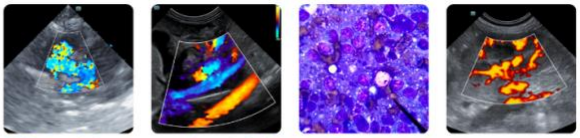


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Stella Moffitt

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

7 Years

WEIGHT

54.5 Pounds

INTERPRETED BY

Brittany Sinclair DVM, DACVECC

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

INVOICE

36117

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- Owner reports polydipsia for the past three months, no obvious cause in bloodwork
- Presenting today for dental and mass removal
- ABNORMAL Labwork Values: CBC: NSF, Chem: TP 7.8, Urinalysis: spgr 1.004, ph = 7.5, inactive sediment, T4 is wnl at 1.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in left renal parenchyma and calyces consistent with nephrocalcinosis. The left kidney measured 6.18 cm in length.

Visualization and resolution of right kidney is significantly limited. Measurement provided on still image cannot be verified. The right kidney measured 5.65 cm in length.

Adrenal Glands

Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 2.59 cm in length and 0.67 cm at the caudal pole and 0.71 cm at the cranial pole. The right adrenal gland measured 2.4 cm in length and 0.83 cm at the caudal pole and 1.1 cm at the cranial pole.

Spleen

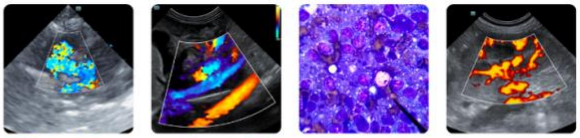
The spleen was normal with age-appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age-appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal



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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was not visualized. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild degenerative renal changes with nephrocalcinosis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most common causes of PU/PD in dogs include renal disease, diabetes mellitus and hyperadrenocorticism. No explanation for PU/PD clinical signs was identified on ultrasound or reported lab work. Early renal insufficiency is a possible cause but is considered unlikely given normal renal values. Urine culture is recommended to screen for occult UTI as a possible cause, though this is also unlikely. Adrenal gland function testing is recommended despite normal appearance of adrenal glands, as hyperadrenocorticism cannot be ruled out based on normal appearing adrenal glands and is a common cause of significant PU/PD. If adrenal function testing is normal, rarer causes of PU/PD should be considered such as hyperthyroidism, hypercalcemia, diabetes insipidus (central or nephrogenic). Additional tests to be considered include ionized calcium measurement (even if total is normal), thyroid testing, bile acid profile, leptospirosis testing, and ultimately a desmopressin trial to investigate for central diabetes insipidus if other causes have been ruled out. Ultimately MRI may be required to screen for primary neurologic causes. Psychogenic polydipsia is an idiopathic cause of PU/PD and is a diagnosis of exclusion.

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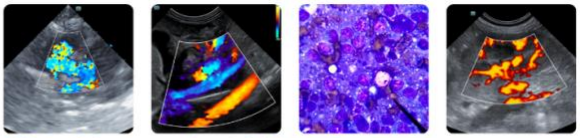

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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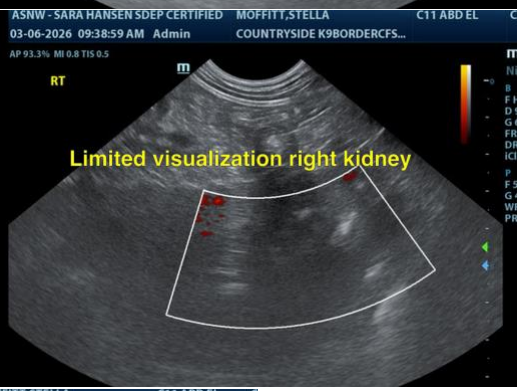

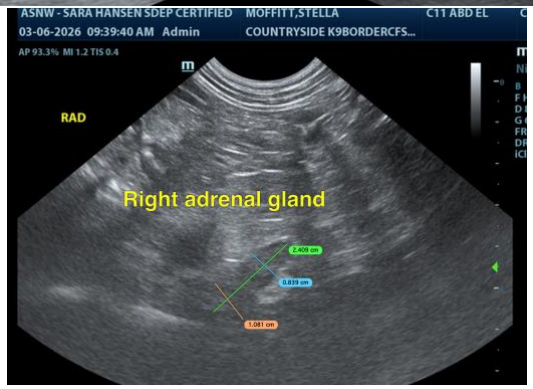

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com