



PATIENT PRESENTING CLINICAL SIGNS

Sophie Greeley

PU/PD, urinary accidents in house. Hx of anxiety.
Abnormal PE/Chem/CBC/UA Results: ALT 139 UA: Quiet sediment SG: 1.043

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mix

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

SEX

Spayed Female

The left kidney has a normal shape and size (5.17 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

6 Years

The right kidney has a normal shape and size (5.4 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

27.1 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.43 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The right adrenal gland is normal in size measuring 0.61 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

IMAGING PERFORMED BY

Jessica Miller

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

HOSPITAL NAME

Millburn Vet Hospital

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

REFERRING VET

Dr. Turowsky

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

DATE

10/26/22



PATIENT

Sophie Greeley

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.39 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SPECIES

Canine

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

BREED

Mix

Pancreas

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.

SEX

Spayed Female

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

AGE

6 Years

ULTRASONOGRAPHIC FINDINGS

- No significant lesions observed on today's scan

WEIGHT

27.1 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan is relatively normal in appearance. There are no focal lesions associated with the liver, and the adrenals are normal in size. The USG provided is moderately concentrated, so true significant PU/PD is unlikely. Recommend a urine culture to rule out an occult infection. You could consider a liver function test to rule out more significant liver disease, and a fine needle aspirate if bile acids are abnormal. Additionally, be sure to check calcium levels, etc. Below is a list of differentials for PU/PD that I use in dogs if you find it at all helpful.

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Medicine)

Diabetes Mellitus

IMAGING PERFORMED BY

Jessica Miller

Chronic Renal Disease/Renal Failure (can present pre-azotemic, especially in dogs, but expect the BUN & creatinine not to be at the low end of the reference range)

HOSPITAL NAME

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Hypercalcemia

Urinary tract infection

Iatrogenic Disease due to medications (diuretics, phenobarbital, KBr; diets either high in salt [such as S/D] or very low in protein (such as U/D))

REFERRING VET

Dr. Turowsky

Hyperthyroidism

Hypokalemia

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Liver Disease (hepatic encephalopathy may be a mixed primary PU and PD)

Pyelonephritis

Polycythemia

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Renal Tubular Diseases (glycosuria or Fanconi & Fanconi-like syndromes or RTA)



PATIENT

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Hyperadrenocorticism (may be a mixed primary PU and PD)
Hypoadrenocorticism (either Addison's or hypocortisolism)

SPECIES

Canine

Paraneoplastic Syndromes (particularly splenic hemangiosarcoma?)

BREED

Mix

Pericardial Effusion

Pyometra (including stump pyometra in spayed dogs)

Chronic Partial Urinary Obstruction or Post-Obstructive Diuresis

Pheochromocytoma

SEX

Spayed Female

Psychogenic Polydipsia (as in a true behavior disorder with a compulsive element)

Primary Non-Medical Polydipsia (aka "I drink a lot because I like it or I engage in activities that promote it, but that doesn't mean I'm sick")

AGE

6 Years

Primary Nephrogenic Diabetes Insipidus (Congenital Nephrogenic Diabetes Insipidus, other diseases that cause primary PU other than Congenital Diabetes Insipidus would be considered Acquired Nephrogenic Diabetes Insipidus)

WEIGHT

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Atypical Cushing's and SARDS

Central Diabetes Insipidus

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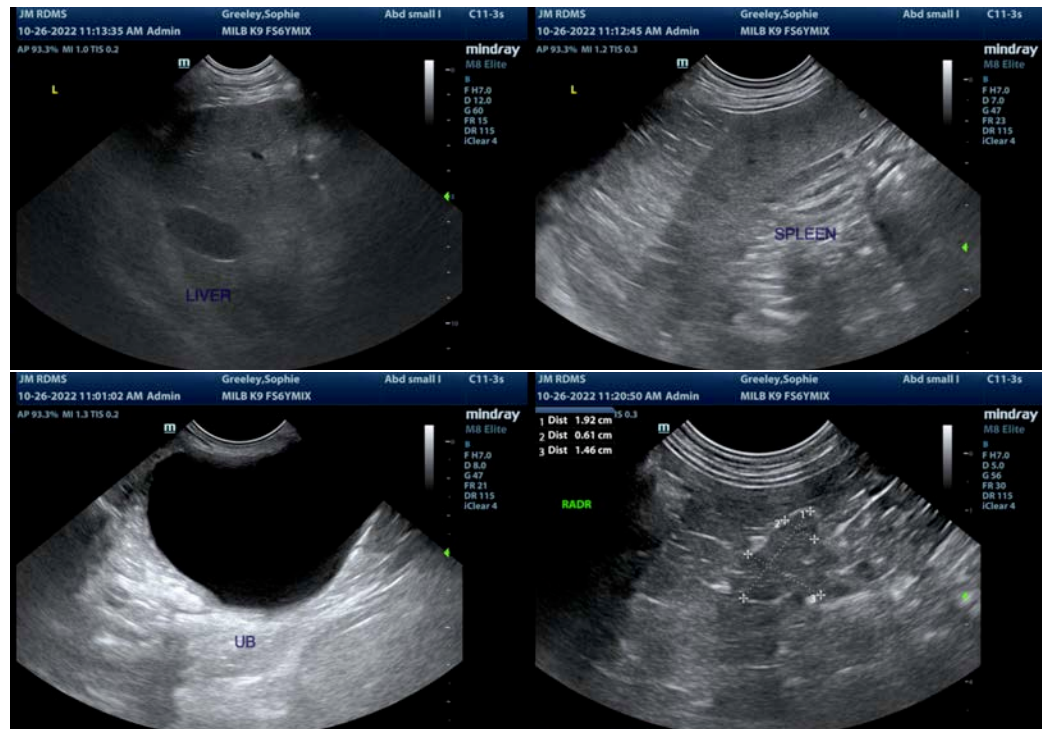
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SPECIES

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Spayed Female

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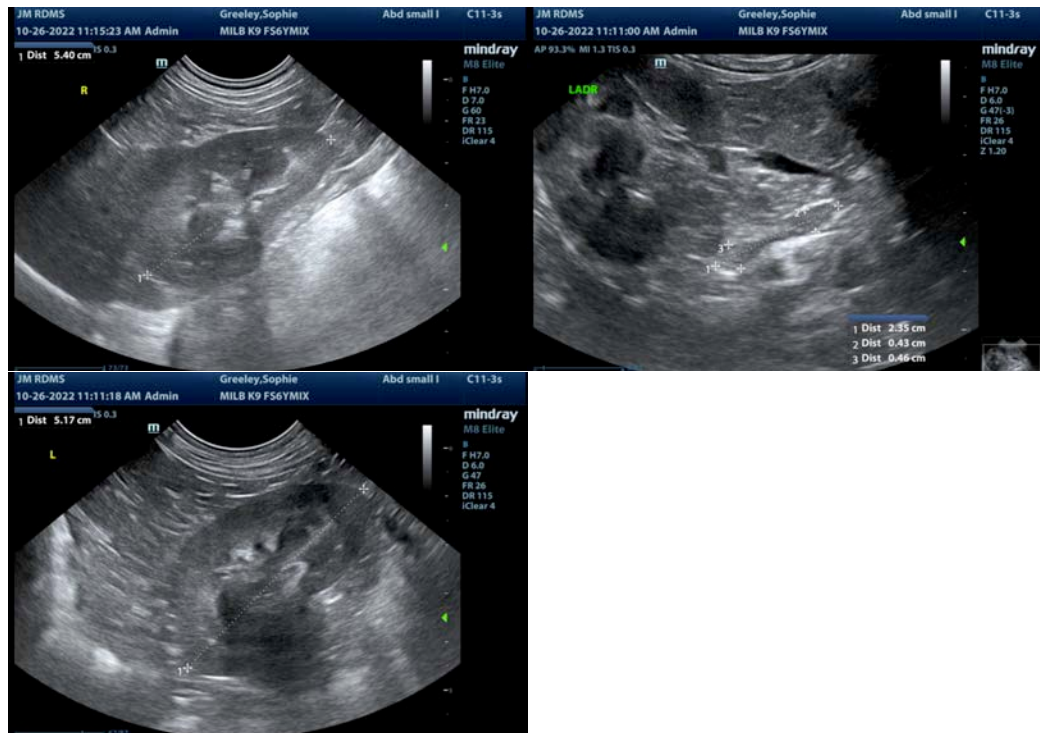
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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