



**PATIENT**

Lola Mellichamp

**SPECIES**

Canine

**BREED**

Coton De Tulear

**SEX**

Female Spayed

**AGE**

03/21/2013

**WEIGHT**

15.1

**INTERPRETED BY**

Andrea Nicaastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicaastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Saddleback Mobile Vet

**REFERRING VET**

Russell Bauman

**INVOICE**

22939

**DATE**

4-27-26

**PRESENTING CLINICAL SIGNS**

Patient had a period of PU/PD lasting a few weeks while owner was out of town. Patient was also on an over-the-counter supplement for urinary incontinence, which they have discontinued. Patient's PU/PD has resolved and has not recurred. Bloodwork revealed a BUN of 32. Globulins 4.1. Three nucleated red blood cells per high-power field. USG 1.017. No proteinuria. Inactive sediment. Calcium 11.7. Resting cortisol 1.4.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is mildly- to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal in size (3.40 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.77 cm in length) with a normal shape, architecture and 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is enlarged (0.63 cm at cranial pole) (0.85 cm at caudal pole) swollen peripheral contours. The parenchyma is mildly heterogeneous, with some loss of glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.99 cm at cranial pole) (0.69 cm at caudal pole) with slightly swollen peripheral contours. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (1.25 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 portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic- mineralized, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**Gastrointestinal**

The gastric lumen is mildly distended with ingesta and gas. 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 is normal in thickness with a normal layering pattern and appropriate mural detail. Discrete masses are not identified. The ileoceocolic junction and colonic wall are



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normal. There is no evidence of an obstructive pattern.

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**Pancreas**

The base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

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**Free Abdomen**

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

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**Other**

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

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**ULTRASONOGRAPHIC FINDINGS**

- Mild bilateral adrenomegaly (left > right)
- Mild bilateral nonspecific age-related renal changes
- Gall bladder sludge/sand, non-mucocele

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\*An obvious cause for the patient's episode of PU/PD is not identified in this study. Considerations include psychogenic polydipsia, side effect of the urinary incontinence supplement, occult urinary tract infection, early renal disease, emerging diabetic insipidus, other.

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(Sm Animal Internal Med)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient's clinical signs recur, further PU/PD work-up may be indicated and could include the following:

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1. Urine culture and sensitivity to assess for occult infection
2. T4/free T4 by equilibrium dialysis, if not already performed
3. Cushing's testing (However, Cushing's disease is unlikely in patients with a normal ALP).
4. DDAVP trial
5. +/- modified water deprivation test

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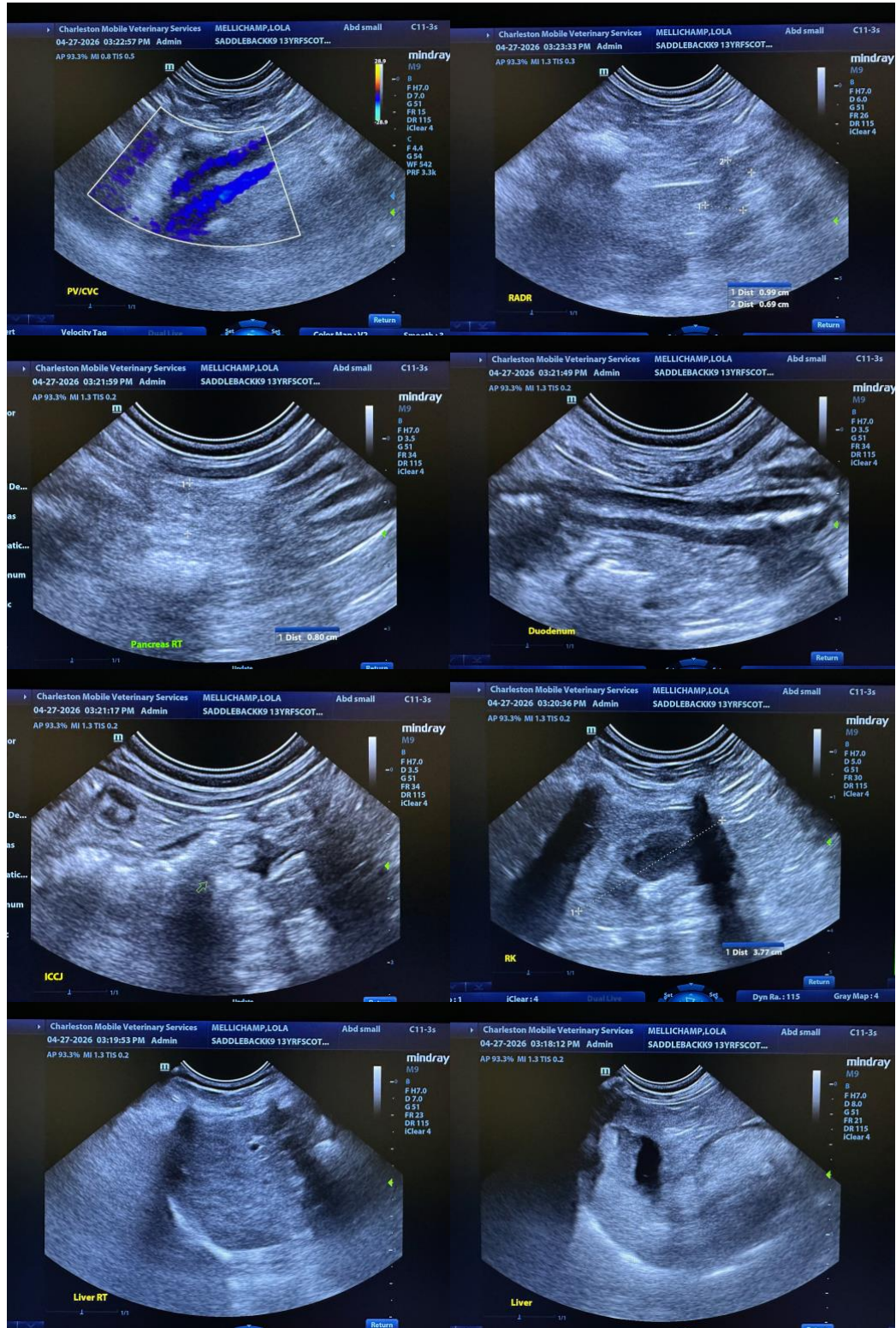
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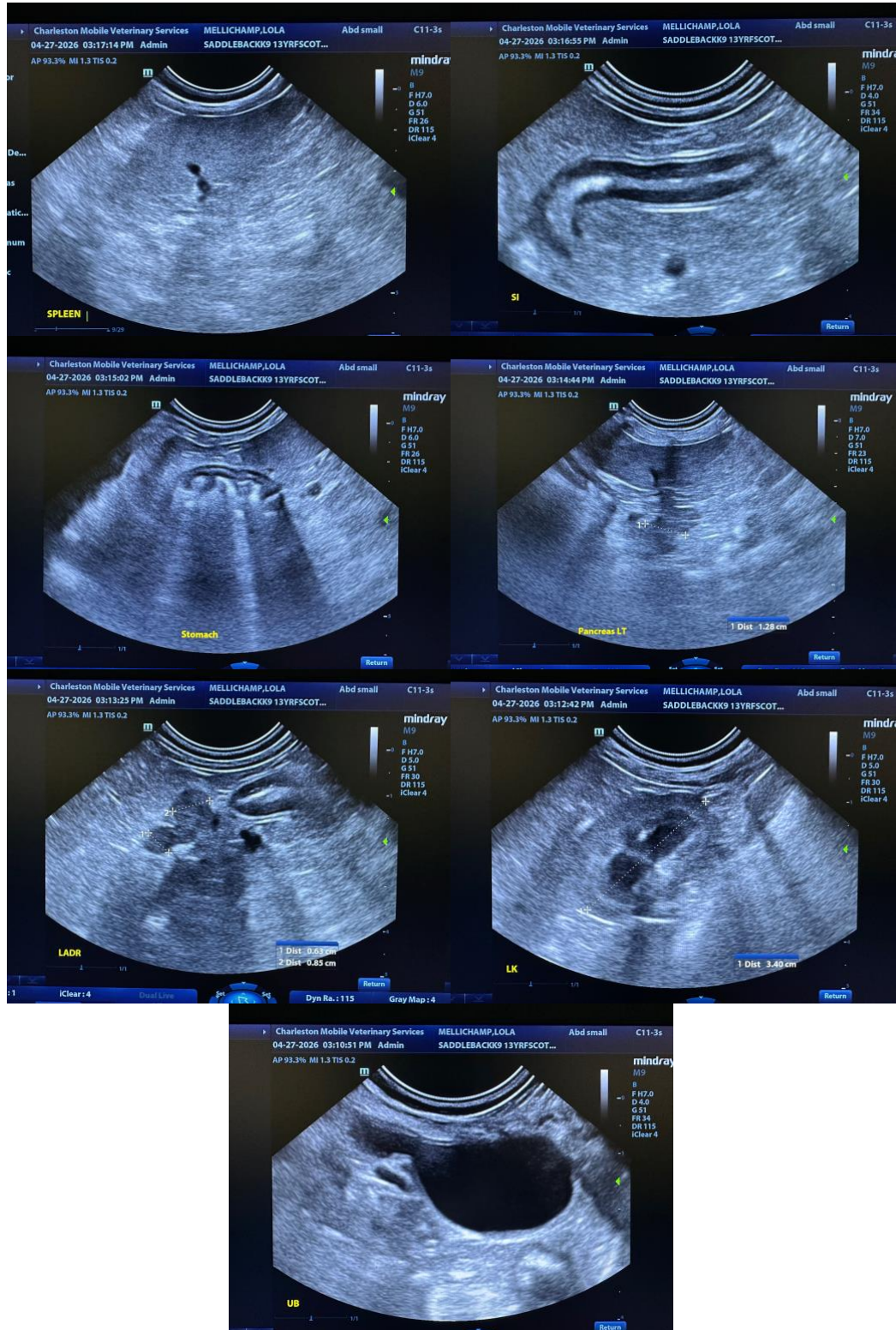
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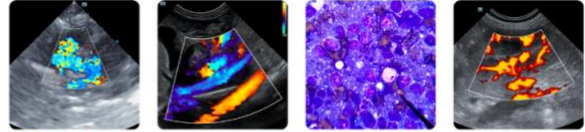
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

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