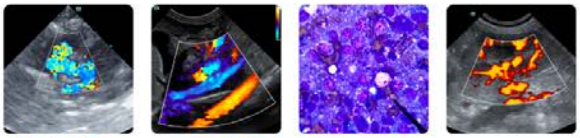


SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Tucker Heinicke

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

4 Years

WEIGHT

29.5 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Galbraith

INVOICE

75101

DATE

5/13/26

PRESENTING CLINICAL SIGNS

Urinary incontinence issues, unable to hold. Large amounts of urine. Significant weight loss (8kg in 1 year - BSC 3.5/9). Current Medications: NA

Abnormal PE/Chem/CBC/UA Results: SDMA 21 Radiographic Findings NA Primary Question to Be Answered in This Exam atypical addison's vs other

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 prostate is not visible.

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. Pinpoint areas of cortical mineralization noted. Left kidney measures 6.71 cm. Right kidney measures 6.75 cm.

Adrenal Glands

Adrenal glands were visualized on still images only. They appear to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Left measures 2.58 cm in length x 0.53 cm at the caudal pole and 0.42 cm at the cranial pole. Right measures 1.69 cm in length x 0.56 cm in thickness.

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

PATIENT

Tucker Heinicke

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

4 Years

WEIGHT

29.5 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Galbraith

INVOICE

75101

DATE

5/13/26

layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Free Abdomen

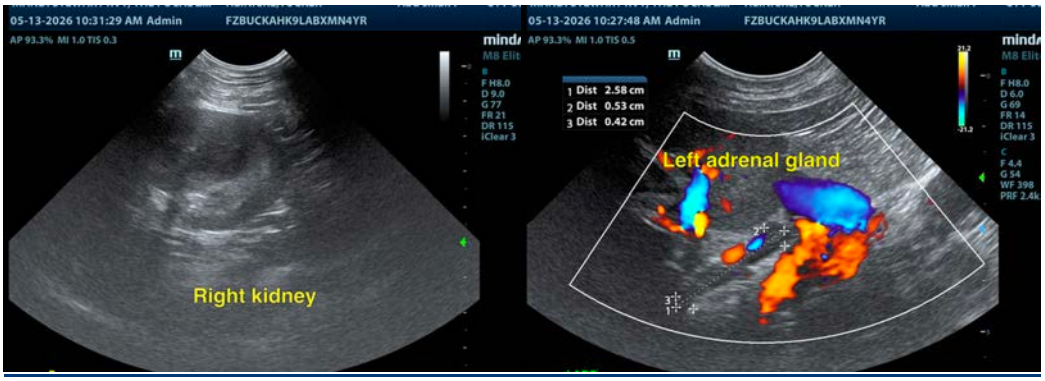
No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Very mild pinpoint mineralization in kidneys.
- Otherwise normal ultrasound.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause of polyuria/urinary incontinence was identified on ultrasound. Early renal insufficiency is a possible cause but is considered unlikely given normal renal values. Urinalysis is necessary to further evaluate this case. 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 hypoadrenocorticism cannot be ruled out based on appearance. If adrenal function testing is normal, rarer causes of polyuria 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.



PATIENT

Tucker Heinicke

SPECIES

Canine

BREED

Lab x

SEX

Neutered Male

AGE

4 Years

WEIGHT

29.5 kg

INTERPRETED BY

Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

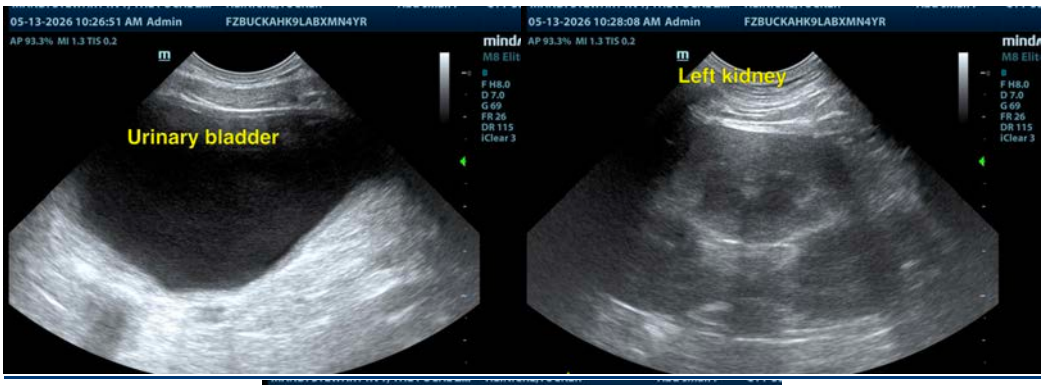
Dr. Galbraith

INVOICE

75101

DATE

5/13/26



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