



PATIENT

Olivia Gomes

SPECIES

Canine

BREED

Italian Greyhound

SEX

Spayed Female

AGE

5 Years 8 Months

WEIGHT

8.45 kg

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Cypress Veterinary
Clinic

REFERRING VET

Laura Johnson, VMD

INVOICE

73424

DATE

3/5/26

PRESENTING CLINICAL SIGNS

AUS to further evaluate PU/PD that began after switching from a home-cooked diet to a commercial diet for 3 days. Returned to normal water consumption after resuming home-cooked diet, but still drinking more than usual. Follows home-cooked diet formulated by veterinary nutritionist in Brazil with ongoing online consultations. Uses vitamin supplement from Brazilian nutritionist. Previous blood work altered due to stress; urinalysis was normal. Italian greyhound breed parameters noted as different. BW showing hemoconcentration and a mild reticulocytosis (r/o inappropriate), mild leukopenia, hypophosphatemia, elevated CK, elevated urine cystatin B, proteinuria and glucosuria with normal blood glucose.

Abnormal PE/Chem/CBC/UA Results: CBC: Hct 63.8 H (41.0 - 60.0), Hgb 22.9 H (14.6-21.7), Retics 150 H (21-140), WBC 5.5 L (5.8-16.2) Chem: Cystatin B (Urine) 260 H (0 - 99), Phos 1.5 L (2.5 - 6.1), CK 325 H (10 - 200), Gluc 76-n UA: USG 1.039, pH 8.5, Protein 1+, Glucose 3+ (1000 mg/dL)

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 in size (4.4 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 (4.4 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 (0.37 cm at cranial pole and 0.47 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.32 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

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. Multifocal mineral foci are noted. 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.



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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 visible stomach wall is normal in thickness and layering. The lumen is mildly distended with primarily fluid as well as some echogenic non-shadowing luminal contents and gas consistent with normal chyme. 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 is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta/chyme. There is 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 is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Subtle spleen mineralization – This is a benign change but can be associated with endocrinopathies, especially hyperadrenocorticism.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a largely non-specific mild study without a definitive ultrasonographically visible intraabdominal explanation for patient's reported PU/PD.

Given the provided history, quantification of water intake, taking into account the water content of each diet, is recommended to help determine if patient's water intake is normal for the water content in the food, versus excessive, etc.

Having said that, however, given the provided laboratory results, some renal disease, primarily a tubular defect, may be emerging and may warrant further investigation, treatment, etc. if urinalysis results are persistent.

Full consultation with and/or referral to a veterinary internist could be considered.



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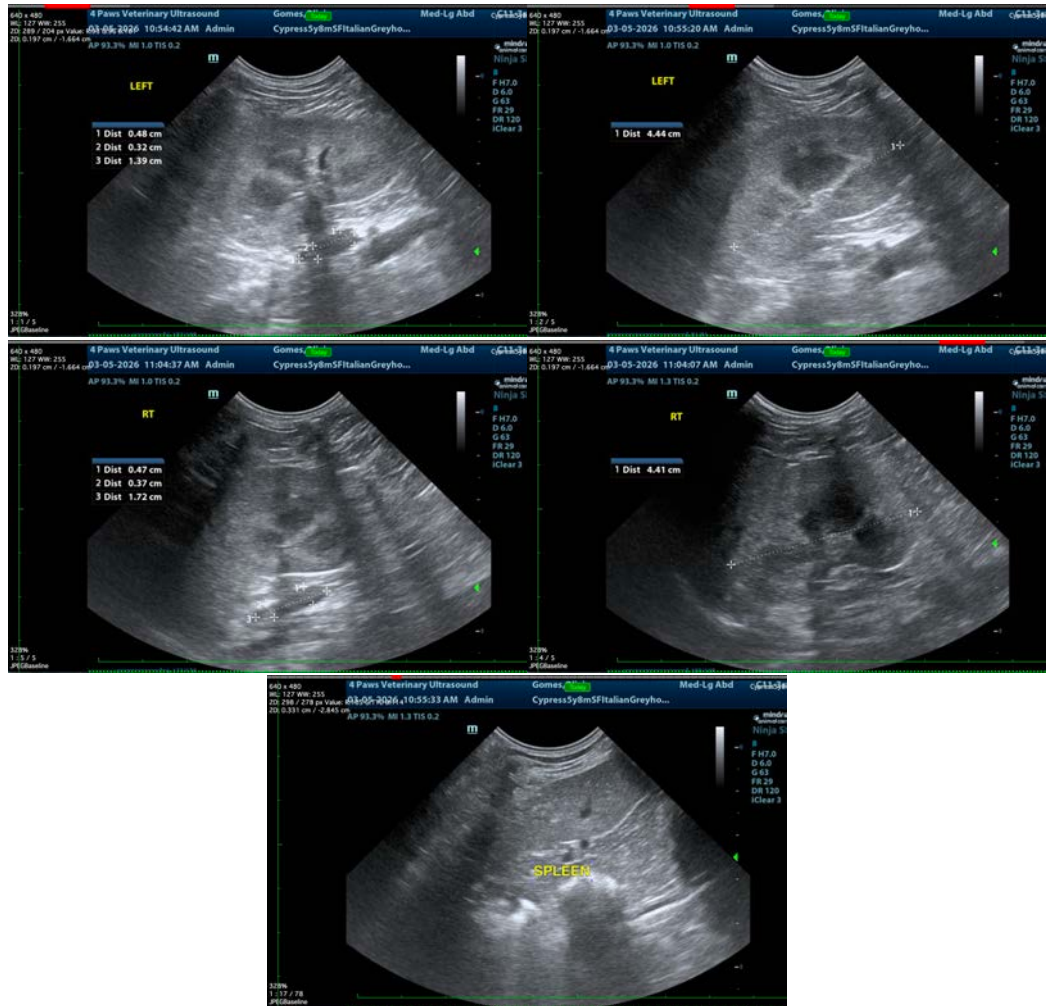
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@sonopath.com