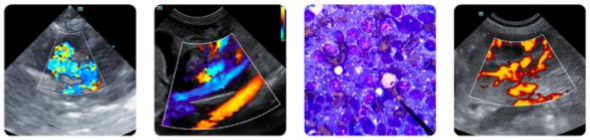

PATIENT

Raven Kidder

SPECIES

Canine

BREED

Giant Schnauzer

SEX

Female

AGE

9 Weeks

WEIGHT

16.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Animal Care Center

REFERRING VET

Kendra Rehnblom, DVM

INVOICE

35529

DATE

1/20/26

PRESENTING CLINICAL SIGNS

History: PU/PD, client acquired about 10 days ago and noted that she drinks and pees a lot. No other concerns.

Abnormal PE/Chem/CBC/UA Results: PE: unremarkable Chem: Na - 144. UA: SG 1.005, pH 6.5, neg. sediment Water consumption (was 50-60oz per day) is recently 30 oz per day.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **left ovary** measured 1.0 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.5 cm. The left kidney measured 6.08 cm. Slight cortical indentation and slight pyelectasia were noted in the left kidney. Blood flow to the kidneys was adequate on color flow and power doppler.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.01 cm x 0.34 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland measured 2.12 cm x 0.72 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

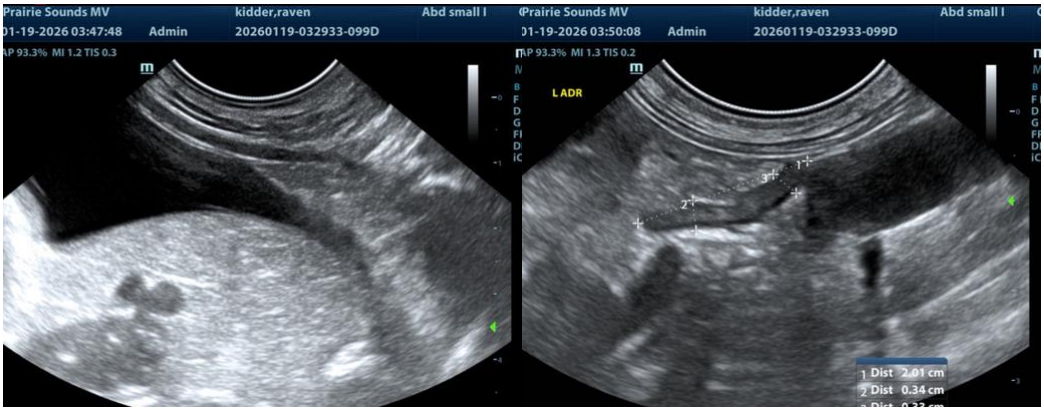
Slight physiologic **free fluid** was noted.

ULTRASONOGRAPHIC FINDINGS

- Slight left renal pyelectasia and irregular left renal cortical change
- Slight physiologic free fluid
- Structurally normal abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of ectopic ureters, however, some very minor form of left renal dysplasia is possible. Partial water deprivation test is warranted to assess for the ability to concentrate or vasopressin trial for diabetic insipidus. Antibiotic trial could be considered in case of bacterial infection with secondary washout. Ectopic ureter is suspected based on the clinical signs. Cannot completely rule out a very small ectopic ureter, which typically grows with time. Recheck sonogram at 5-6 months of age may be appropriate.



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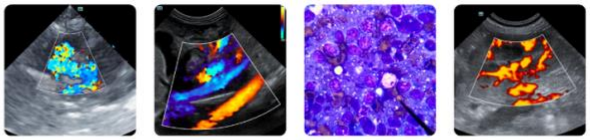

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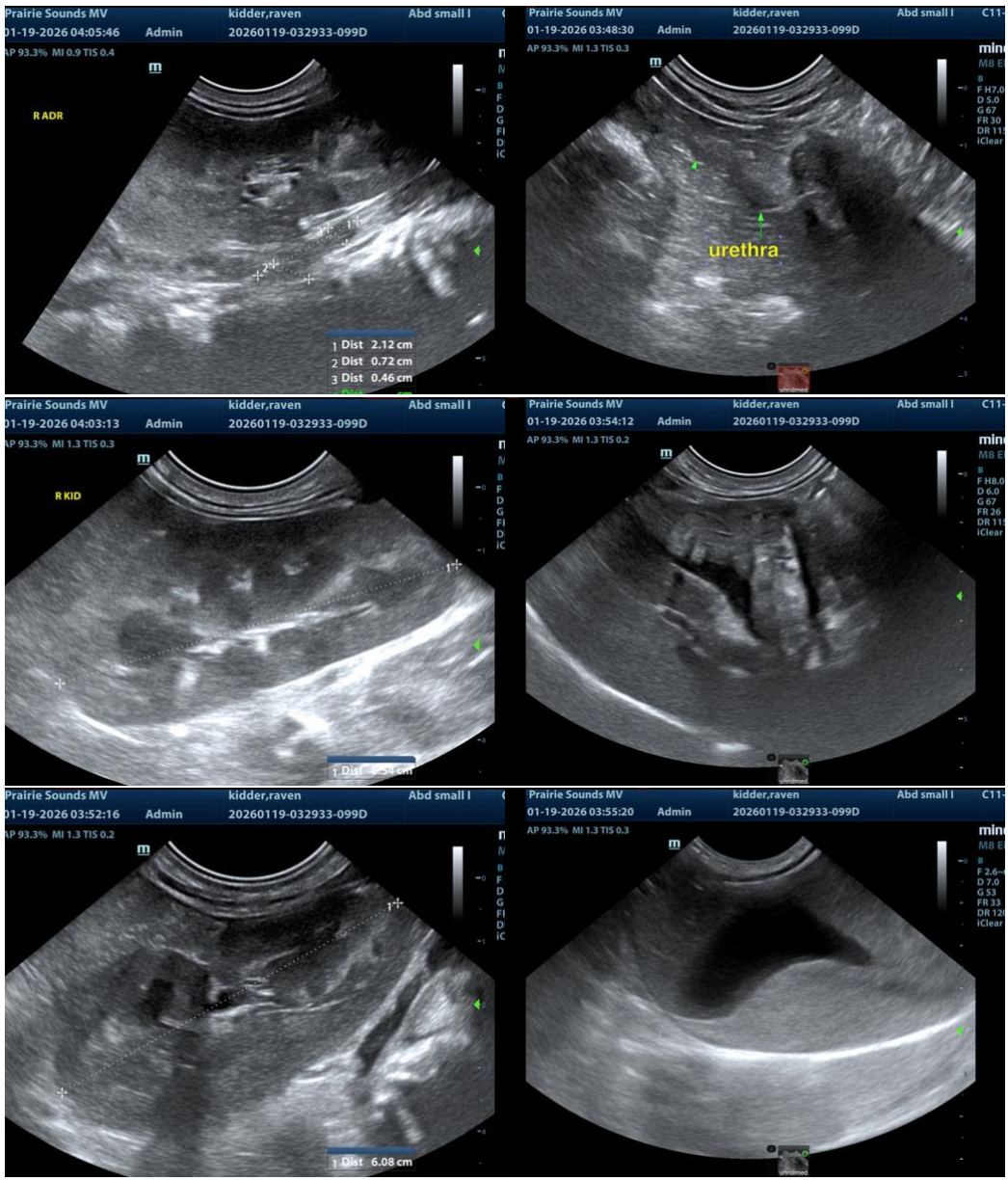

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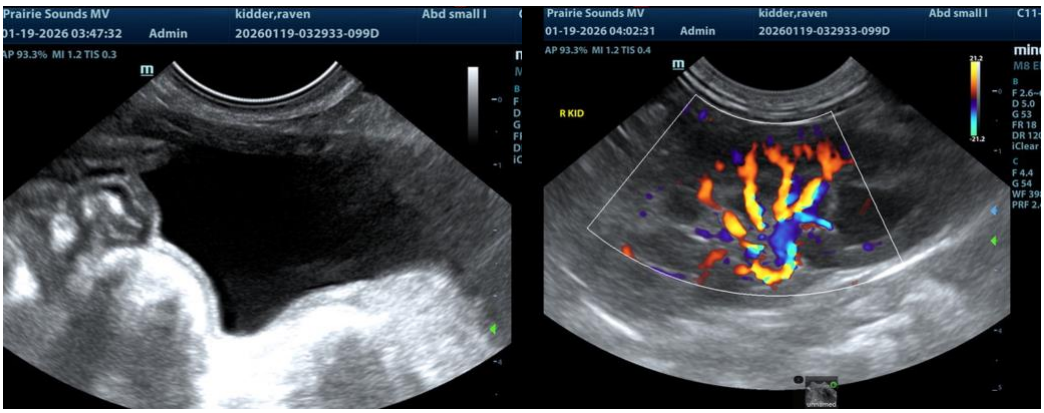

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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info@SonoPath.com