



PATIENT

Sadie Kelly

PRESENTING CLINICAL SIGNS

History: Patient has history of hypothyroidism and about 6 months of PU/PD Here for abdominal ultrasound to screen for abnormality
Abnormal PE/Chem/CBC/UA Results: Blood work - wnl except Low Thyroid.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labrador Mix

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

SEX

Spayed female

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 6.5 cm. Hyperechoic speckling was noted in the cortex and was mild. There is slight decrease in corticomedullary distinction with normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

8 years

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 7.5 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

55 lbs

Adrenal Glands

The left adrenal gland is on the smaller size for a dog of this size measuring 4.84 mm at the caudal pole. The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

INTERPRETED BY

Jessica Midence, DVM,
DACVIM (SAIM)

The right adrenal gland is on the smaller size for a dog of this size measuring 4.0 mm. The right adrenal gland has normal shape and it is normal in appearance and echogenicity.

IMAGING PERFORMED BY

Dr. Smatt

Spleen

The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

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Liver

REFERRING VET

Dr. Smatt

The liver is subjectively small in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

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The gallbladder lumen is mildly distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal Tract

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The gastric is mildly distended with ingesta, but measures normally. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

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Canine

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum was mildly corrugated; however, there was a small amount of ingesta within the lumen. Given the lack of gastrointestinal signs this is considered likely from digestion. Distinct wall layering was noted. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

BREED

Labrador Mix

The section of colon are visualized with formed fecal material and gas shadowing distally.

SEX

Spayed female

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

AGE

8 years

Peritoneum

WEIGHT

55 lbs

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

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Primary Findings

- Mild, degenerative changes to the left kidney.

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Secondary Findings

- Microhepatia, likely normal variation.
- Slight corrugation of the duodenum, considered clinically insignificant given the lack of intestinal symptoms.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The cause of the reported PU/PD is not sonographically obvious. However, the left kidney is smaller than the right and has mild degenerative changes. Therefore, early chronic renal disease is a consideration (and one of the most common causes of PU/PD in middle aged to older dogs with normal lab work and persistent isosthenuria). Consider urinalysis with urine culture to confirm persistent isosthenuria and rule out infection. However, the ultrasound does not suggest hyperadrenocorticism a UCCR can be considered on a first morning urine sample to rule this in or out. If the urine is persistently hyposthenuria then consider psychogenic polydipsia or some other form of diabetes insipidus (however, in general DI is uncommon). The liver appears small, but otherwise, normal in appearance and is most likely a normal variation for this patient. Bile acids can be considered if other



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causes of PU/PD have been ruled out. Lastly sensitivity to or over supplementation with thyroid medication can also be a consideration for the reported PU/PD.

SPECIES

Canine

BREED

Labrador Mix

SEX

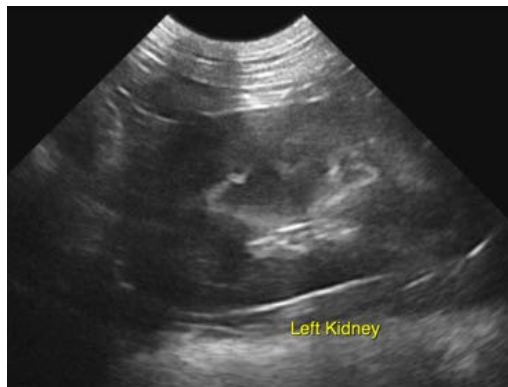
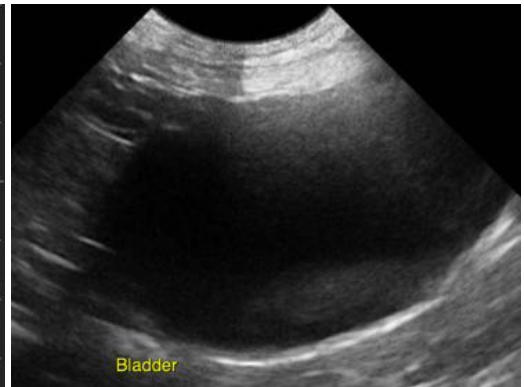
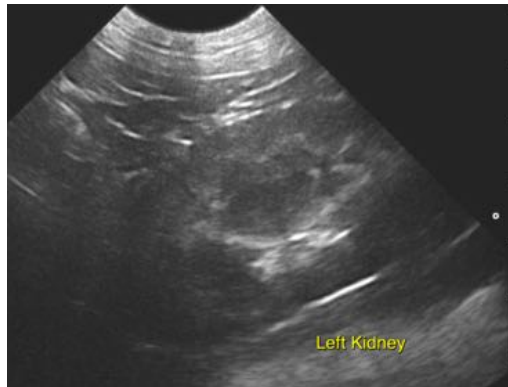
Spayed female

AGE

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WEIGHT

55 lbs



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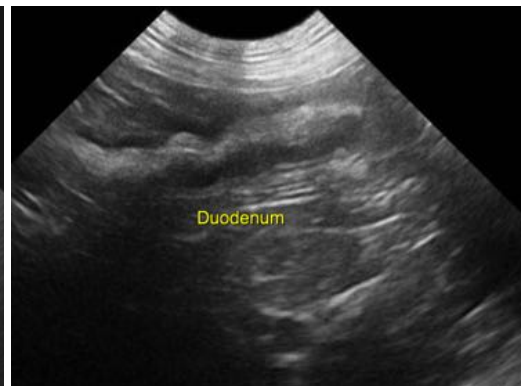
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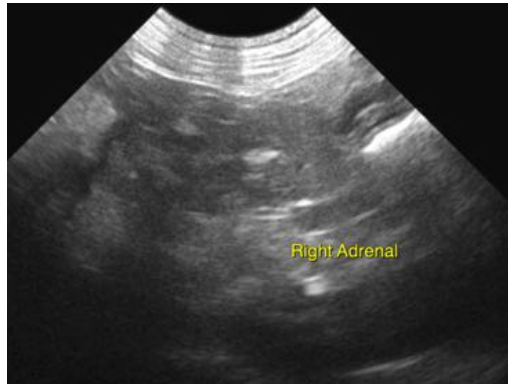
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Labrador Mix



SEX

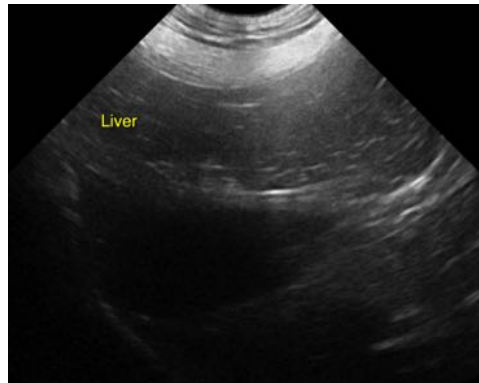
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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