



PATIENT PRESENTING CLINICAL SIGNS

Maggie Lubrano Excessive PU/PD, polyphagic.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

Canine 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.

BREED

Lab X

SEX

Spayed Female

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 his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia noted in both kidneys. The left kidney measured 7.32 cm with pyelectasia of 0.5 cm. The right kidney measured 7.0 cm.

AGE

14 Years

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 3.05 cm x 0.67 cm. The right adrenal gland measured 3.84 cm x 1.38 cm at the cranial pole and 3.75 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

HOSPITAL NAME

Franklin Lakes AH

Liver

The **liver** presented moderate remodeling and increased portal markings with coarse architecture. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. Kozak

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.

INVOICE

34024

Pancreas

DATE

1/6/22

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.

ULTRASONOGRAPHIC FINDINGS

- Moderate hepatic remodeling
- Moderate degenerative renal changes



PATIENT

Maggie Lubrano

SPECIES

Canine

BREED

Lab X

SEX

Spayed Female

AGE

14 Years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Kozak

INVOICE

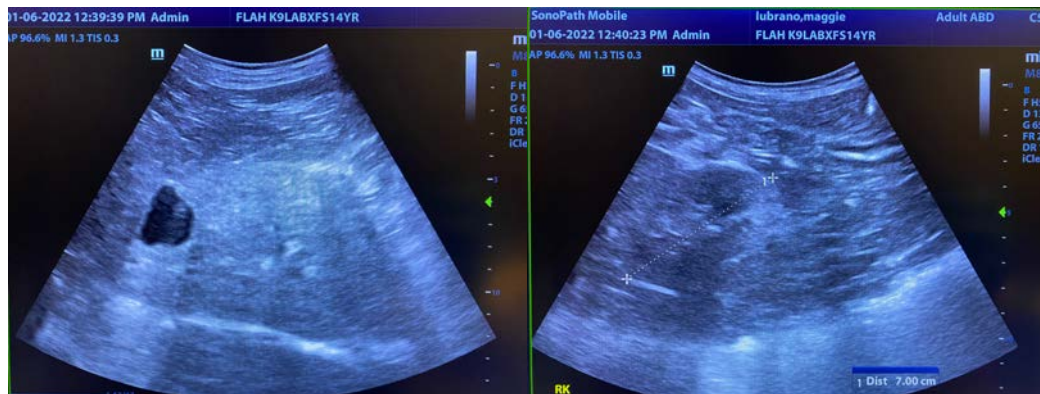
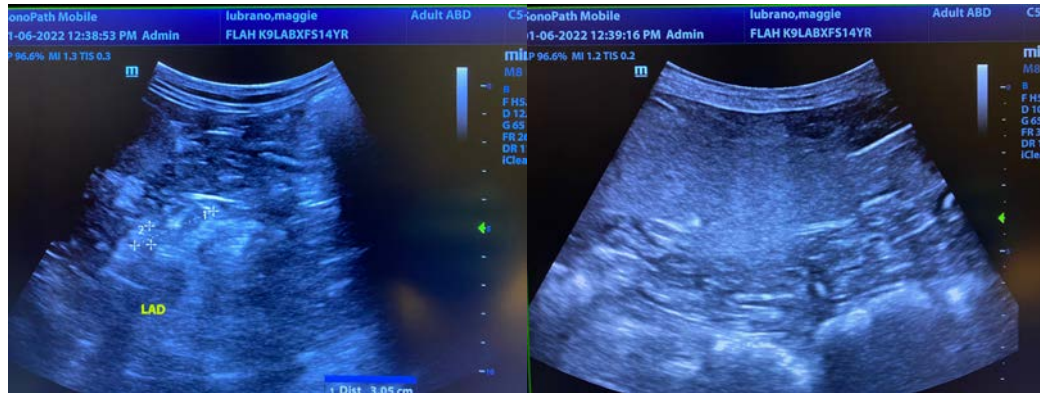
34024

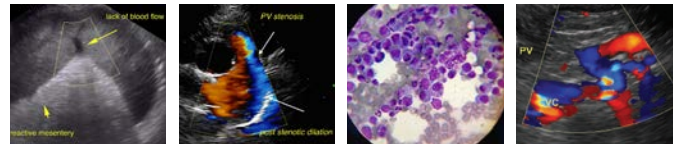
DATE

1/6/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of PU/PD is unclear. The adrenals appear normal. Bile acid profile recommended to assess if early hepatic failure may be driving PU/PD. Early renal failure technically could be driving PU/PD. However, the kidneys appear approximately 50% compromised. Occult UTI also a potential. Psychogenic polydipsia should also be considered.





PATIENT

Maggie Lubrano

SPECIES

Canine

BREED

Lab X

SEX

Spayed Female

AGE

14 Years



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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Kozak

INVOICE

34024

DATE

1/6/22