



PATIENT PRESENTING CLINICAL SIGNS

Zippers Braxton
Hx of Lupus (well controlled on cyclosporine),
Hx of dilute urine/isosthenuria.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine
Urinary System

BREED
German Wirehaired Pointer
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. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX
Male, neutered
The prostate is normal in size (1.54 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE
7/28/2017
The left kidney is normal size (6.78 cm in length); 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.

WEIGHT
62.4 lbs.
The right kidney is normal size (6.56 cm in length); 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.

INTERPRETED BY Adrenal Glands

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal Medicine)
The left adrenal gland is normal size (0.76 cm at cranial pole) (0.71 cm at caudal pole) (2.47 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.

IMAGING PERFORMED BY
The right adrenal gland is normal size (0.95 cm at cranial pole) (0.39 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.

Andrea Nicastro, DVM,
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(Small Animal Internal Medicine)
Spleen

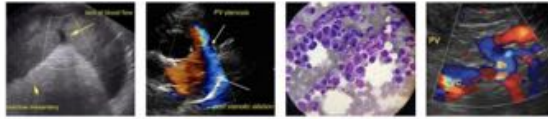
HOSPITAL NAME
Southside AH
The spleen is normal in size (2.37 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET Liver

Dr. Carroll
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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

INVOICE
13844
Gastrointestinal

DATE
8/17/22



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SPECIES

Canine

BREED

German Wirehaired
Pointer

SEX

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AGE

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(*Small Animal Internal
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PERFORMED BY**

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REFERRING VET

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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 layering pattern. The pyloric outflow tract is patent. 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 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.

Other

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

ULTRASONOGRAPHIC FINDINGS

An obvious cause for the patient's isosthenuria is not identified in this study. Considerations include occult urinary tract infection, early renal disease, Leptospirosis, occult hepatic dysfunction, diabetes insipidus or other metabolic disease, psychogenic polydipsia, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

To further evaluate the isosthenuria, 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 post-prandial serum bile acids to assess for occult hepatic dysfunction.
4. Resting cortisol level to screen for hypoadrenocorticism.
5. If the above diagnostics are inconclusive, consider a DDAVP trial to assess for central diabetes insipidus. If this test is inconclusive, consider a modified water deprivation test to evaluate for psychogenic polydipsia and nephrogenic diabetes insipidus.



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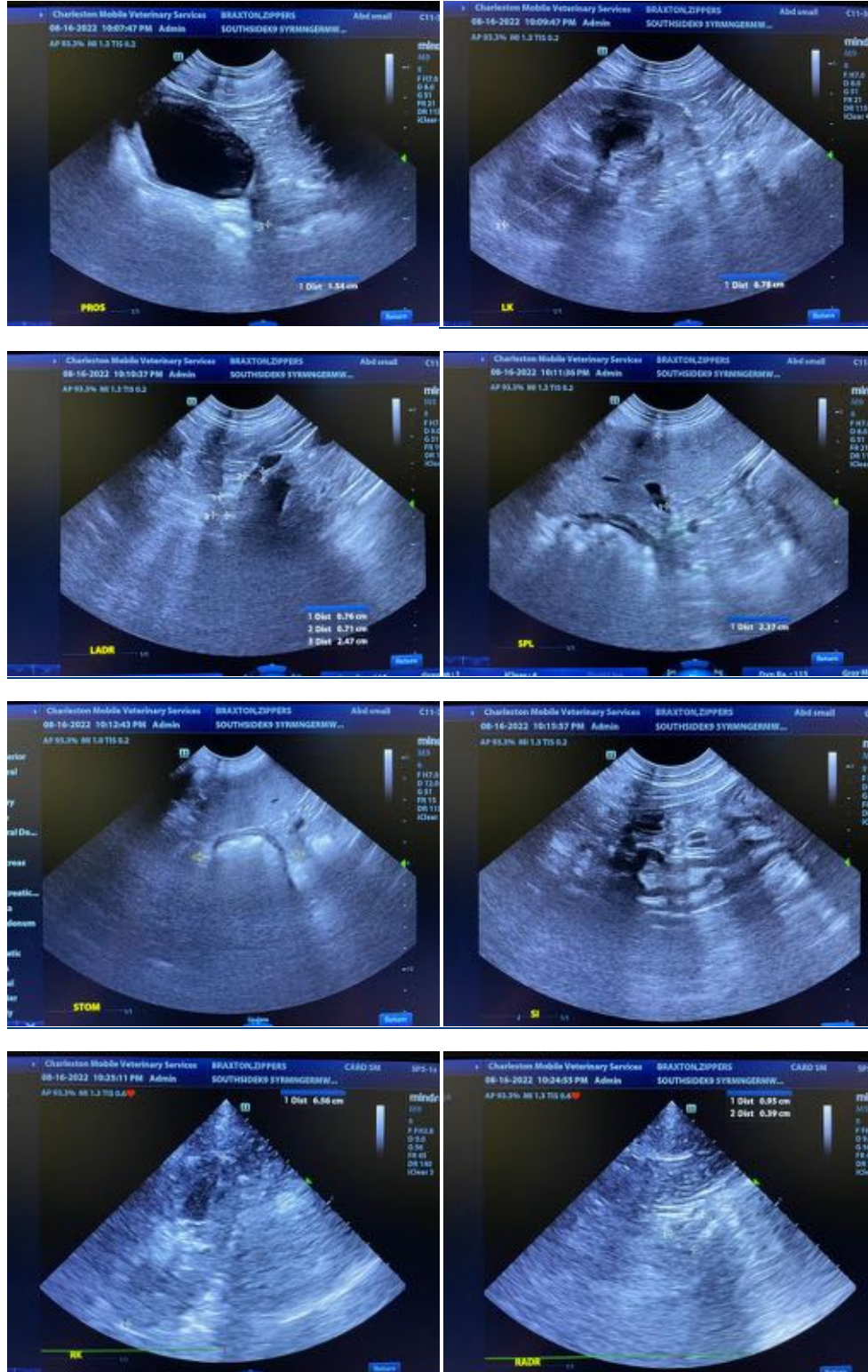
Dr. Carroll

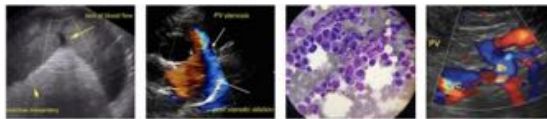
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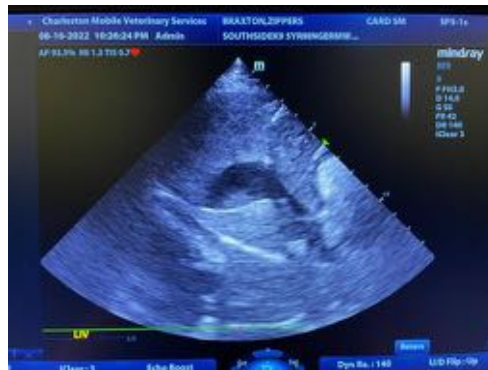
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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