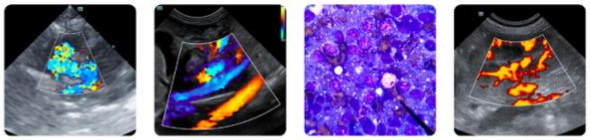


PATIENT

Max Hermann

SPECIES

Canine

BREED

Husky

SEX

Neutered Male

AGE

9 Years 3 Months

WEIGHT

78 pounds

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Melissa Rosen

HOSPITAL NAME

South Bellmore Veterinary Group

REFERRING VET

Dr. Melissa Rosen

INVOICE

13787

DATE

02/14/26

PRESENTING CLINICAL SIGNS

- PU/PD reported by owner
- eating normally
- otherwise acting fine
- mild intentional weight loss

Abnormal PE/Chem/CBC/UA Results: ALP 1059 USG 1.005, quiet sediment no protein BP's today prior to sedation: 189/137 map 147 HR 100, 189/136 map 143 HR 101 usually a little anxious in the hospital LDDST was normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The prostate is normal in size and measures 9.3 mm in width with symmetrical shape and uniform echogenicity.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.6 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.5 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.8 mm and the caudal pole measures 5.3 mm.

The right adrenal gland is not clearly visualized on this exam.

Spleen

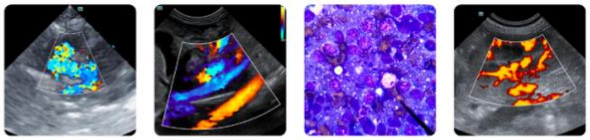
The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal



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The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- This is an apparently normal abdominal ultrasound exam.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific cause for the patient's polyuria/polydipsia is seen on this exam. Recommendations for further workup, even though there is no protein and the sediment was quiet on urinalysis, recommend submitting urine culture as the patient's urine is highly diluted. The patient is currently hyposthenuric with a urine specific gravity of 1.005. Inflammation or bacteria could be missed during a visual exam on a urinalysis. If urine culture is negative, consider submitting an ionized calcium to verify that the patient is not hypercalcemic as a cause of their PU/PD.

No cause for the elevated alkaline phosphatase is seen on this exam. I don't suspect the patient is truly hypertensive given the elevated heart rates during the blood pressure exam that was performed. If possible, recheck blood pressure when the patient is more calm and less anxious. Diagnostics recommended to determine the cause of the elevated alkaline phosphatase include submitting a Texas A&M GI panel to screen the patient for occult GI/pancreatic disease. Recommend submitting a triglyceride to rule out hypertriglyceridemia as a cause. Also recommend, if not already performed, submitting a thyroid panel to rule out hypothyroidism as a cause of the elevated alkaline phosphatase.

Ultimately, if no cause for the patient's PU/PD and hyposthenuria are identified on routine or recommended diagnostics, then the patient's PU/PD may be psychogenic.

Obtaining urine specific gravities first thing in the morning after the patient has not drank for the past 8 hours will help determine if the patient may potentially have psychogenic PU/PD or if diabetes insipidus is a possibility in this patient. Prognosis is open pending the further recommended diagnostics and ultimate diagnosis as to the cause of the patient's clinical problem set.

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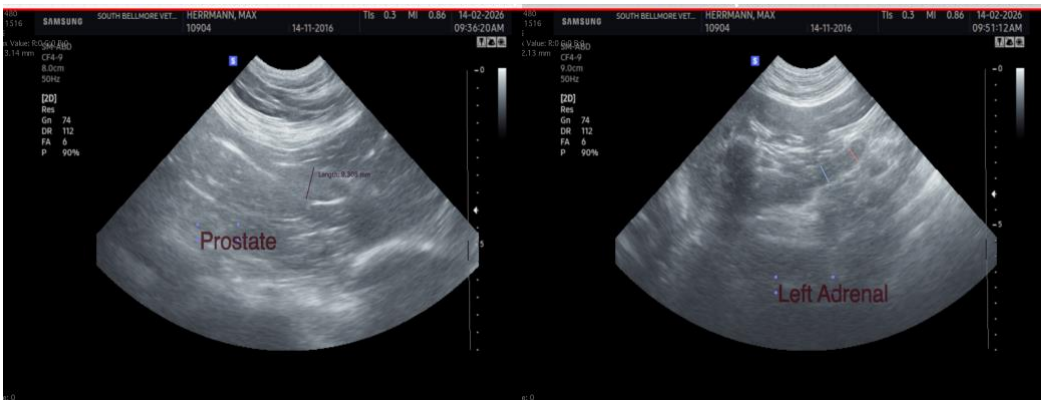

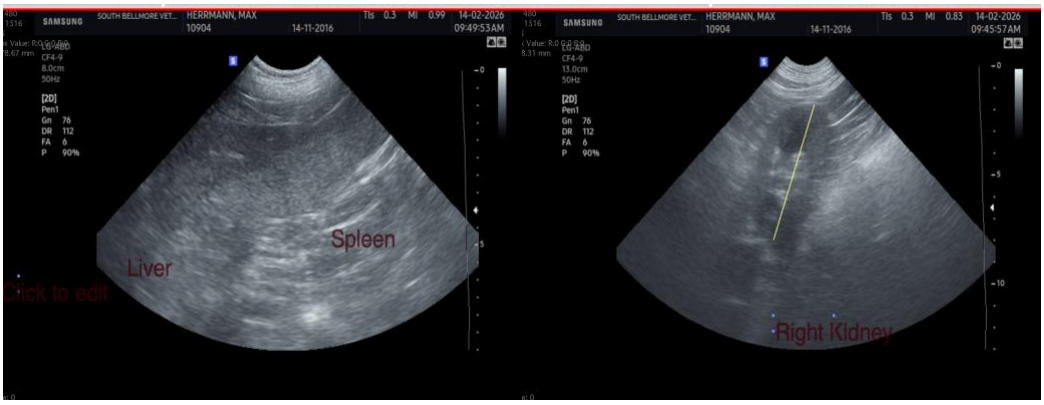

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com