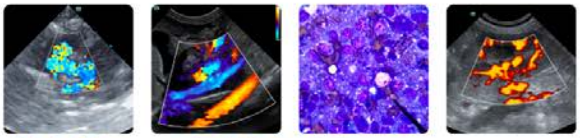

PATIENT

Cooper Kropf

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

3 Years

WEIGHT

25.7 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Armstrong

INVOICE

74791

DATE

4/29/26

PRESENTING CLINICAL SIGNS

Urinating in owner's bed overnight. Licking penis overnight. Whined during abdominal, penile, and perineal examination. Normal urinating habits during day/no licking

Abnormal PE/Chem/CBC/UA Results: AMYL 491 K 6.8 USG: 1.012 USG: 1.008 Radiographic Findings NA Primary Question to Be Answered in This Exam reason for incontinence

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 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. Left kidney measures 5.87 cm. Right kidney measures 5.92 cm.

Adrenal Glands

The right 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. Right measures 2.43 cm in length x 0.60 cm in thickness.

The left adrenal gland was not visualized.

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

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.

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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 pancreas is not distinctly visualized.

Free Abdomen

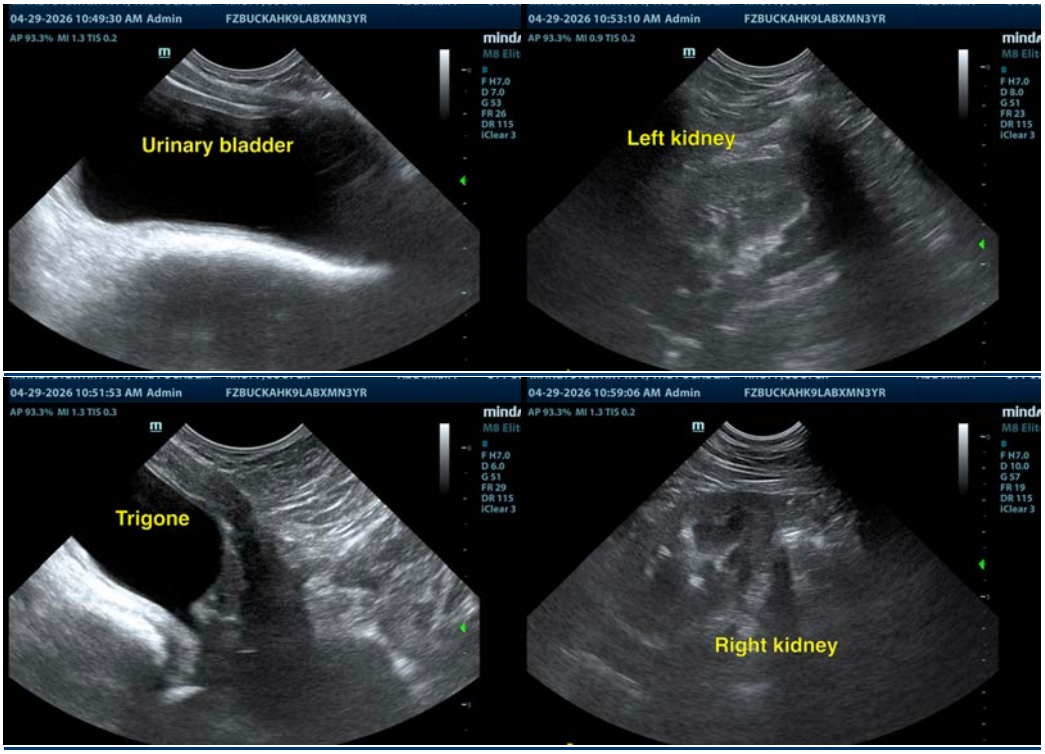
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

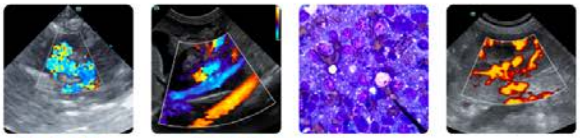
ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The abdomen is sonographically normal. There is no ultrasonographically apparent reason for urinating overnight. Based on the two isosthenuric USG results, I suspect this patient may not be concentrating urine normally. Adrenal gland function testing could be considered to rule out hyperadrenocorticism, though this is considered unlikely in this patient. Early renal degeneration without ultrasonographic changes is a possible cause of isosthenuria. Leptospirosis testing should be considered to rule out Leptospirosis. Urine culture should be considered to rule out occult UTI. Diabetes insipidus, either nephrogenic or central, should be considered.





SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

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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