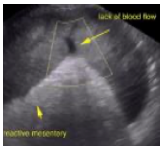
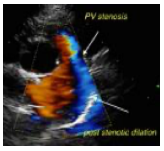
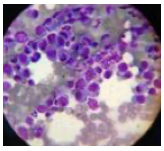
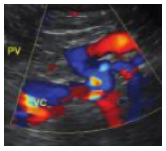

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1-800-838-4268 info@sonopath.com

PATIENT
Zoe Isaacs

SPECIES
Canine

BREED
Tibetian Terrier

SEX
Female, spayed

AGE
9 Yrs. 4 months

WEIGHT
20.6 lbs.

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

IMAGING PERFORMED BY
Dr. Krawitz

HOSPITAL NAME
Calusa VC

REFERRING VET
Dr. Turkell

INVOICE
15224

DATE
8/23/23

PRESENTING CLINICAL SIGNS

History: Moved to Florida from California recently. Has been somewhat PU/PD recently with leaking urine as well. BW was WNL except BUN 20, Creat 2.4 (0.5-1.6), SDMA 16.3 (<16). UA WNL except SG 1.014. (An in house Lepto SNAP test was positive, however she has been vaccinated for Leptospirosis 1 year ago).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is mildly to moderately distended with anechoic urine. The wall is normal in thickness. The mucosal surface in the region of the apex is mildly irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (4.54 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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 normal size (4.78 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is isoechoic relative to the spleen. 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 (0.46 cm at cranial pole) (0.50 cm at caudal pole) (1.74 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 (0.56 cm at cranial pole) (0.47 cm at caudal pole) (1.37 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 (1.18 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

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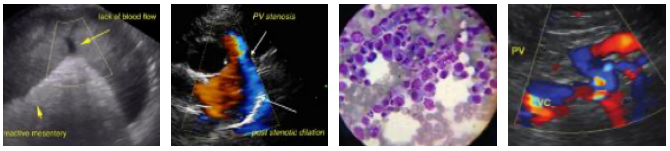

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The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural 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.

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 clinical signs is not definitively identified in this study. Considerations include occult urinary tract infection, nephrotoxicity, hypoadrenocorticism, Leptospirosis (with a strain not included in the vaccine), occult hepatic dysfunction, psychogenic polydipsia, diabetes insipidus, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Further evaluation for Leptospirosis (blood and urine PCR) is recommended.
- Urine culture and sensitivity to assess for occult infection.
- A resting cortisol level should also be considered to screen for hypoadrenocorticism.
- If the above diagnostics are inconclusive, consider the following:
  1. Pre and post prandial serum bile acids to assess hepatic function.
  2. DDAVP trial to evaluate for central diabetes insipidus.
  3. +/- water deprivation test (although this test is contraindicated in patients with renal disease and/or dehydration).

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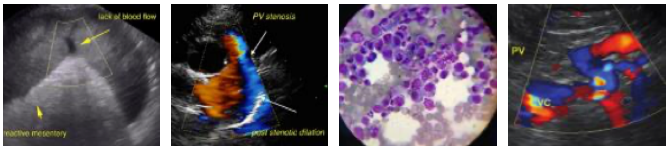

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com