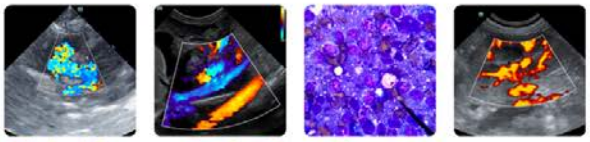


PATIENT

Luna Clemmer

SPECIES

Canine

BREED

Malamute

SEX

Intact Female

AGE

5 Months

WEIGHT

14 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Bernville Veterinary Clinic

INVOICE

73582

DATE

3/11/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate PU/PD, hyposthenuria. Urine culture grew pseudomonas but with a low colony count- r/o true UTI vs contaminant. Evaluating for ectopic ureter vs renal dysplasia vs other.

AUS Sedation: Butorphanol 0.35 mg/kg IV + Alfaxalone 1 mg/kg IV. Tolerated well. Licked spray cheese during restraint for IV injection. Did well. Sedation effective but short duration of effect.

Abnormal PE/Chem/CBC/UA Results: Jan 2026: - UC: Pseudomonas- low colony count - UA: USG 1.009, pH 6.0, WBC 8/hpf, Bld 250 ery/uL, Leu 500 / leu/uL - CBC: Hct 38.2% L, RBC 5.5 L, Hgb 12.4 L, normocytic, normochromic, non-regenerative (appropriate for puppy?), Mono 891 H - Chem: Alb 3.0-n, Glob 2.0 L, TP 5.0 L, ALP 203 H (puppy), ALT 16 L, Cr 0.5-n, BUN 11-n, Cr 0.5-nSDMA 18 H, Phos 9.5 H (puppy), K 5.5 H, Na/K 27 L - T4: 2.3-n

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately 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 right kidney is normal is size (4.86 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 is size (4.94 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 (1.0 cm at cranial pole and 0.64 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.41 cm at cranial pole and 0.30 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

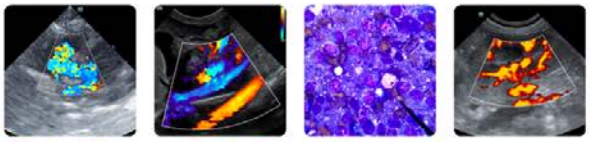
Spleen

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.



PATIENT

Luna Clemmer

SPECIES

Canine

BREED

Malamute

SEX

Intact Female

AGE

5 Months

WEIGHT

14 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Bernville Veterinary Clinic

INVOICE

73582

DATE

3/11/26

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of 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.

The visible small intestines are normal in wall thickness and layering. 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.

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

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There are very scant/tiny pockets of free fluid primarily appreciated adjacent to the urinary bladder.

Mesenteric and medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

ULTRASONOGRAPHIC FINDINGS

- Scant/trace pockets of free fluid are likely normal patient variant in a young puppy, although other pathologic fluid etiologies can't be definitively ruled out.
- Reactive mesenteric and medial iliac lymph nodes – Similarly, this finding is likely in large part normal patient variant/juvenile lymphadenopathy. Infiltrative neoplastic disease cannot be ruled out but is considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is not a definitive ultrasonographically visible intraabdominal explanation for patient's reported urinary signs.

Differentials for PU/PD 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 infections ie) pyometra in females, polycythemia, central diabetes insipidus or primary nephrogenic diabetes insipidus.

PATIENT

Luna Clemmer

SPECIES

Canine

BREED

Malamute

SEX

Intact Female

AGE

5 Months

WEIGHT

14 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

Bernville Veterinary Clinic

INVOICE

73582

DATE

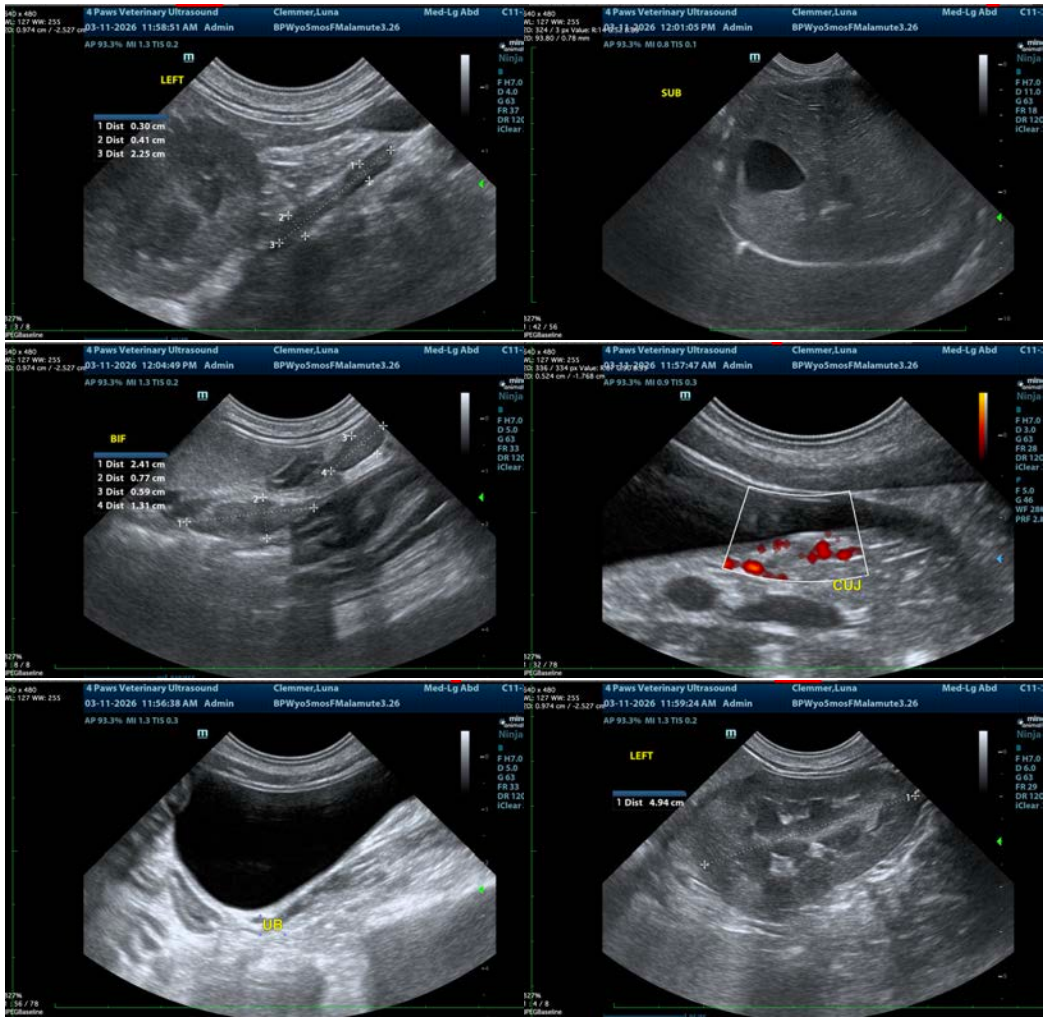
3/11/26

Primary polydipsia caused by psychogenic polydipsia, fever, pain, or central nervous system disease.

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 naturally consume less water overnight) followed by a comprehensive CBC, serum chemistry panel, electrolytes, and urinalysis.

If not, next step(s) may 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 indicated and consultation with and/or referral to an internist may be warranted.



PATIENT

Luna Clemmer

SPECIES

Canine

BREED

Malamute

SEX

Intact Female

AGE

5 Months

WEIGHT

14 kg

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing

REFERRING VET

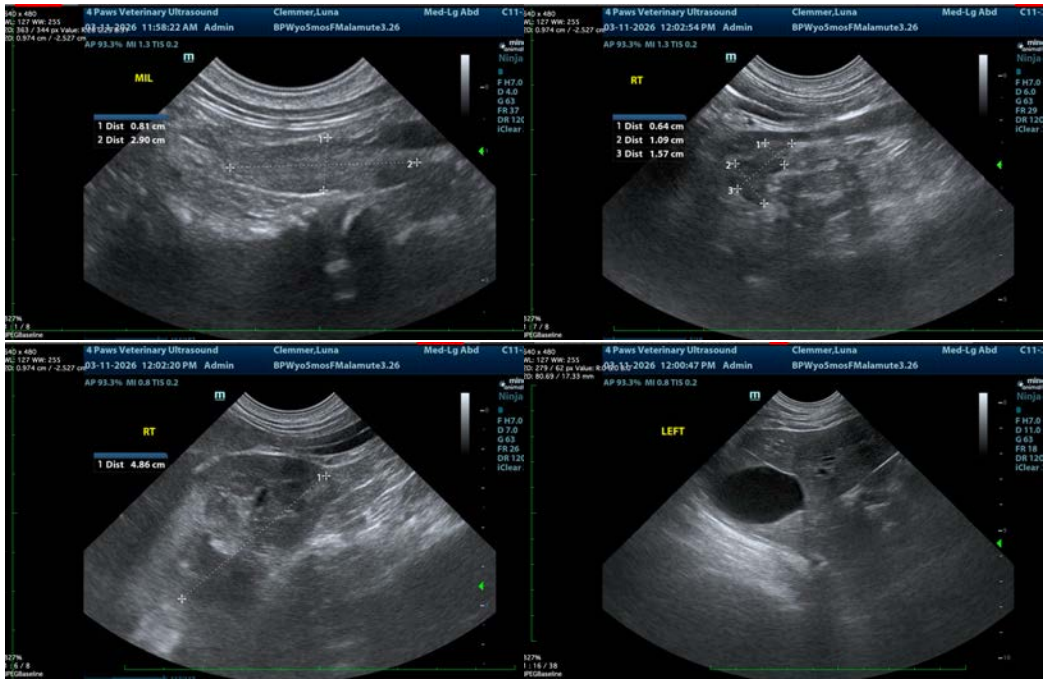
Bernville Veterinary Clinic

INVOICE

73582

DATE

3/11/26



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
info@sonopath.com