



PATIENT

Star Smith

PRESENTING CLINICAL SIGNS

Hx of PU/PD Energy is good,
Abnormal PE/Chem/CBC/UA Results: BCS 8/9 , T4 : 0.8ug/dL T4 free T4 9.5 pmol/L , ALKP 435 U/L
UPC 7.9 USG 1.007

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed

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. Minimal amount of urine present at the time of the sonogram. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 and no evidence of pelvic dilation was present. The left kidney measured 8.69 cm.

AGE

7 Years

Adrenal Glands

WEIGHT

85.5 Pounds

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 3.48 cm x 0.73 cm at the cranial pole and 0.79 cm at the caudal pole. The left adrenal gland measured 2.91 cm x 0.65 cm at the cranial pole and 0.80 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV

Spleen

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.

IMAGING PERFORMED BY

Dr. Ammeraal

Liver

HOSPITAL NAME

Sova Animal Hospital

The **liver** presented slight coarse architecture and minor increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

REFERRING VET

Dr. Ammeraal

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

42844

Pancreas

DATE

11/18/22

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.



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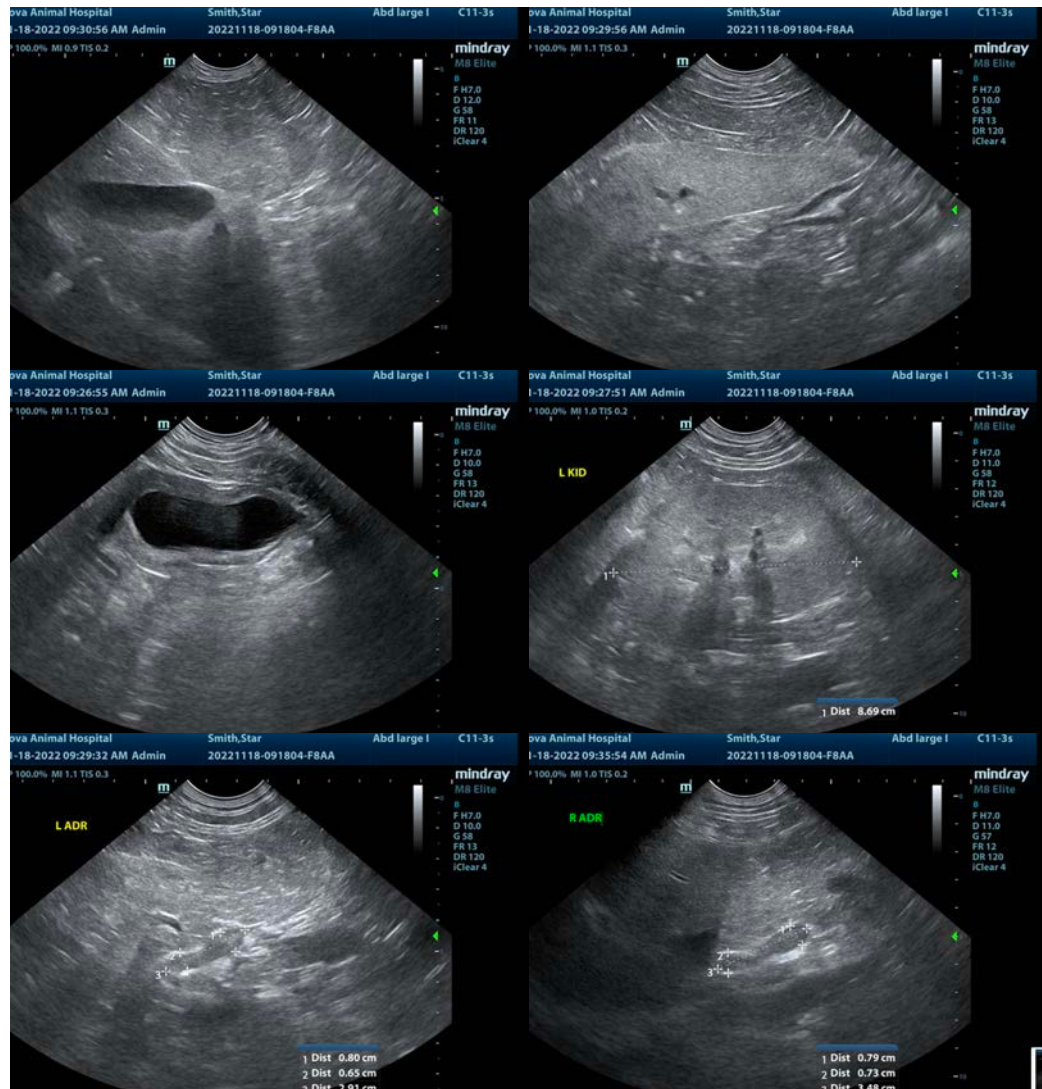
11/18/22

ULTRASONOGRAPHIC FINDINGS

- Non-specific mild to moderate degenerative renal changes
- Minor hepatic remodeling
- Age related renal changes
- Structurally normal adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt correlation of visceral pathology linked to the PU/PD. Partial water deprivation test and coverage for occult UTI could be considered, as secondary washout may be an issue. Enrofloxacin trial over 10 days +/- partial water deprivation test recommended to assess the ability to concentrate. PDH is still a potential in this patient. However, approximately 10-15% of PDH patients have measurably normal adrenals.





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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, Cert. IVUSS, CEO of SonoPath.com

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