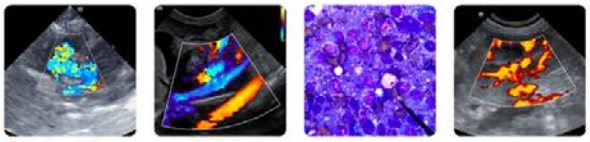

PATIENT

Abbey Fritz

SPECIES

Canine

BREED

Beagle x

SEX

Spayed Female

AGE

7 Years

WEIGHT

31.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Megan Bray

HOSPITAL NAME

Taylorsville Veterinary Clinic

REFERRING VET

Dr. Ashleigh Bisset

INVOICE

73081

DATE

2/19/26

PRESENTING CLINICAL SIGNS

Abbey is a 7-year-old FS Beagle mix. Patient has a history of recurrent UTIs and a ~6 month history of increased PU/PD. BW on 12/31/26: AST 62 H (sample was hemolyzed), Cholesterol 530 H, TP 7.6 H. No UTI present at this visit. LDDST was performed in July 2025 and did not support Cushing's disease. Her PU/PD is worsening, and she is presenting today for an AUS and ACTH stim test. Patient was whining, and would not sit completely still during AUS, did receive butorphanol

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 right kidney presents normal size (5.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

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

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole measures 5.5 mm. The cranial pole is not fully visualized.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.6 mm and the caudal pole measures 5.1 mm.

Spleen

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

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 a mild amount of gravity dependent echogenic debris that appears clinically incidental at this time. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

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.

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Free Abdomen

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

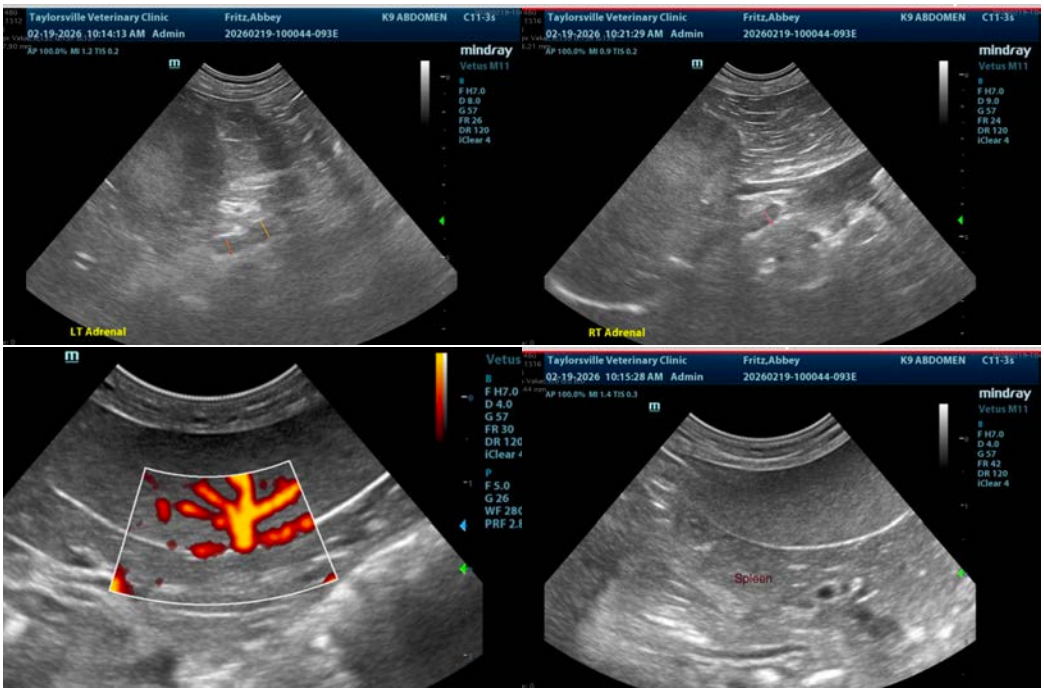
ULTRASONOGRAPHIC FINDINGS

- Normal abdominal ultrasound, no specific findings.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the patient's PU/PD is seen on this exam. Given that both adrenal glands are normal in size and appearance, hyperadrenocorticism is not highly suspected. The kidneys are normal appearance and there is no reported azotemia. It seems unlikely that renal disease is the cause of the patient's PU/PD. Consider submitting a urinalysis, and if the patient has an active urine culture, then add on a urine culture and antibiotic sensitivity to screen the patient for possible occult urinary tract infection as the cause of PU/PD. If an ionized calcium hasn't been performed, recommend ionized calcium to rule out with certainty hypercalcemia as a cause of the PU/PD.

Ultimately, if no medical reason is identified for the PU/PD, consider possible psychogenic polydipsia. Obtain 2-3 early morning free catch urine samples for USG testing to determine if the patient can concentrate their urine. If patient can concentrate their urine and all other medical reasons have been ruled out, then psychogenic polydipsia is the most likely cause. If the patient is found to not be able to concentrate their urine and the urine is consistently hyposthenuric, then consider diabetes insipidus and potentially refer the patient for a water deprivation test or consider a DDAVP trial at that time.



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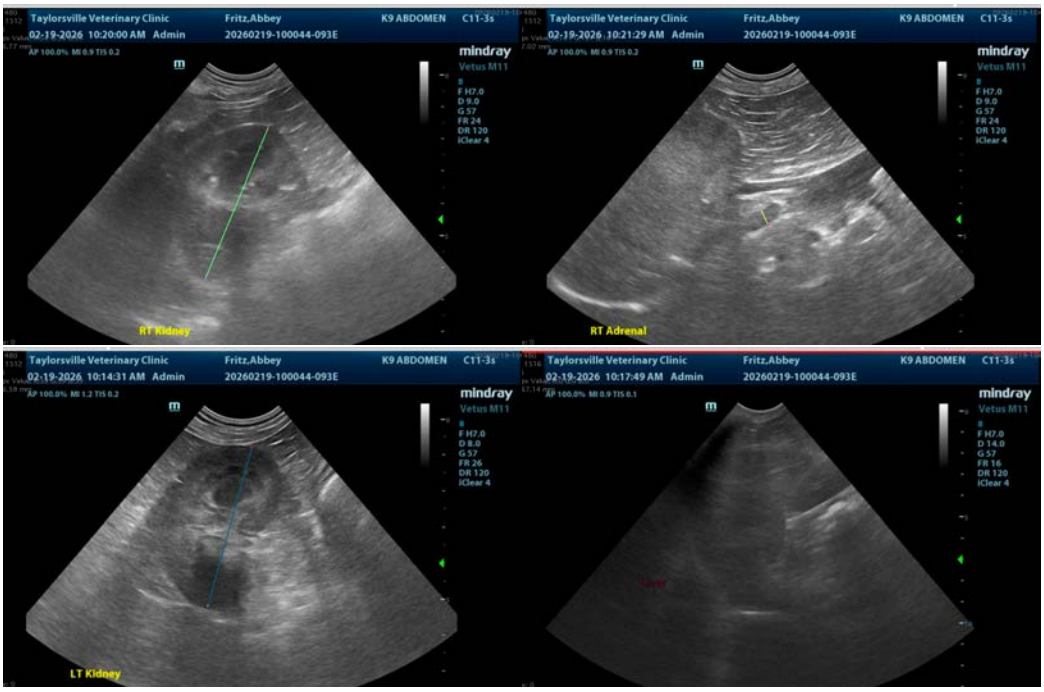

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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