



PATIENT PRESENTING CLINICAL SIGNS

Coco Bisch PU/PD elevated BUN Con USG
Abnormal PE/Chem/CBC/UA Results: SG 1.006

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Jack Russell

Urinary bladder is mildly distended with anechoic contents. Apical urinary bladder wall is diffusely thick. The thick wall could be just a normal variant of a non-distended urinary bladder. The bladder measures 0.5 cm thick. Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

SEX

Female

Left kidney is normal in size (3.85 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

AGE

13 years

Right kidney is normal in size (3.93 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

WEIGHT

14 lbs

Adrenal Glands

Left adrenal gland is normal in size (0.98 cm long x 0.31 cm at cranial pole and 0.48 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Right adrenal gland is normal in size (1.44 cm long x 0.42 cm at cranial pole and 0.48 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Spleen

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Jenn

Spleen is subjectively normal in size with normal smooth margins. Parenchyma is normal in echogenicity and echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

HOSPITAL NAME

Rockaway AH

Liver

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

REFERRING VET

Dr. Maniar

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Gastrointestinal

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

DATE

2/15/22



PATIENT

Coco Bisch

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

SPECIES

Canine

Pancreas

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

BREED

Jack Russell

Free Abdomen

SEX

Female

Lymph nodes are normal with no observed enlargement.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. The thick wall could be just a normal variant of a non-distended urinary bladder. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

WEIGHT

14 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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Polyuria/polydipsia – Differentials are vast and include, but are not limited to, primary polyuria caused by chronic kidney disease, pyelonephritis, liver disease, diabetes mellitus, hyperthyroidism, hypercalcemia, hyperadrenocorticism, hypoadrenocorticism, E.coli infectious ie) pyometra in females, polycythemia, central diabetes insipidus or primary nephrogenic diabetes insipidus or primary polydipsia caused by psychogenic polydipsia, fever, pain or central nervous system disease.

IMAGING PERFORMED BY

Jenn

Most causes of PU/PD can be diagnosed with a comprehensive history and physical exam, a first AM urine specific gravity to see if urine concentration is possible (as most animals drink less overnight) followed by a comprehensive CBC, serum chemistry panel, electrolytes and urinalysis. If not, next step(s) should include a urine culture, low dose dexamethasone suppression test, T4, bile acids, Leptospirosis testing and/or an empirical course of antibiotics. If a diagnosis is still not obtained, a more advanced work-up is recommended.

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Specifically for this patient given the reportedly increased BUN recommendations include a urine culture to rule out an occult urinary tract infection, blood pressure if not recently evaluated and a urine protein to creatinine ratio only if there is protein in the urine with an otherwise quiet sediment.

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Additional diagnostic recommendations include testing for Leptospirosis followed by more extensive hormone testing, etc. as described above specifically testing for hyperadrenocorticism with a low dose Dexamethasone suppression test could be considered as normal appearing/size adrenal glands do not rule out hyperadrenocorticism.

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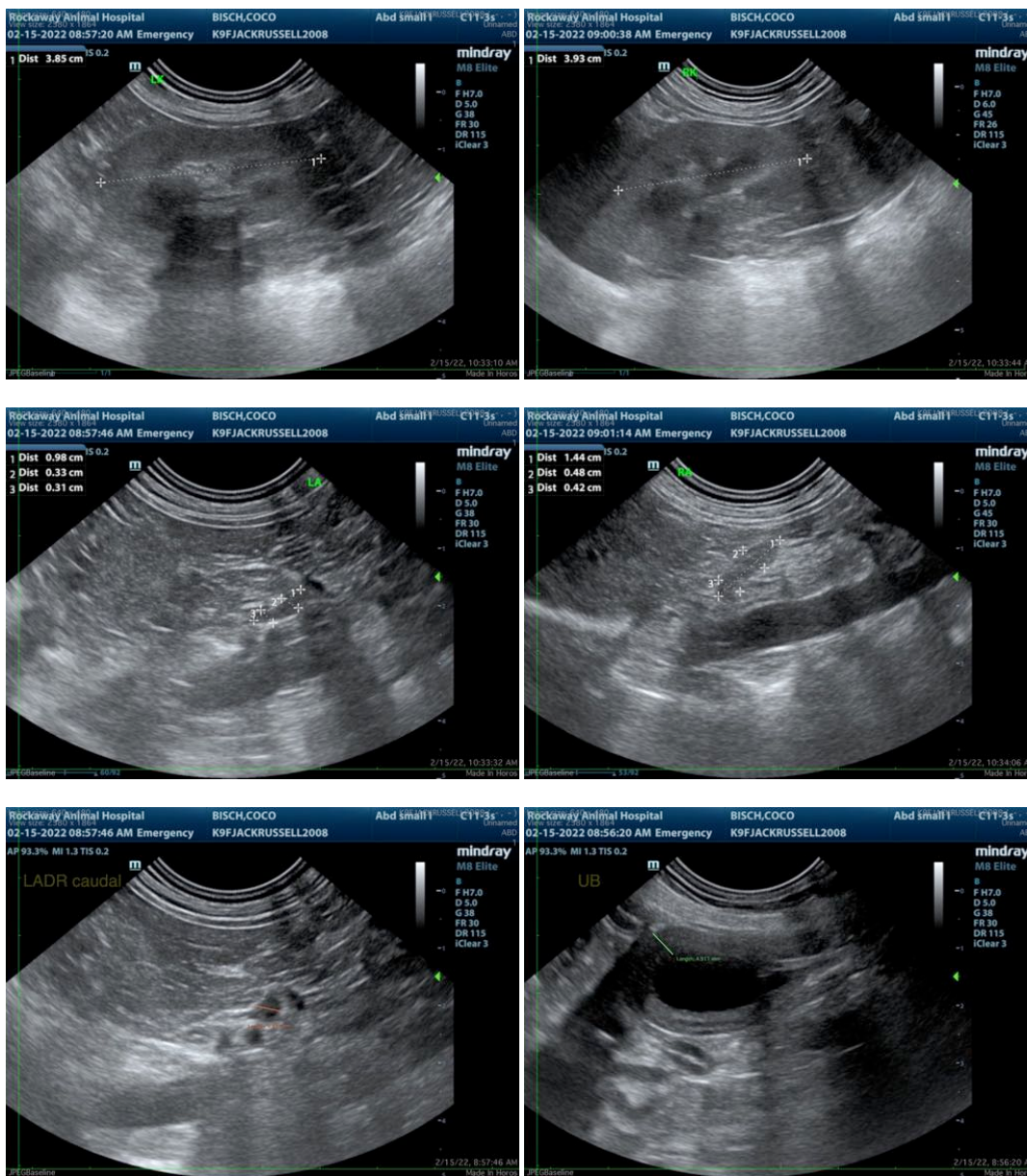
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Beth.Johnson@SonoPath.com



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