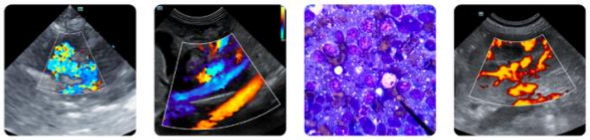


PATIENT

Buster Allison

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

5 Years

WEIGHT

37 kg

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Goeres

HOSPITAL NAME

Kelowna VH

REFERRING VET

Dr. Cleroux

INVOICE

35981

DATE

2/27/26

PRESENTING CLINICAL SIGNS

- 10 day history of PU/PD - no other symptoms
- Acute PUPD - r/o acute kidney injury (infectious, toxin, inflammatory, neoplasia) vs metabolic dz vs other infectious, toxin, inflammatory etiology, neoplasia
- VERY BAR, not acting sick at all
- Abnormal PE/Chem/CBC/UA Results: mandibular, scapular and popliteal LNs WNL. axial and inguinal LNs not palpable Rectal - normal anal sacs, easily expressed normal secretions. no palpable masses or lumbar LNs Performed sedated oral exam for completeness - minimal dental dz, normal tonsils, no masses Overweight - estimate 33kg lean weight SDMA 17 (0-14) Creat 139 (44-133) Ca 3.5 (2.2-2.8) phos normal @ 1.3 (0.8-2.0) Glob 41 (24-40) CBC and T4 all completely WNL Urinalysis (free catch):- USG: 1.008 Glucose: Negative- Protein: Negative- Blood: Negative- Sediment: No bacteria or crystals observed.

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. No urethral papilla is seen.

The prostate was normal in size (1.3 cm x 0.7 cm in size) and appearance. It has uniform echogenicity and appears to be symmetrical.

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

The left kidney presents normal size (6.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

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

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole of the left adrenal gland is seen and measures 6.5 mm. The cranial pole is not seen.

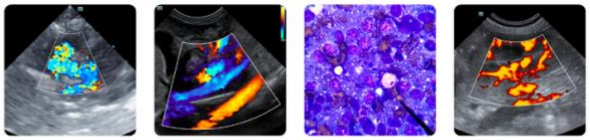
Spleen

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.



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Gastrointestinal

The gastric wall (3.2 mm in width) was diffusely normal and has normal layering. The intestines have normal wall layering and thickness. Colon contains soft stool with normal wall thickness (1.1 mm in width).

Pancreas

The right pancreas is seen and appears normal.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- No cause for the patient's polyuria/polydipsia is seen.
- No evidence of kidney injury is identified on this ultrasound, however, cannot be definitively ruled out on ultrasound.
- No cause for the patient's hypercalcemia seen on this exam.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

if clinically warranted recommend submitting leptospirosis titers. If three view chest x-rays have not already been performed, recommend three view chest x-rays to screen for neoplastic or possible fungal disease. Recommend submitting resting cortisol to rule out Addison's disease as cause of hypercalcemia, and then also recommend submitting a Michigan State University hypercalcemia malignancy panel to screen for possible neoplasia or possibly hyperparathyroidism as cause of the patient's hypercalcemia and PUPD. Patient's PUPD is most likely due to their hypercalcemia, although it does appear that mild azotemia is present. Given that the urine specific gravity is 1.008, consistent with hyposthenuria, we would suspect that the patient has normal renal function and possibly the mild azotemia is due to mild potentially dehydration. Prognosis is open at this time pending determination as to the cause of the hypercalcemia and if the patient truly has renal azotemia.

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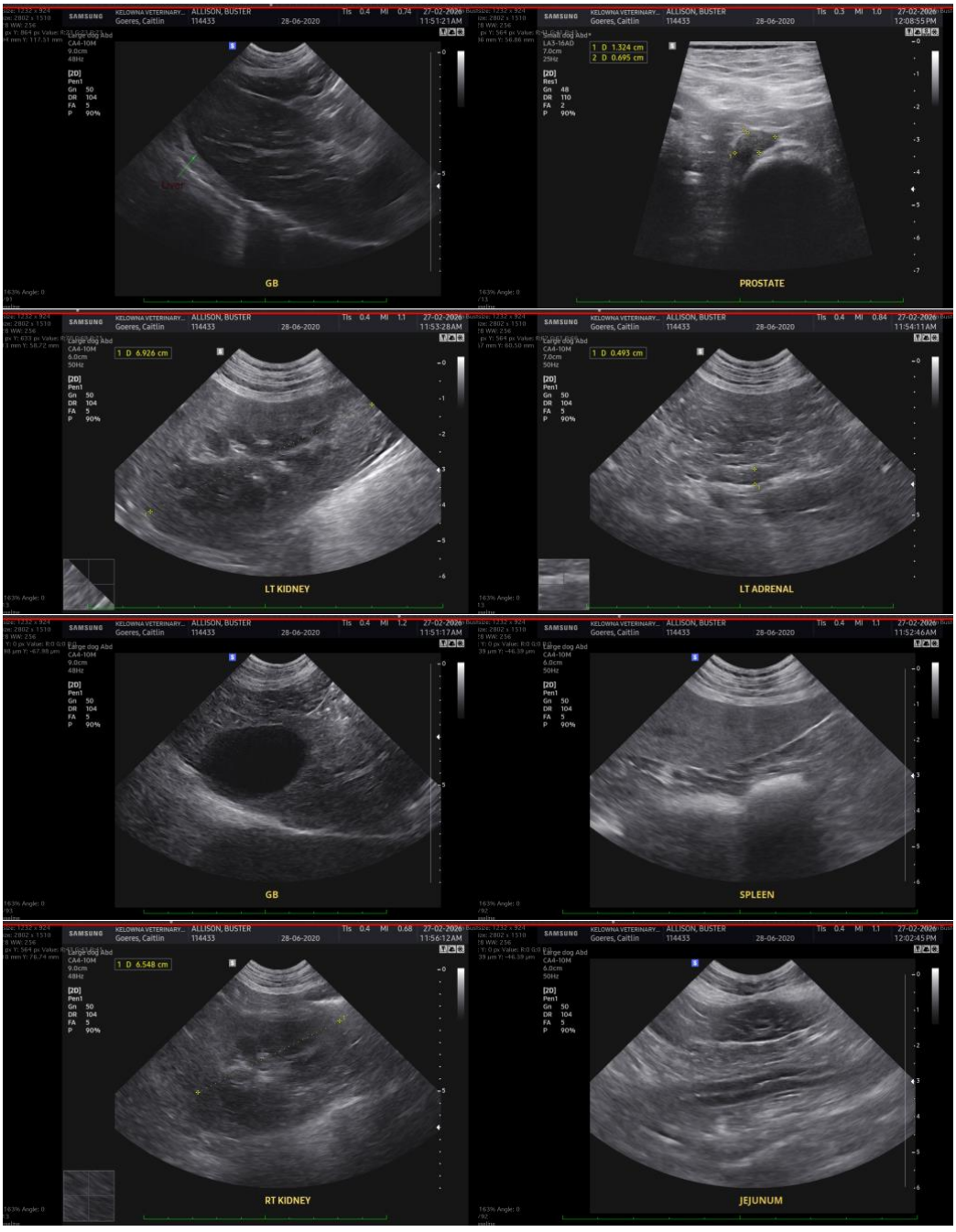

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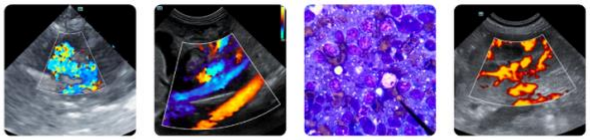

Clinical Sonography & Telecytology
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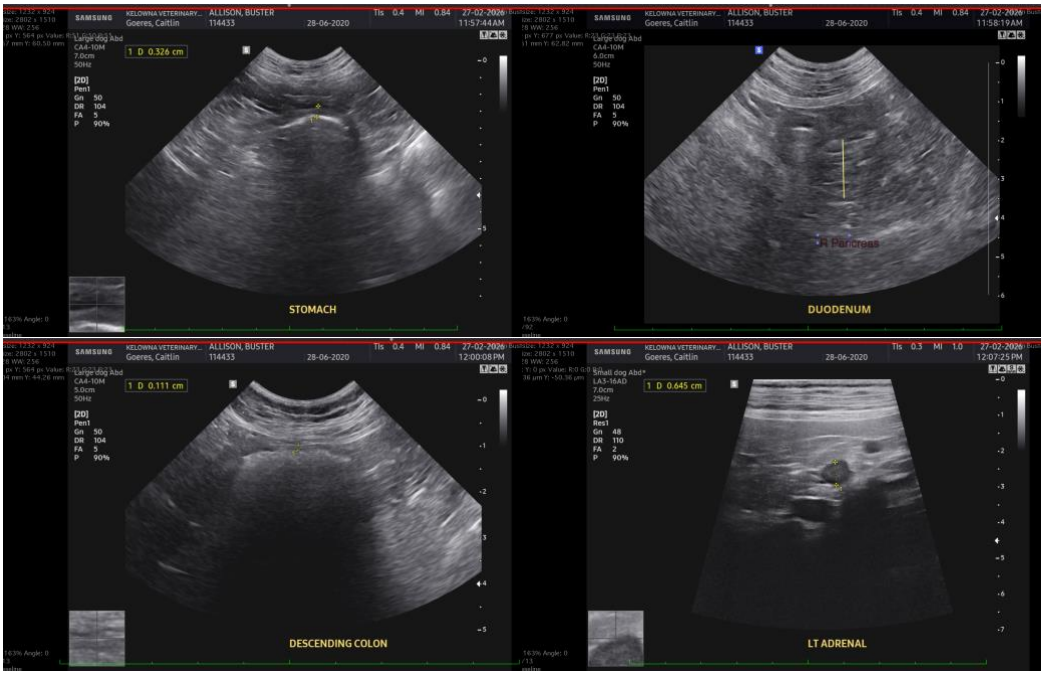

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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