



**PATIENT**

Sledge Collins

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

70 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Michelle Bartus

**HOSPITAL NAME**

Valley Veterinary  
Service

**REFERRING VET**

Dr. Michelle Bartus

**INVOICE**

42460

**DATE**

11/1/22

**PRESENTING CLINICAL SIGNS**

PU/PD a couple of months. Weight gain of 8#.

Abnormal PE/Chem/CBC/UA Results: Urine Sp. Gr. 1.004, no growth on culture. Chem/CBC WNL. Negative 4 dx. Lepto titer negative.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is unable to be fully visualized.

The right kidney is normal in size (7.82 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (5.72 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (1.1 cm at the cranial pole and 0.83 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.96 cm at the cranial pole and 0.85 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**SPECIES**

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

**BREED**

Mixed

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**SEX**

Neutered Male

**Free Abdomen**

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

**AGE**

8 Years

**ULTRASONOGRAPHIC FINDINGS**

- Relatively normal/unremarkable abdomen without an obvious ultrasonographically visible cause to explain the patient's PU//PD and weight gain.

**WEIGHT**

70 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the reportedly normal metabolic health screen and negative urine culture and negative Lepto so far, next steps, especially given the concurrent weight gain include a thyroid panel to rule out hyperthyroidism followed potentially by a low-dose Dexamethasone suppression test to rule out hyperadrenocorticism. If both of those panels are normal, bile acids could be considered to evaluate liver function. If still no answer, next steps after that become a more advanced work up with things such as a water deprivation test, Desmopressin trials, etc.

Prior to any of the above-mentioned next steps, if not already evaluated, a first morning urine specific gravity is recommended to see if concentration is possible, as most animals drink less overnight. This may help further differentiate primary polyuria versus primary polydipsia.

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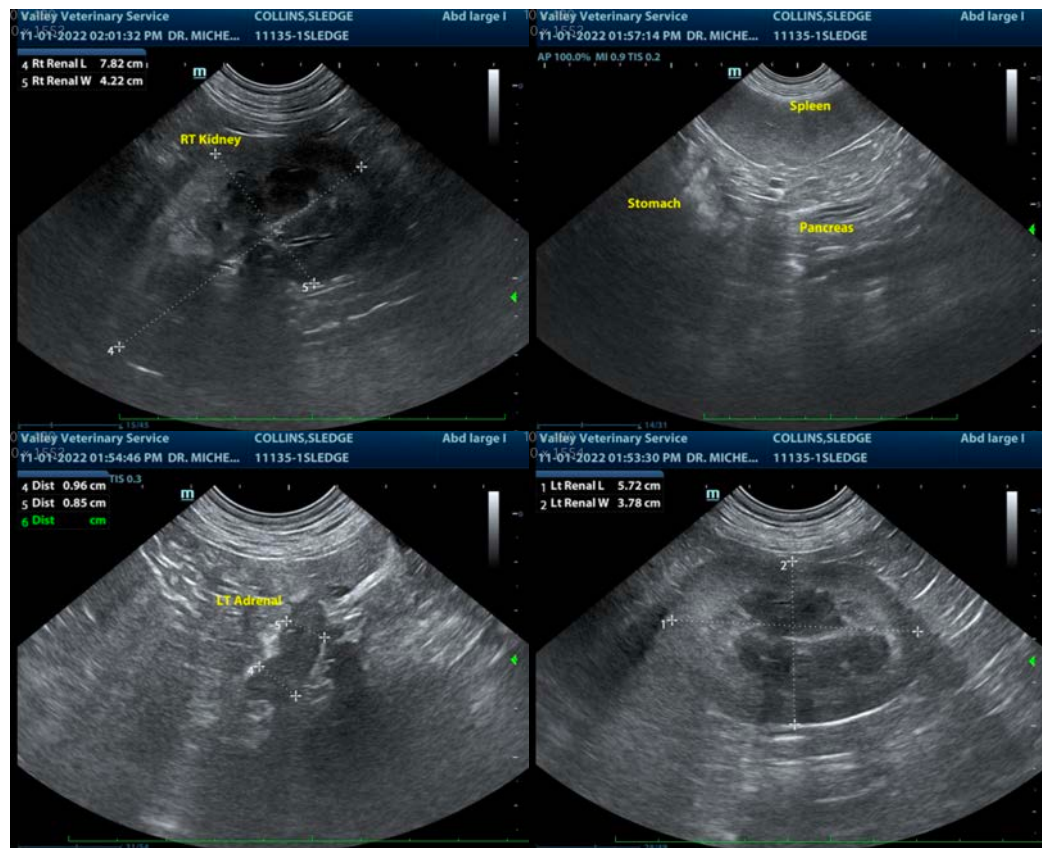
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
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