

PATIENT PRESENTING CLINICAL SIGNS

Koa Mota History: PD/PU 2 months, sudden weight gain, lumpy abdomen, high alp and cholesterol, low urea, r/o cancer. Current Medications: meloxicam 60kg, gabapentin 300mg BID

SPECIES Abnormal PE/Chem/CBC/UA Results: See attached BW

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Doodle Urinary bladder lumen volume is small, and walls are diffusely thickened most consistent with pseudohypertrophy. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal focal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

SEX

Neutered Male

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The left kidney measured 8.17 cm in length. The right kidney measured 7.92 cm in length. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis bilaterally.

AGE

9 Years

WEIGHT

63.4 kg

Adrenal Glands

The left adrenal gland was 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 4.09 cm in length and 0.81 cm at the caudal pole and 0.97 cm at the cranial pole.

INTERPRETED BY

Brittany Sinclair DVM,
 DACVECC

The right adrenal gland is visualized and measured on still images only. Resolution is inadequate to assess glandular detail or confirm measurement. The right adrenal gland measured 3.23 cm in length and 0.62 cm in thickness

IMAGING PERFORMED BY

Amanda Stewart

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.

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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.

REFERRING VET

Dr. Da Costa

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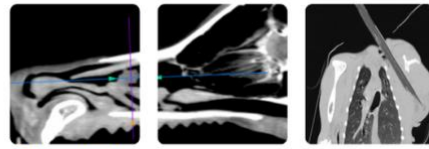
Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

DATE

4/24/26

Gastrointestinal

There is hyperechoic amorphous material and material with complete acoustic dropout visible within the stomach. 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.



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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

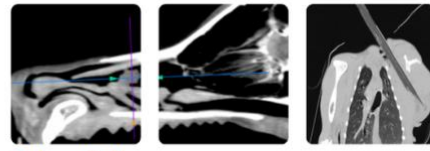
- Mild nephrocalcinosis
- Shadowing material in stomach -uncertain clinical significance

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.

Induction phenomena are the most common cause for an elevation in ALP. These are systemic illnesses that 'turn on' the liver enzyme. Causes of this include Cushing's disease, dental disease, arthritis, and numerous others. In many cases the exact cause is unclear but as long as ultrasound and bile acids tests are normal most patients do not have progressive changes in their liver. While liver biopsy is not routinely performed, vacuolar hepatopathy is noted on most biopsies. This is often non-progressive but in rare cases can be more severe and lead to liver failure.

- If signs of Cushing's disease are present, recommend endocrine function testing to evaluate for Cushing's disease.



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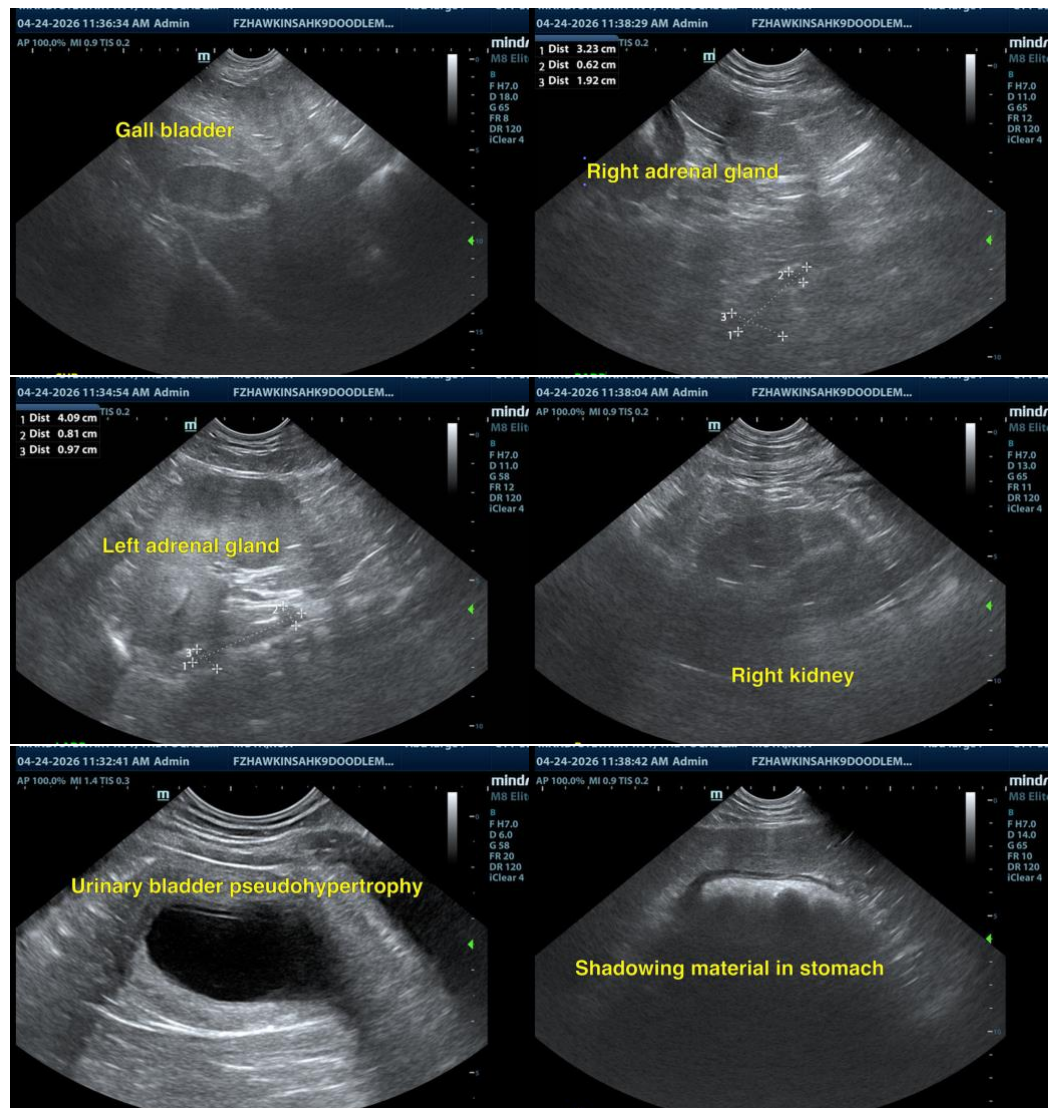
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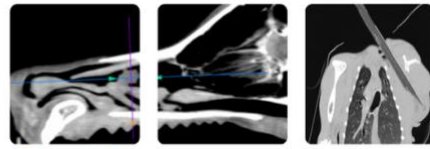
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- Consider fine needle aspirate to rule out round cell neoplasia.
- If a cause for the ALP elevation is not identified: I recommend recheck general blood work every 6 months, ultrasound once per year, and bile acids test every 1-2 years based on other results. If the ALP continues to climb a biopsy should be considered.
- Consider long term use of Denamarin, and monitoring for the signs of Cushing's developing.

Shadowing material in stomach is of uncertain clinical significance. Abdominal radiographs may be of use to further visualize gastric contents. If no GI signs are noted, continued monitoring is reasonable. If there is a concern for gastric foreign material, endoscopy may be of use to further visualize stomach contents.





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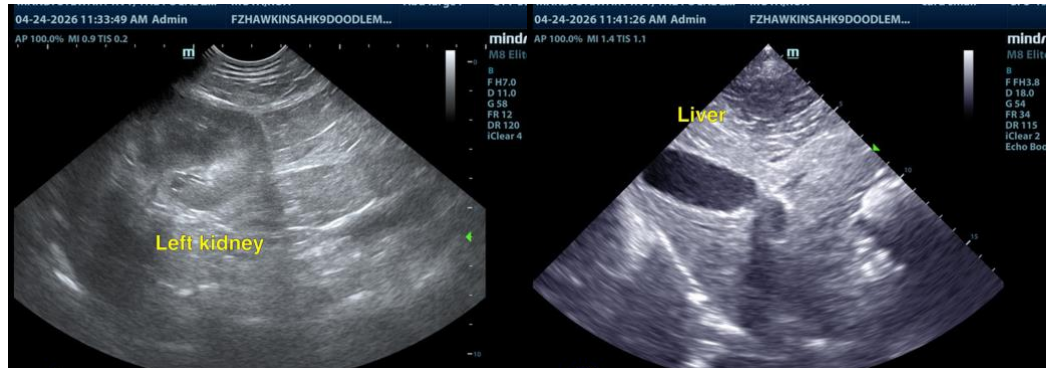
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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