



**PATIENT PRESENTING CLINICAL SIGNS**

Heinz Weidman Severe PD Cerenia, Prilosec

**SPECIES** HCT 64.5, Urine specific gravity 1.040, Negative glucose and protein, Na:K 38, Normal liver parameters, Albumin 3.4, Glucose 1.3, BUN 13, Creatinine 1.2, Cholesterol 298

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Hound Mix The urinary bladder was subnormal in size owing to lack of urine distention. Minimal anechoic urine was present with no sediment or calculi. No evidence of overt inflammatory or neoplastic mural changes was noted. The urethra was normal in structure and tone to a depth of 4.0 cm. Lack of urine distention prohibited full evaluation of the urinary bladder walls, yet no overt evidence of Inflammatory or neoplastic urinary bladder mural criteria was noted.

**SEX** MN

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring 0.95 cm in diameter.

**AGE** 2015 The area of the aortic trifurcation was free of pathology.

**WEIGHT** 50 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 pyelectasia. The left kidney measured 5.8 cm in length. The right kidney measured 5.9 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 0.40 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 0.55 cm width at the caudal pole.

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

*Spleen*

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.

**HOSPITAL NAME**

Barton Heights VH

**REFERRING VET**

Dr. Ott

*Liver/ Gallbladder*

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.

**INVOICE**

13936

**DATE**

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**PATIENT**

***Gastrointestinal***

Heinz Weidman

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**

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.

Canine

Normal visible colon wall layers were present with apparent formed feces in lumen.

**BREED**

***Pancreas***

Hound Mix

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**

MN

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**AGE**

2015

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

50

- Small yet overtly normal urinary bladder
- Normal bilateral kidneys / adrenal glands
- Normal liver

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of overt visceral pathology as an obvious cause of potential polydipsia. The urine specific gravity indicates adequate urine concentrating ability and is not overtly consistent with significant PU/PD.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

If strong clinical concern for polydipsia or overall PU/PD, further assessment may include adrenal screening with resting cortisol to rule out occult Addison's Disease, and further renal staging to include screening urine culture and sensitivity +/- Leptospirosis titer/PCR if endemic to the area or potential exposure.

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Hepatic functionality is normal given the sonographic presentation and normal albumin, glucose, BUN, and cholesterol levels.

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**SPECIES**

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**BREED**

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**SEX**

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**WEIGHT**

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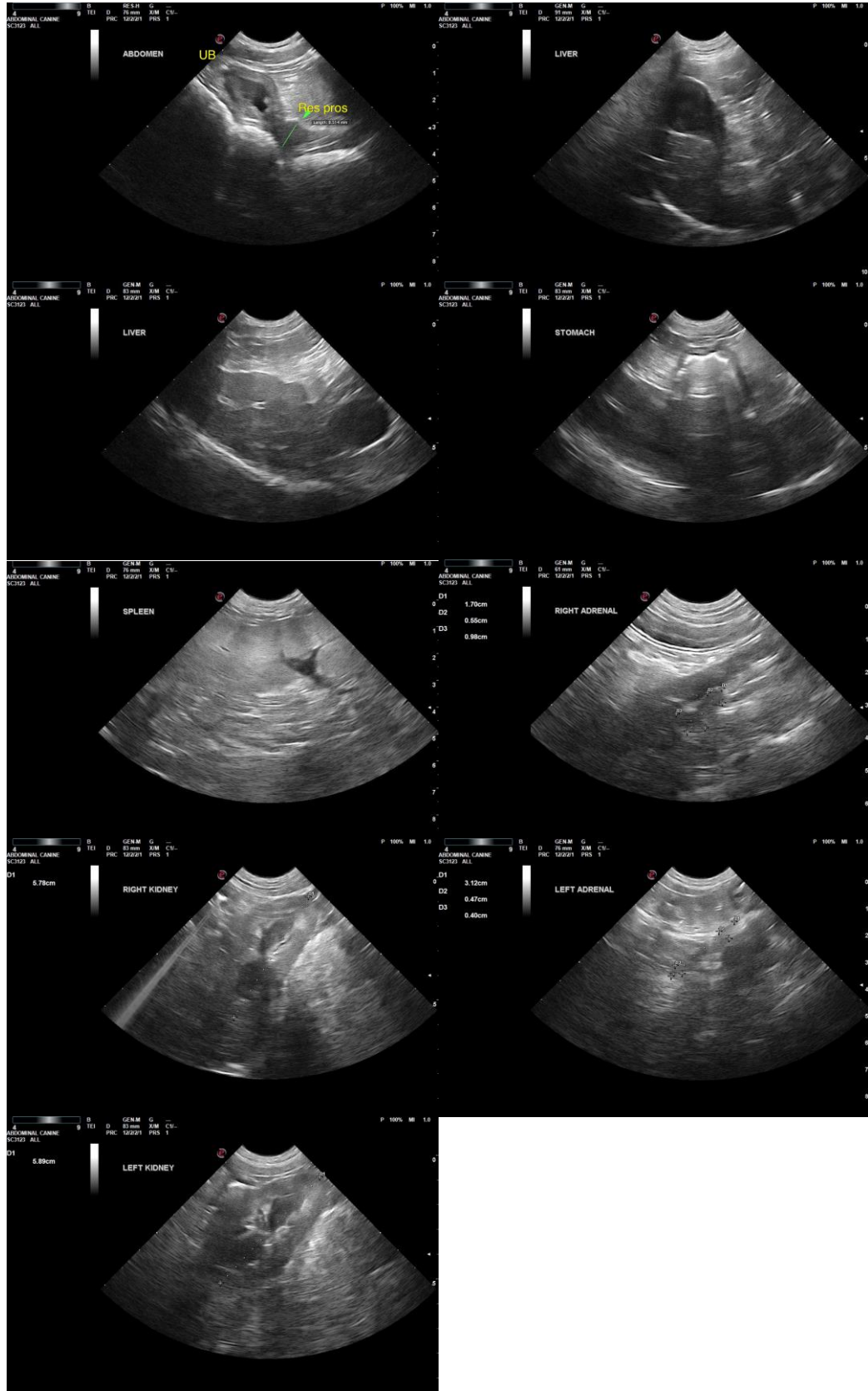
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**PATIENT**

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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.

**SPECIES**

Canine

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.

**BREED**

Hound Mix

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**SEX**

MN

**AGE**

2015

**WEIGHT**

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