



PATIENT

Remi Page

SPECIES

Canine

BREED

Mixed

SEX

Male

AGE

2 yrs, 6 mo

WEIGHT

65

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kristie Steele

HOSPITAL NAME

Loving Care
Veterinary Hospital

REFERRING VET

Dr. Kristie Steele

INVOICE

17336

DATE

7/21/23

PRESENTING CLINICAL SIGNS

Increased drinking and urinating

Abnormal PE/Chem/CBC/UA Results: Increased Eosinophils and Creatinine Low urine concentration

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

The prostate gland exhibited the expected size and presentation for a young, intact, male canine with no evidence of pathology. The left and right testicles were overtly normal in presentation.

No evidence of pathology in the area of the aortic trifurcation.

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 6.7 cm in length. The right kidney measured 6.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No overt pathology was noted in the area of the left or right adrenal glands.

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.

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. Adequate to normal hepatic vascular volume was noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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.

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 apparent formed feces in lumen.



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Pancreas

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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.

SPECIES

Canine

Free Abdomen

BREED

Mixed

No overt lymphadenopathy or peritoneal effusion was present.

SEX

- Normal bilateral kidneys

Male

- Normal volume liver

AGE

- Sonographically unremarkable urinary bladder

2 yrs, 6 mo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

65

No evidence of abdominal visceral pathology was present. An obvious cause of the patient's PU/PD was not definitive. Further assessment may include screening C/S, baseline UPC level if evidence of proteinuria, and screening cortisol level with full ACTH Stimulation test (if resting cortisol level <2.0), +/- Leptospirosis titers / PCR if clinically indicated.

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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/>.

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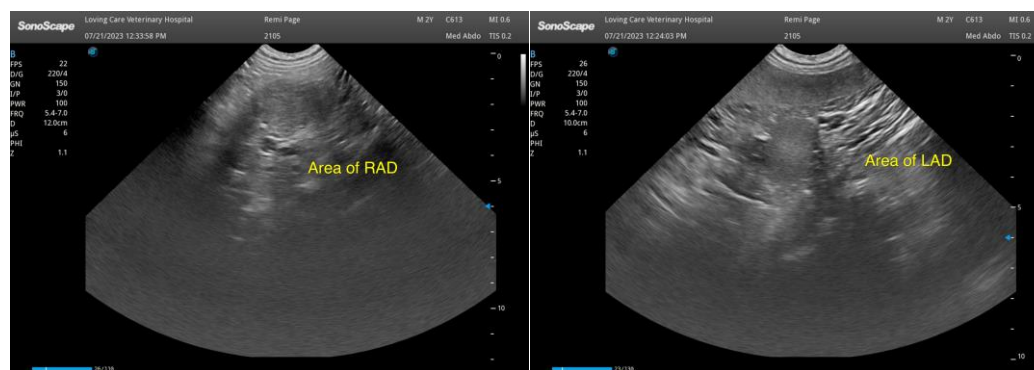
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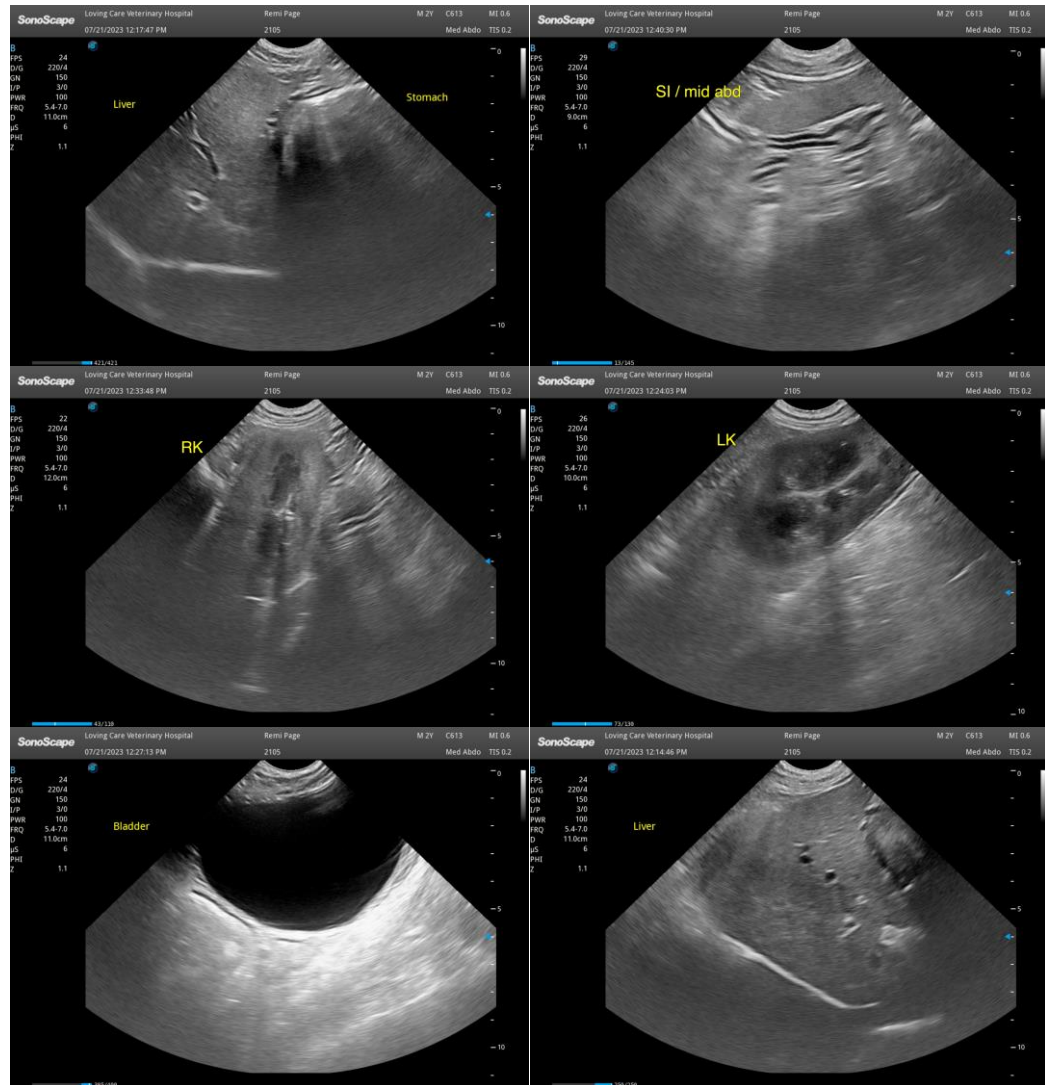
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com