



**PATIENT**

Waylan Barnockyvm

**SPECIES**

Canine

**BREED**

Pug Mix

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

24.2 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Schanche

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

Dr. Schanche

**INVOICE**

96109

**DATE**

2/16/22

**PRESENTING CLINICAL SIGNS**

Presented for acute PU/PD - drinks an entire bowl of water then starts urinating (fire hose per O) then back inside and drinks full bowl - repeat. Doing this non-stop all day. O presented for this around 2/2/22. Blood work and urinalysis unremarkable besides evidence of dehydration with poorly concentrated urine - ALP 156, Na 160, K 6.4, HCT 61, USG 1.004 with pH 8.0. Urine culture on sterile sample pending-obtained today with ultrasound. Eating well, normal energy, normal defecation, severe increased urination and drinking with strong steady stream when urinates. Medications - is tapering off of Fluoxetine at the moment - on 10 mg every other day. Initially thought increased drinking and urinating was associated with fluoxetine administration at night - tried changing to morning but no improvement. P attacks the TV and barks at other dogs at home and howls when O leaves - No improvement on Fluoxetine for 2 months so tapering off.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

The prostate is normal for a neutered dog.

Left kidney is normal in size (5.07 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (4.65 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (0.5 cm at cranial pole and 0.4 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

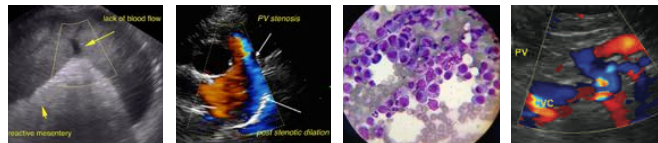
Right adrenal gland is normal in size (0.53 cm at cranial pole and 0.57 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**

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.

**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.



<b>PATIENT</b>	<b>Gastrointestinal</b>
Waylan Barnockyvm	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.
<b>SPECIES</b>	
Canine	The small intestines are normal in wall thickness and layering. The duodenum is at the upper limits of normal thickness to mildly thick and measured 0.5-0.48 cm thick. The jejunum measured <0.3 cm. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.
<b>BREED</b>	
Pug Mix	Colon is normal in wall thickness (< 0.2 cm) and layering.
<b>SEX</b>	
Neutered male	<b>Pancreas</b>
	Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.
<b>AGE</b>	
6 years	<b>Free Abdomen</b>
	Lymph nodes are normal with no observed enlargement.
<b>WEIGHT</b>	
24.2 lbs	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Beth Johnson, DVM DACVIM	<b>Primary Findings</b>
	Mildly thick duodenum rule out normal anatomic patient variant versus mild enteritis or mild infiltrative inflammatory bowel disease.
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Schanche	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.
<b>HOSPITAL NAME</b>	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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96109	For this patient specifically recommendations include beginning with an ACTH stimulation test to investigate cortisol levels followed by bile acids and testing for Leptospirosis. Pending the results of that work-up empirical course of antibiotics could also be considered prior to pursuing a Desmopressin trial. Without any concurrent gastrointestinal signs the duodenal changes are considered clinically insignificant. However, if there are any gastrointestinal signs a gastrointestinal malabsorption panel
<b>DATE</b>	
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including TLI, PLI, folate and cobalamin to Texas A&M GI laboratory could be considered for further assessment of the gastrointestinal tract.

**SPECIES**

Canine

Given the patient's reported anxiety psychogenic polydipsia is considered possible and primary polydipsia versus primary polyuria can be determined by measuring normal urine concentrating ability in the face of water deprivation. If this patient has a time of day where he is naturally without water, this is first thing in the morning after sleeping without water through the night, a urine specific gravity is recommended at that time i.e. first thing in the morning urine specific gravity. It is important not to recommend withholding water. However, if a natural time of day does not already exist where the patient has less access to water. If there is no time of day when the patient does not have access to water a closely monitored and controlled water deprivation test could be considered prior to beginning a Desmopressin trial versus proceeding with the Desmopressin trial after ruling out the aforementioned differentials.

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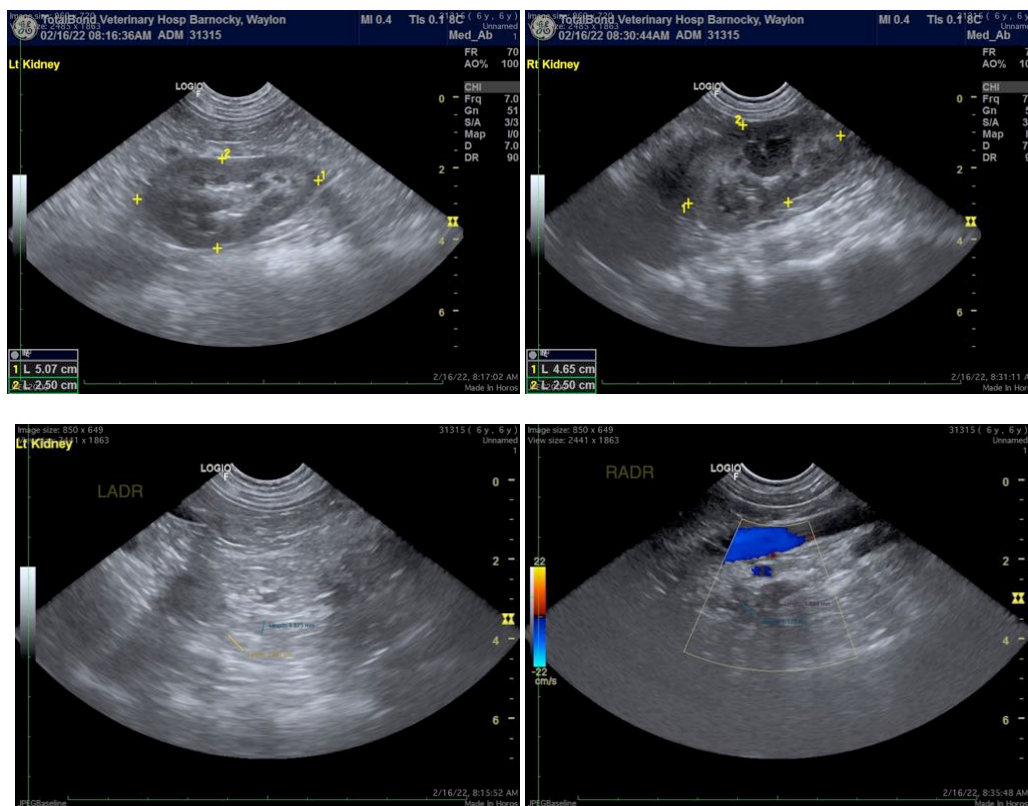
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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