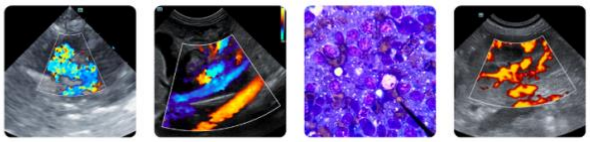



**PATIENT**

Lucky Xiong

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Neutered Male

**AGE**

9

**WEIGHT**

12

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shen Li

**HOSPITAL NAME**

Shen Li

**REFERRING VET**

Dr. Shen Li Vet Svc

**INVOICE**

22785

**DATE**

4-5-26

## PRESENTING CLINICAL SIGNS

History: Suspected idiopathic polydipsia for years. Has been controlling water. Persistent slightly low sodium. Otherwise, healthy dog

Abnormal PE/Chem/CBC/UA Results: Slightly low sodium 130 low Cl 95 boarder line low protein 5.2. Those changes have been consistent for 2 years under my care. T4 parasite screening cancer screening normal.

## 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. 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.

The prostate is normal in size (0.87 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (3.83 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.

The right kidney is normal in size (2.42 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.

### *Adrenal Glands*

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

### *Spleen*

The spleen is normal in size (1.34 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.65 x 0.33 cm hypoechoic structure is observed approximately mid-body. 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. A small amount of aggregated, echogenic, mostly gravity-dependent debris/sludge is observed within the lumen. 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness 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.

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***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

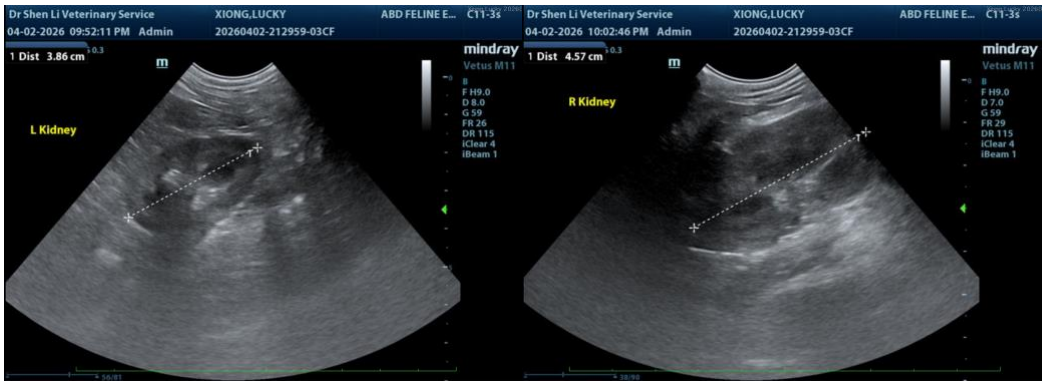
The hypoechoic structure in the spleen may represent a normal vessel or a nodule (i.e., focus of lymphoid hyperplasia or similar), emerging tumor, other. The abdomen is otherwise structurally unremarkable.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history, consider the following:

  1. Urinalysis with culture and sensitivity
  2. ACTH stimulation test to screen for hypoadrenocorticism and hyperadrenocorticism
  3. +/- DDAVP trial
  4. +/- water deprivation test

- Regarding the hypoechoic splenic structure, consider a recheck ultrasound in 2-3 months to assess for changes. Use of Doppler over the region would be useful in helping to identify whether or not this lesion represents a blood vessel.



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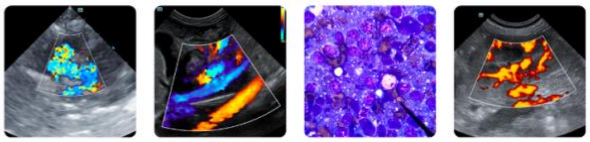

Clinical Sonography & Telecytology
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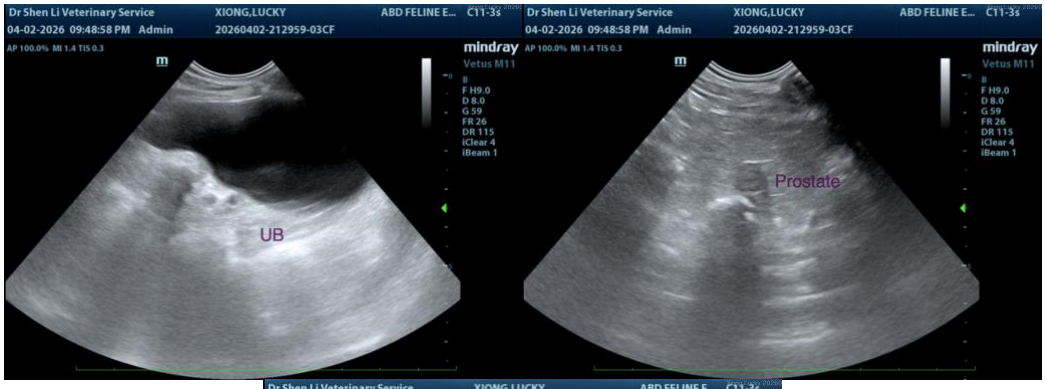


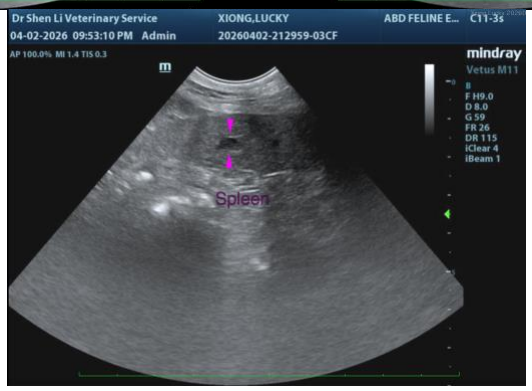


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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