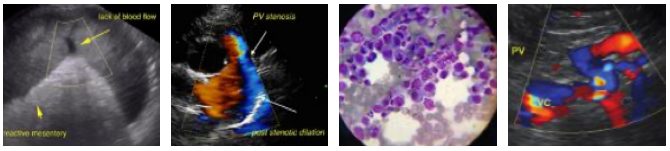
The spleen is normal in size (1.85 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

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/not seen.

Gastrointestinal

The gastric 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



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normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive 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

- Unremarkable abdomen.

*An obvious cause for the patient's PU/PD is not identified in this study. Considerations include occult urinary tract infection, Leptospirosis, endocrinopathy, occult hepatic disease, diabetes insipidus, psychogenic polydipsia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A urine culture and sensitivity is recommended to assess for occult infection.
- Other diagnostic considerations include the following:
    1. Pre and post prandial serum bile acids to assess for occult hepatic dysfunction.
    2. Leptospirosis testing (i.e., blood and urine PCR, serology).
    3. ATCH stimulation test to evaluate for Cushing's and Addison's disease.
    4. DDAVP trial to evaluate for central diabetes insipidus
    5. +/- a modified water deprivation test.

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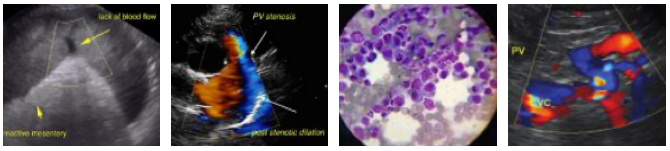

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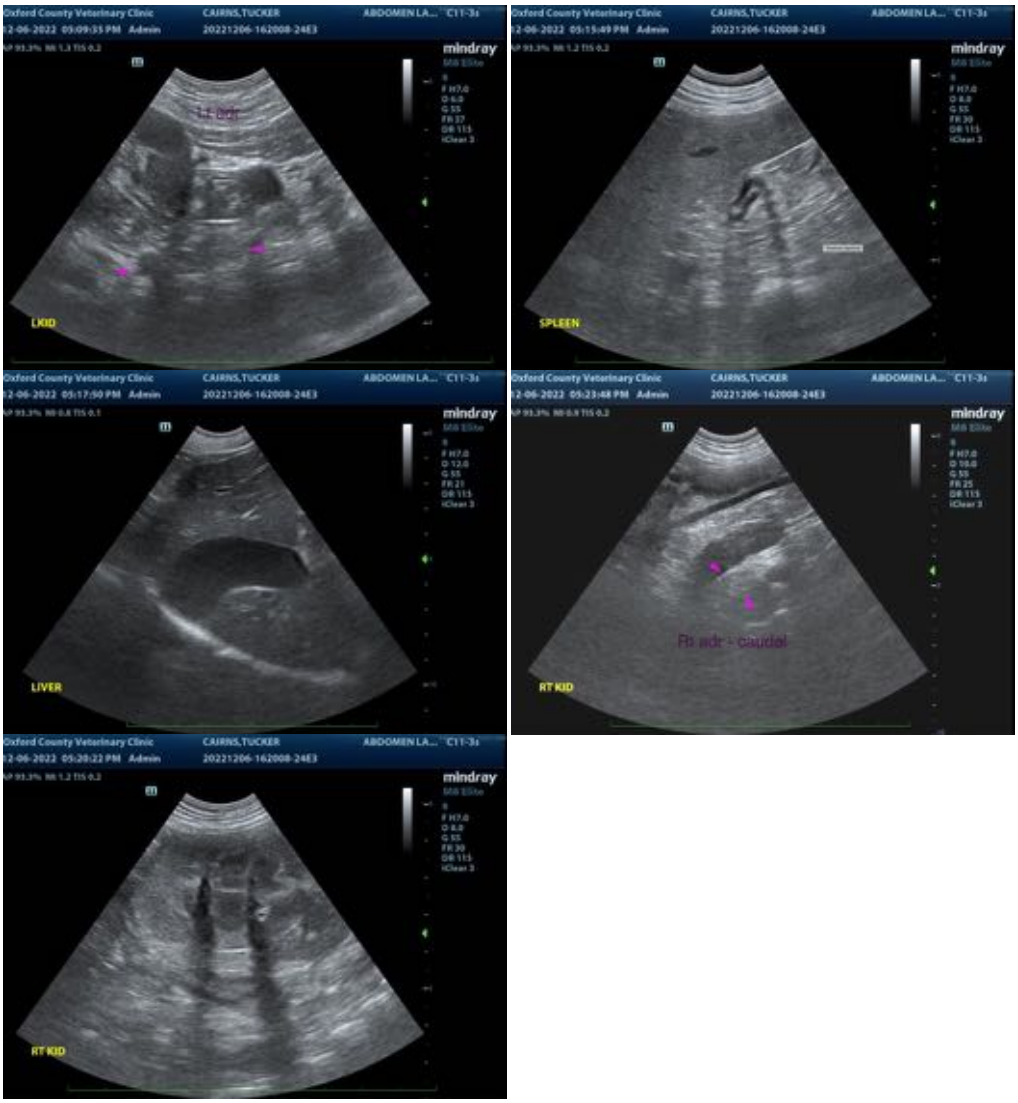

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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