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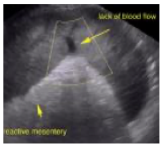
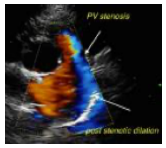
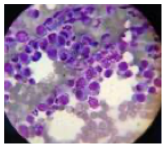
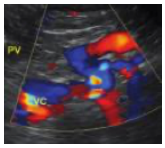
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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PATIENT
Roy Kitzmiller

SPECIES
Canine

BREED
Siberian Husky

SEX
Neutered Male

AGE
4 years

WEIGHT
75 lbs

INTERPRETED BY
Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY
Tiffany Brady DVM

HOSPITAL NAME
Shiloh VH

REFERRING VET
Dena Owings DVM

INVOICE
12892

DATE
4.28.23

PRESENTING CLINICAL SIGNS

History: dribbling/urinary incontinence while sleeping since 3/6. Was treated initially with Clavamox for possible UTI but issue did not resolve. Bloodwork (CBC/Chem/T4) and UA on4/14 showed mild azotemia but dilute urine. No bacteria or pyuria but urine culture currently pending

Abnormal PE/Chem/CBC/UA Results: Creat 1.7 BUN 13 (WNL) SDMA 9.3 (also WNL) USF 1.009

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The prostate measures appropriate (1.50 cm) for the neutered status of the dog, with a few, very small hypoechoic cysts. The parenchyma appears homogenous.

The left kidney is normal in size (6.37 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (6.90 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (caudal pole 0.52 cm / cranial pole 0.43 cm) with a normal shape and is normal in appearance and echogenicity.

The right adrenal gland is normal in size (0.64 cm) with a normal shape and is normal in appearance and echogenicity.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal 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.

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

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are 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.

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

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.

Peritoneum

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

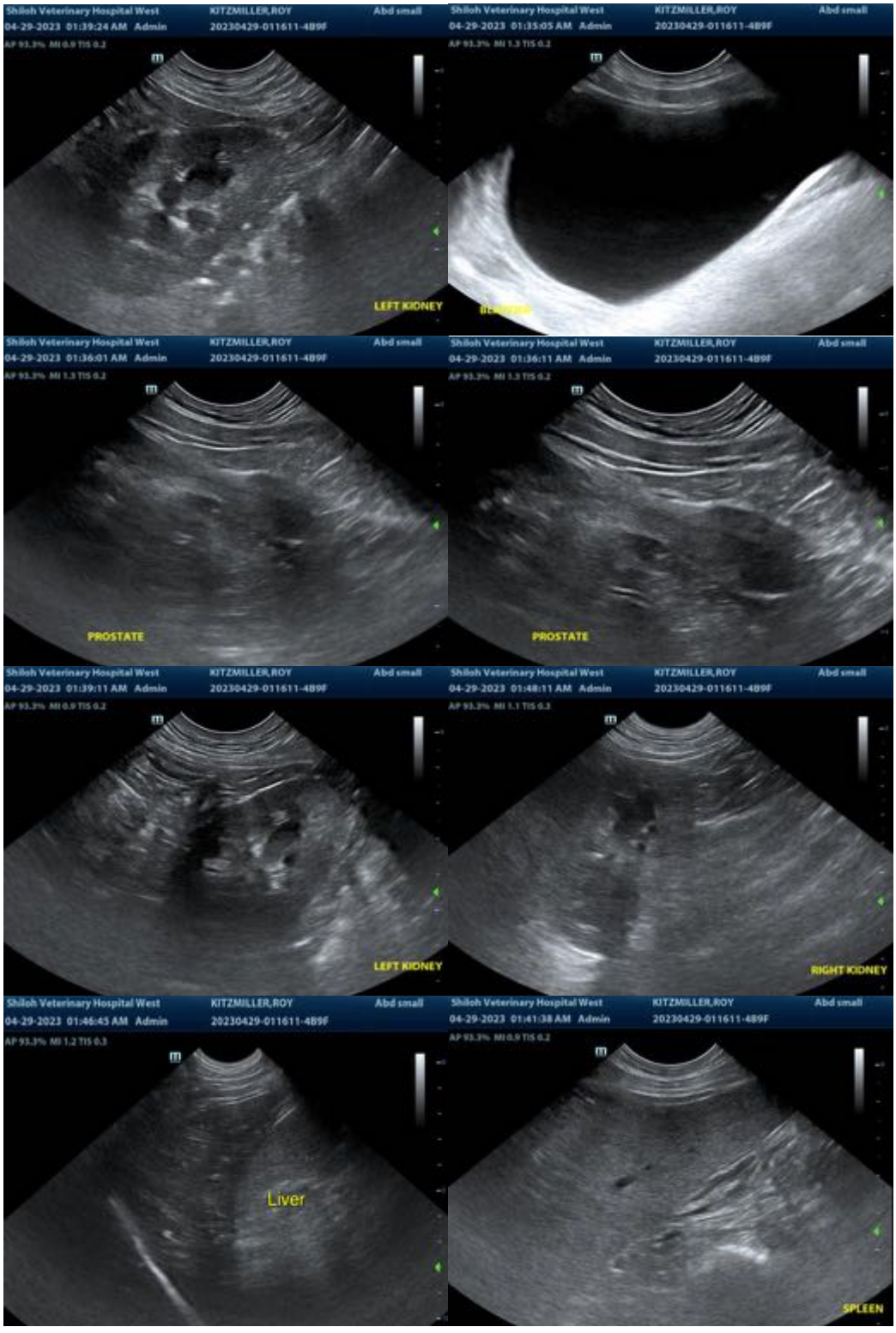
ULTRASONOGRAPHIC FINDINGS

Findings

- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the urinary incontinence with low specific gravity is not sonographically apparent. Given the isosthenuria and high creatinine, early renal dysfunction would be a consideration, though the kidneys look normal. Other causes of polyuria/polydipsia should be considered, as that is often a contributing cause to overnight incontinence in male dogs. Consider a baseline cortisol for hypoadrenocorticism, a urine cortisol: creatinine ratio to evaluate for the possibility of adrenal hyperfunction (though that is also not suggested by this exam), psychogenic polydipsia, other nephropathies (such as RTA, PLN), etc.



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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