



PATIENT

Zhoe Mizer

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

13 years

WEIGHT

65 lbs

PRESENTING CLINICAL SIGNS

Main concern of increasing polyuria/polydipsia over the past 6 months. - Initially patient was also losing weight despite good appetite, but owners have increased amount fed and she has regained the weight lost.

Abnormal PE/Chem/CBC/UA Results: - ALP146 - Blood glucose WNL - Total calcium WNL - Potassium WNL - USG 1.006 - Negative urine culture with quiet sediment - UPC 0.6 Current Medications Cosequin, Forti Flora, Bravecto, Interceptor Radiographic Findings Chest x-rays were normal and did not show any signs of primary or metastatic neoplasia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is overdistended with anechoic contents. This is consistent with PU/PD. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.

Left kidney is normal in size (6.85 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (6.16 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Wood

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2/17/22

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Adrenal Glands

Left adrenal gland is normal in size (3.07 cm long x 1.17 at cranial pole and 0.98 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (3.21 cm long x 1.62 at cranial pole and 0.85 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.



PATIENT *Gastrointestinal*

Zhoe Mizer The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

SPECIES 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.

Canine

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

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Pancreas

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

SEX

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Free Abdomen

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Lymph nodes are normal with no observed enlargement.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.

Over distended bladder. This is consistent with reported polyuria and polydipsia.

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DACVIM

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Jenna Walsh, CVT

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.

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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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For this patient specifically given the work-up that has already reportedly been performed the next recommended steps are testing for Leptospirosis followed potentially by an empirical course of antibiotics and moving on to possible testing for hypoadrenocorticism in the form of a low-dose Dexamethasone suppression test. T4 is also recommended if not recently evaluated.

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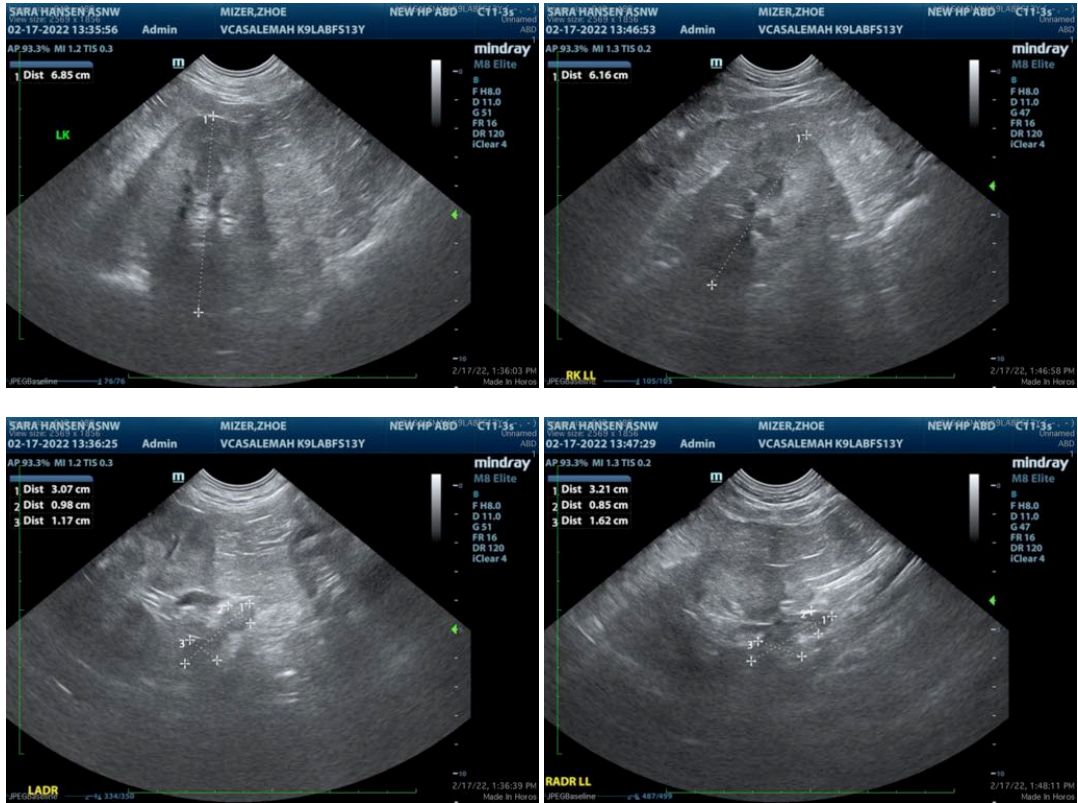
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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