

PATIENT PRESENTING CLINICAL SIGNS

Clyde Amico History: Severe PU/PD, diarrhea

SPECIES

Canine

WBC 19.9 with lymphocytosis, monocytosis and eosinopenia, Phosphorus 7.4, unremarkable hepatic and renal parameters, Urine specific Gravity 1.003, negative protein and glucose

BREED

Scottish Deerhound

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 5.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

AGE

8 months

The prostate was of expected size and appearance for a young Intact male canine, measuring 1.1 cm in diameter.

The area of the aortic trifurcation was free of pathology.

WEIGHT

81 Pounds

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.6 cm in length. The right kidney measured 8.1 cm in length.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width at the caudal pole and 0.45 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width at the caudal pole.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Spleen

HOSPITAL NAME

Easton AH

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

REFERRING VET

Dr. Titcher

Liver/ Gallbladder

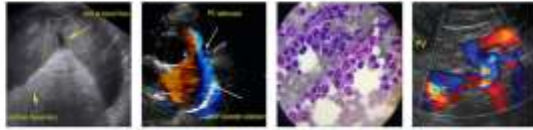
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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

1.11.2022



PATIENT

Gastrointestinal

Clyde Amico

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

SPECIES

Canine

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with subjective formed to semi-formed feces in lumen.

BREED

Scottish Deerhound

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SEX

Male

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

8 months

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable abdomen

WEIGHT

81 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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(Canine and Feline)

No evidence of upper or lower urinary tract pathology, specifically no evidence of congenital renal dysplasia, pyelonephritis, or other renal pathology as an obvious cause of the patient's severe polyuria/polydipsia.

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Likewise, the liver was sonographically unremarkable without evidence of structural hepatopathy or subnormal liver size.

HOSPITAL NAME

Easton AH

No evidence of gastrointestinal pathology with potential for dietary intolerance / food hypersensitivity, occult parasitism, or similar possible. Continued GI support, which may include high colony count probiotic, bland limited antigen or hydrolyzed diet trial, empirical deworming even with fecal testing may prove beneficial.

REFERRING VET

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Urinary workup including urine culture and sensitivity on a sterile urine sample (assuming off antibiotics for 7 days), baseline UPC +/- Leptospirosis titers / PCR if potential exposure are recommended. Adrenal screening with resting cortisol to rule out occult Addison's Disease, given the CBC abnormalities, is warranted. Without overt evidence of urinary tract pathology and pending additional diagnostics, rare causes of severe PU/PD such as diabetes insipidus or other may be considered in this case.

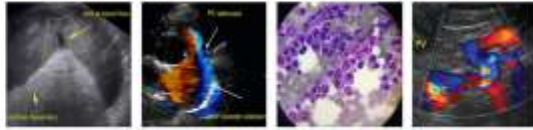
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For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



PATIENT

Clyde Amico

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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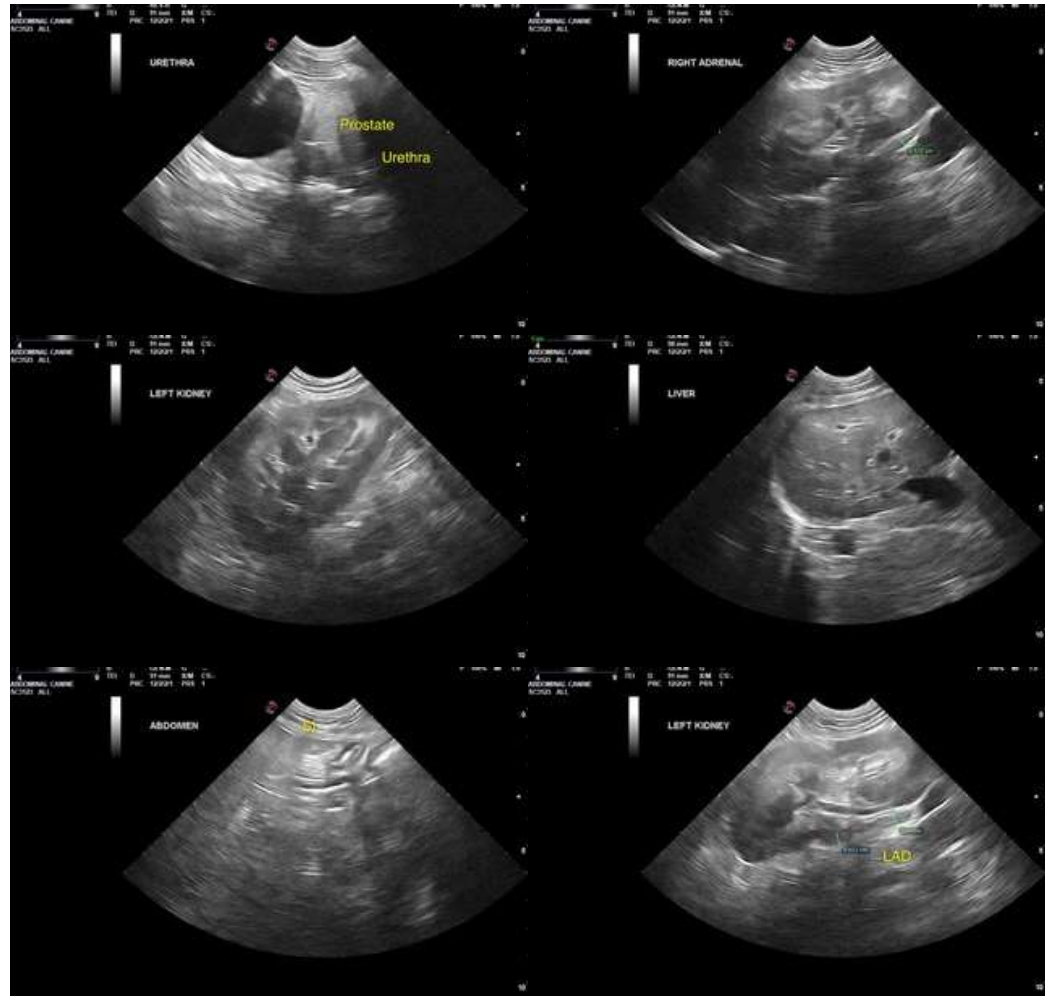
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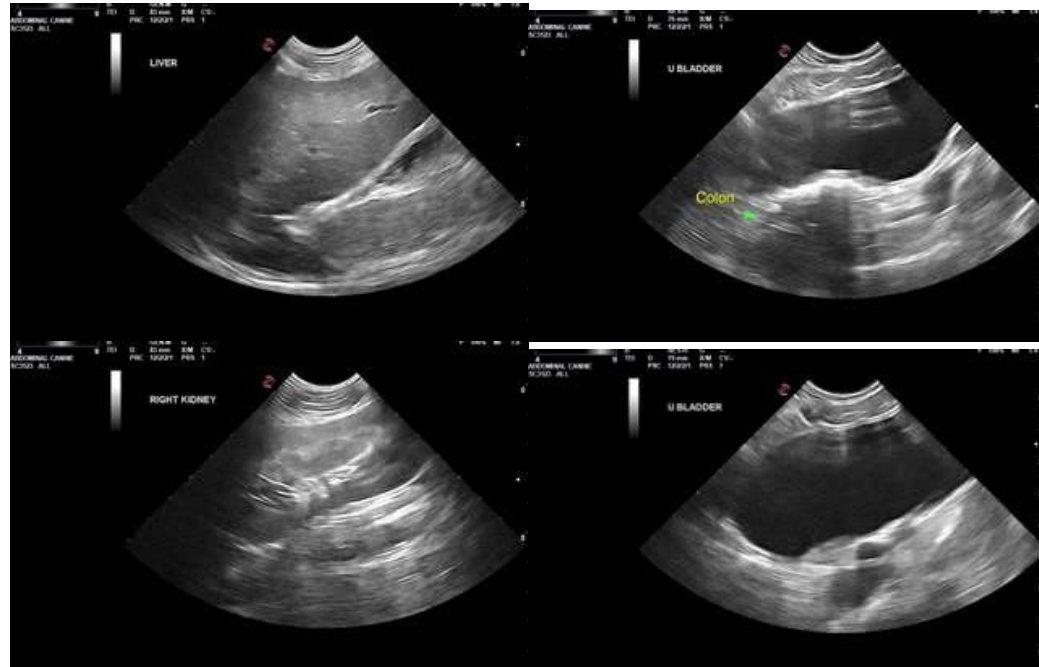
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

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