



PATIENT

Diesel Kulbacki

SPECIES

Canine

BREED

Australian Shepherd/Broder Collie

SEX

Neutered male

AGE

6 years

WEIGHT

105 lbs

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands AH

REFERRING VET

Dr. Kitz

INVOICE

30525

DATE

5/19/22

PRESENTING CLINICAL SIGNS

History: 2 month history of polyuria, polydipsia with urinary accidents polyphagia uncontrolled weight gain panting excessively patient is current on vaccinations, including leptospirosis, as well as heartworm and flea preventions eats Hill's SD large breed

Abnormal PE/Chem/CBC/UA Results: morbidly obese - ideal body weight would be around 70-75# BUN- 14 Creat- 1.0 USG - 1.007 4DX neg SDMA - sl elevated at 16 ALKP- 910 remainder of Superchem including electrolytes are normal; thyroid mid normal range Baseline cortisol: 1.9 4 hr post dex: 0.5 8 hour post dex 0.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is well distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

Kidneys

The **left** kidney measures 7.65 cm. The capsule is smooth and its overall architecture, including the definition of the cortico-medullary junction, are preserved. Very mild mineralization and fat are noted. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

The **right** kidney measures 7.27 cm. Findings are similar to the left kidney.

Adrenal Glands

The **left** adrenal gland measures 0.52 cm in diameter. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The **right** adrenal gland measures 0.53 cm at the cranial pole, 0.57 cm at the caudal pole and 1.69 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

Spleen

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. A small hyperechoic nodule is noted in the body. The latter is suggestive of mineralization, fat, fibrosis or hyperplasia. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

Liver

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels visualized.



PATIENT

Diesel Kulbacki

The gallbladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB or edema surrounding it. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.

SPECIES

Canine

Gastrointestinal

BREED

Australian Shepherd/Broder Collie

The gastric wall is within normal limits in thickness and the wall layers are well defined.

Ingesta is present within the lumen of the duodenum; NAF.

SEX

Neutered male

The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.

The colonic wall is not thickened and mural detail is considered normal.

There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.

AGE

6 years

Pancreas

WEIGHT

105 lbs

The pancreas has a mildly coarse echotexture, which is considered secondary to age related changes, however, previous episodes of pancreatitis cannot be excluded. There are no signs of active pancreatitis or neoplasia.

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Other

Lymph nodes

No abnormalities are observed

IMAGING PERFORMED BY

Dr. Kitz

Abdominal effusion is not visualized.

HOSPITAL NAME

Woodlands AH

ULTRASONOGRAPHIC FINDINGS

REFERRING VET

Dr. Kitz

- The adrenal glands are within normal limits, however, this does not exclude a diagnosis of hyperadrenocorticism (HAC). Although the low dose dexamethasone suppression test is not supportive of a diagnosis of HAC, atypical HAC should not be excluded. The client should be asked about recent treatment (in the last 6-8 weeks) of administration of topical or oral steroid therapies, as well as possible ingestion of steroid containing ointments or creams by licking family members' arms, hands, legs, etc.

INVOICE

30525

- Leptospirosis remains a possibility.
- The pancreatic changes are suggestive of age-related changes.

DATE

5/19/22



PATIENT

Diesel Kulbacki

- Hyperadrenocorticism remains the primary differential diagnosis for the excessive panting, however, other possibilities include Pickwickian syndrome due to Diesel's body condition score, as well as possible pain. Hypothyroidism is less likely based on blood work results.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An adrenal panel performed at the University of Tennessee Diagnostic Laboratory is strongly recommended to exclude atypical HAC. This will also include a "standard ACTH stimulation test". Note, the ACTH stimulation test should be performed 2 hours following administration of Cortrosyn.

BREED

Australian Shepherd/Broder Collie

A urine culture and sensitivity is suggested to exclude pyelonephritis.

SEX

Neutered male

If negative, a urine protein: creatinine ratio is suggested.

An arterial blood pressure is recommended to rule out hypertension.

AGE

6 years

A trial with an analgesic (gabapentin) may be tried to exclude pain as a cause of the excessive panting.

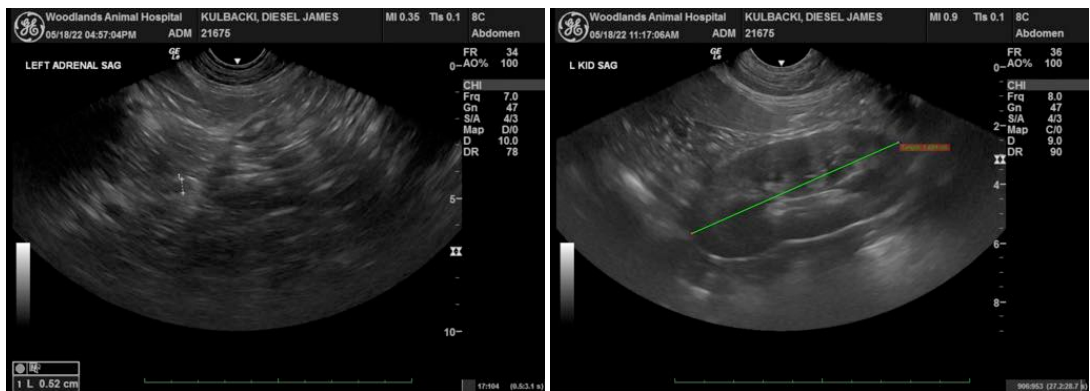
If all the above tests exclude an underlying cause for Diesel's clinical signs and an improvement is not observed with an analgesic, psychogenic polydipsia and medullary washout remain possible differential diagnoses and an ADH response test with oral desmopressin may be considered.

WEIGHT

105 lbs

INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

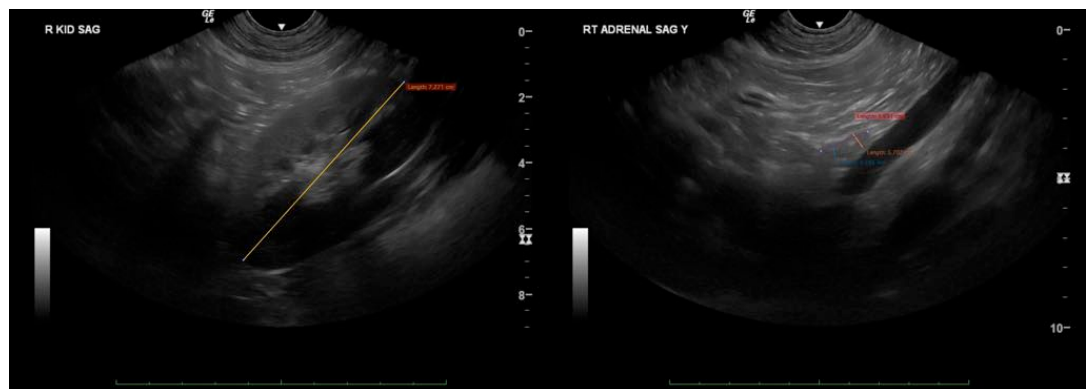


IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands AH



REFERRING VET

Dr. Kitz

INVOICE

30525

DATE

5/19/22



PATIENT

Diesel Kulbacki

SPECIES

Canine

BREED

Australian Shepherd/Broder Collie

SEX

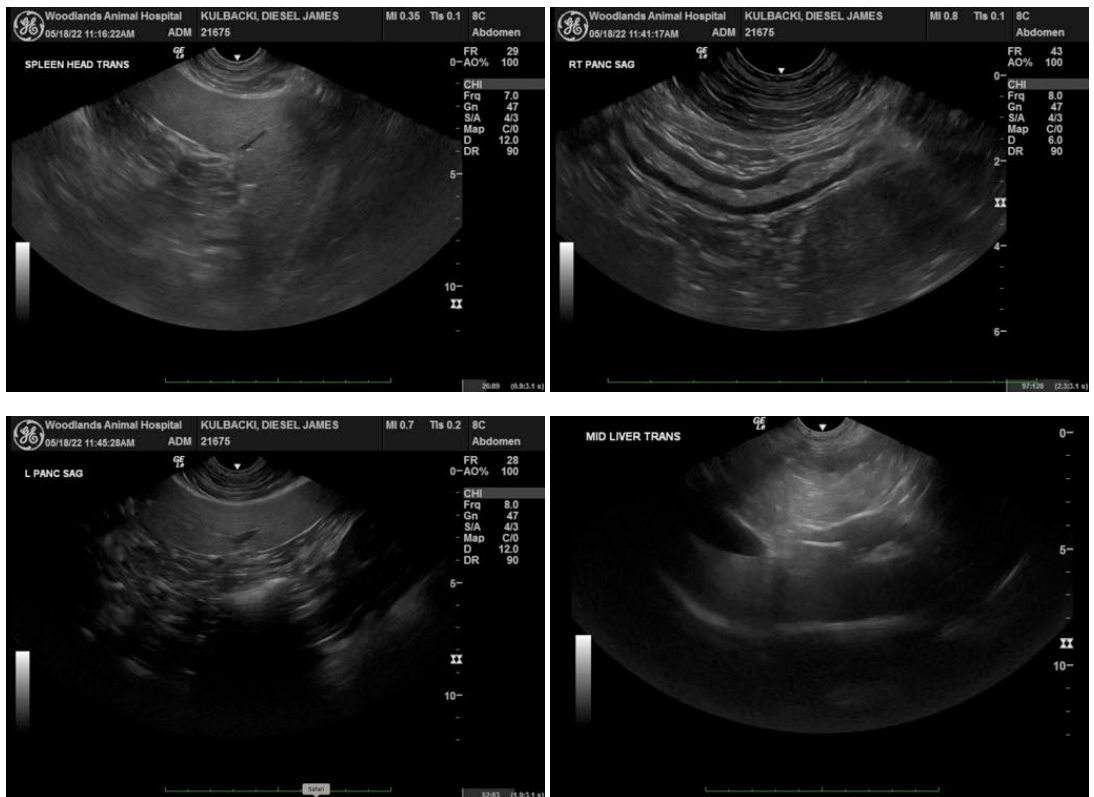
Neutered male

AGE

6 years

WEIGHT

105 lbs



INTERPRETED BY

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands AH

REFERRING VET

Dr. Kitz

INVOICE

30525

DATE

5/19/22

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

Lisa.Carioto@sonopath.com