

**DATE**

1/24/22

PRESENTING CLINICAL SIGNS

History: O thinks that P is PU/PD; has been having some urination accidents in the house. P is otherwise doing well - nsf on PE.

PATIENT

Bomber McMullen

Lab Results: inc ALKP, mild inc BUN - first morning USG checked and it was 1.042. Attached separately.

Date of Previous IntraPet Ultrasound: 11-6-2020.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

The **urinary bladder** was structurally unremarkable, yet was displaced caudally in the pelvic inlet. This is consistent with pelvic bladder.

Mix

SEX

Neutered male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.97 cm. The left kidney measured 4.62 cm.

AGE

6/13/06

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 right adrenal gland measured 1.49 x 0.51 cm at the cranial pole and 0.43 cm at the caudal pole. The left adrenal gland measured 2.21 x 0.59 cm at the caudal pole and 0.5 cm at the cranial pole.

WEIGHT

17.63 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 was noted.

HOSPITAL NAME

Charm City VH

REFERRING VET

Dr. Karbonik

Liver

The **liver** was similar to the prior sonogram with slight enlargement and mildly increased portal markings. Occasional hypoechoic nodular change was noted in the liver. There was no progression from the prior sonogram. The gallbladder was unremarkable.

INVOICE

95471

Gastrointestinal

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

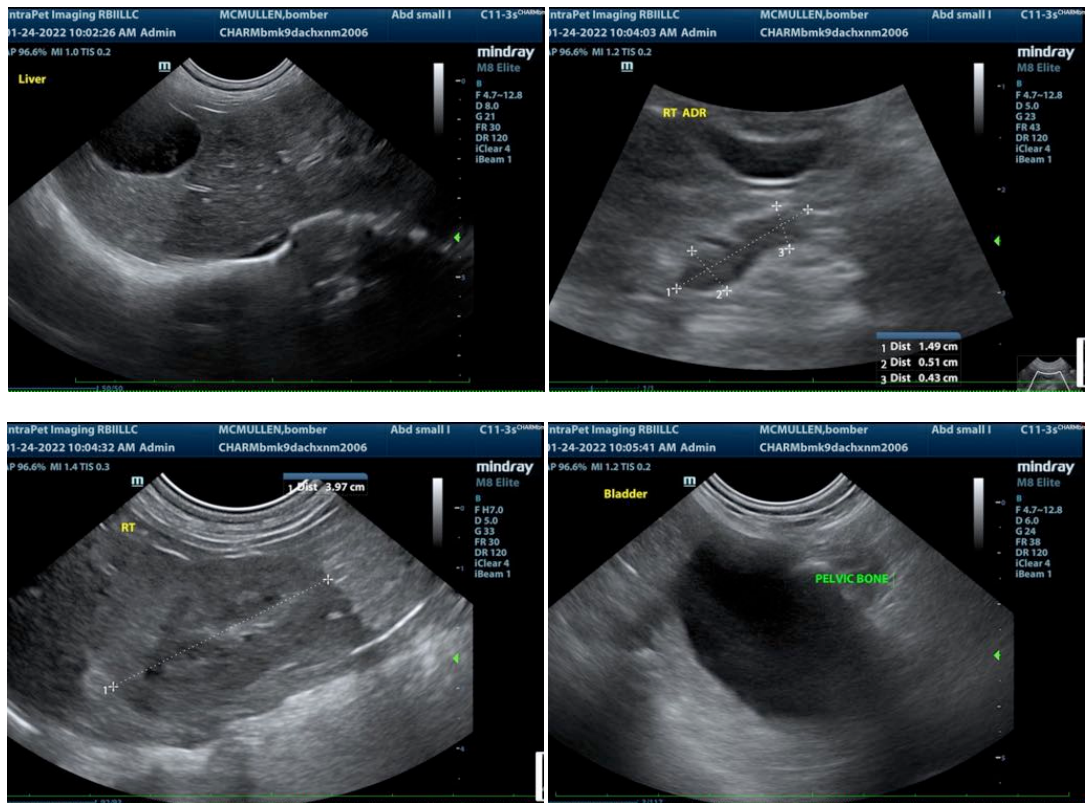
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

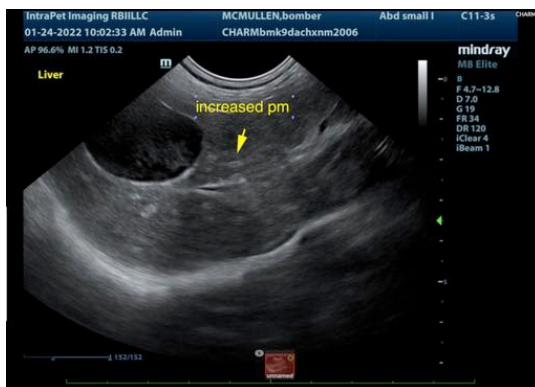
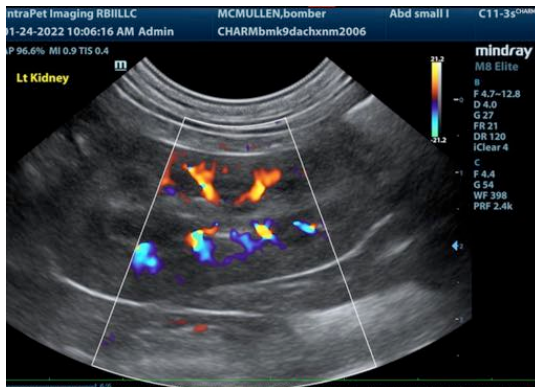
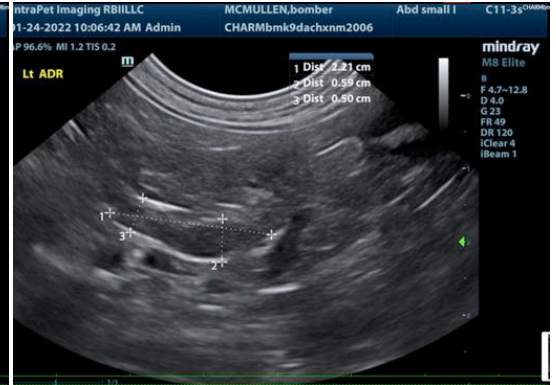
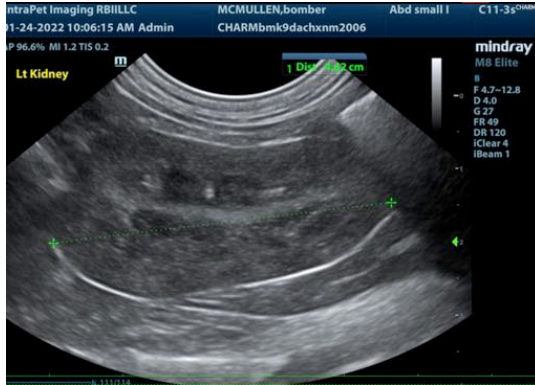
ULTRASONOGRAPHIC FINDINGS

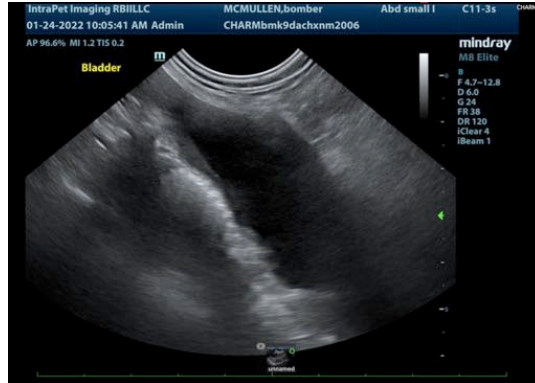
Minor hepatic remodeling, similar to the prior sonogram.
Occasional hypoechoic nodular change was noted in the liver.
Age related pancreatic changes.
Structurally normal adrenal glands.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of PU/PD is unclear in this patient; however, the urine specific gravity is partially concentrated at 1.027 unless periodic isosthenuria has developed then true PU/PD has not been established. Pollakuria or dysuria may be an issue given the pelvic position of the bladder. Structurally the urinary tract is unremarkable. There was no evidence of any significant visceral pathology other than bladder position.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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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