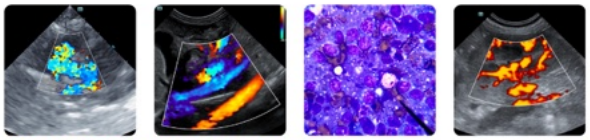

PATIENT

Doni Arms

SPECIES

Canine

BREED

Mixed

SEX

Neutered male

AGE

11 ½ years

WEIGHT

74.3 lbs

INTERPRETED BY

Kim Radway, DVM, DABVP (Canine/ Feline)

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Arms

INVOICE

71257

DATE

2/5/26

PRESENTING CLINICAL SIGNS

- Mild increase water intake and urination with first AM urine specific gravity of 1.021. Progressive increase in ALKP
- ALKP 819 TT4 0.7 USG 1.021 clear sediment rest NR

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The prostate has a width of 0.8 cm.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence or dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 6.82 cm and the right kidney was 6.79 cm in length.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 2.94 cm by 0.6 cm by 0.74 cm and the right adrenal gland was 1.7 cm by 0.72 cm by 0.5 cm in size.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

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Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

Pancreas

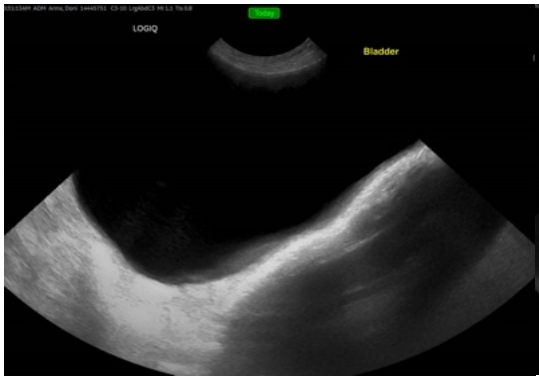
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

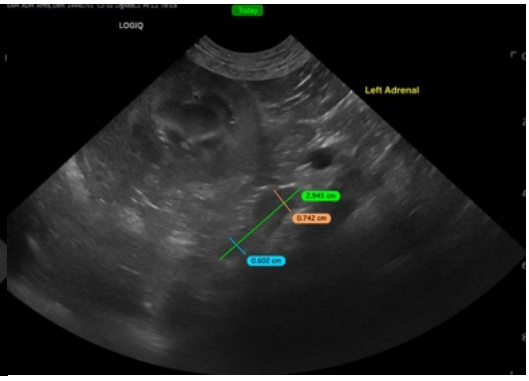
ULTRASONOGRAPHIC FINDINGS

Normal abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is a normal abdomen with no evidence of gross physical changes within the bladder, kidneys or adrenal glands to explain the PU/PD in this patient. A urine culture should be considered in order to screen for any evidence of underlying occult urinary tract infections. Although there is an elevated ALP on blood work, there were no gross or physical changes within the liver parenchyma. It is felt that the likely cause is benign, regenerative hyperplastic nodules. However, a liver biopsy would be required for a definitive, histopathologic diagnosis. A screening FNA for cytology can be considered for additional information. The total T4 was decreased on blood work and therefore, a TSH should be submitted in order to confirm if there is underlying hypothyroidism in this patient.





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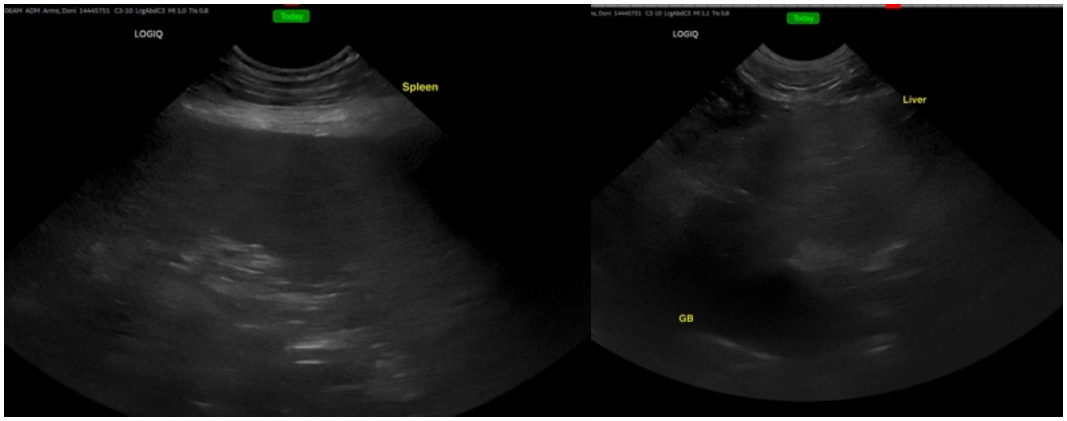

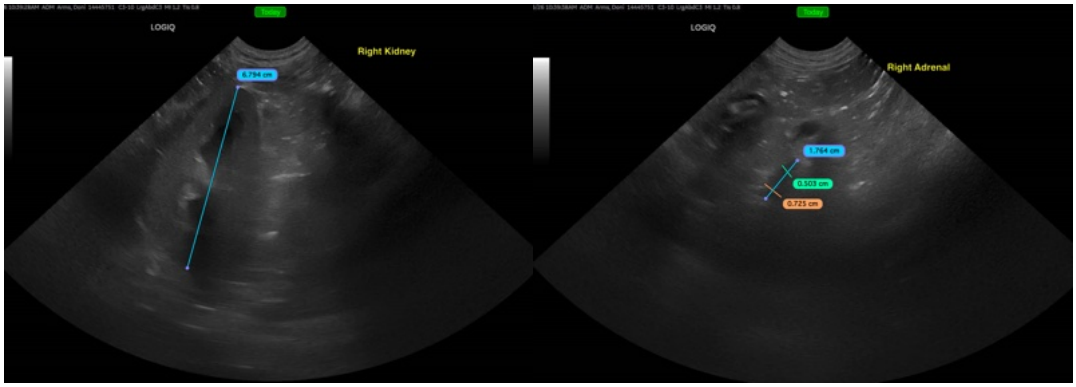

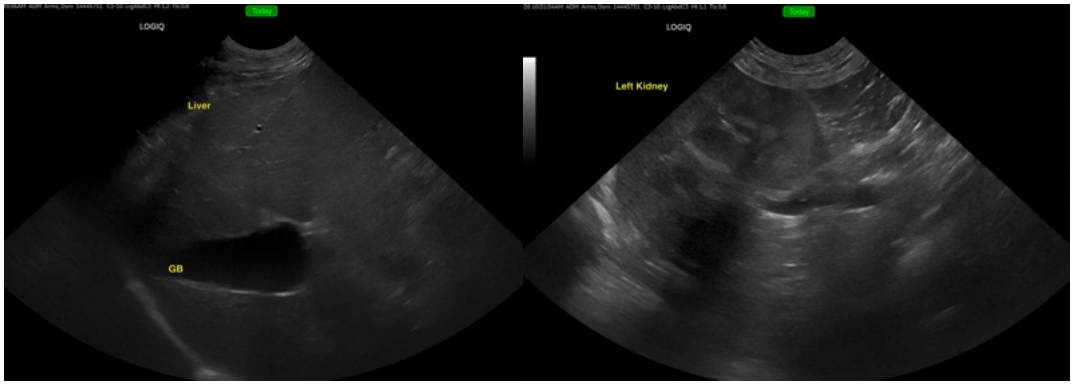

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com