



PATIENT	PRESENTING CLINICAL SIGNS
Kardashian Ramsay	History: Chronic PuPd and elevated ALP activity. Normal LDDS test April 2021. Recurrent UTI which seems to have resolved.
SPECIES	Physical Examination: Weight loss, abdominal discomfort, expiratory wheezes.
Canine	Urinalysis: SG 1.020.
BREED	CBC: N/A.
Miniature Schauzner	Serum Biochemistry: Elevated ALP activity, no azotemia.
	Radiographic Findings: N/A.
SEX	
FS	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE	Urinary System
12 years	Full urinary bladder with a normal appearance and thickness of the wall. Large amount of hypoechogenic floating sediment evident. No uroliths present.
WEIGHT	Normal trigone area, proximal urethra, and iliac blood vessels.
17 #	Normal iliac lymph nodes. Ureters not visualized.
INTERPRETED BY	Normal renal size (left 4.3 cm, right 4.6 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Reproductive System
	N/A.
IMAGING PERFORMED BY	Adrenal Glands
Dr Alex Emerson, DVM	Normal shape, echogenic appearance, size, and position. Left 1.77 x 0.43/0.36 cm, right 2.09 x 0.5/0.35 cm
HOSPITAL NAME	Spleen
Animal Clinic of Casselberry	Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.
REFERRING VET	Liver
Dr Alex Emerson, DVM	Normal size, echogenic appearance and portal markings. No nodules or masses evident. Full gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.
INVOICE	Gastrointestinal
302731	Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness and peristaltic activity, and no distension of the lumen.
DATE	
2/5/22	


PATIENT *Pancreas*

Kardashian Ramsay Normal size and echogenic appearance. Irregular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SPECIES *Free Abdomen*

Canine No mesenteric lymphadenomegaly.
No ascites.

BREED

Miniature Schauzner

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

SEX

FS

- Renal disease vs age-related changes.
- Urinary bladder sediment.

AGE

12 years

Secondary Findings:

- None.

WEIGHT

17 #

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the kidneys may merely be an age-related change with the history, early chronic disease needs to be considered. Other possible etiologies for the PuPd would be partial central diabetes insipidus, psychogenic polydipsia, medullary solute wash-out, neurological disease, and severely protein-restricted diet. An unlikely differential diagnosis would be syndrome of inappropriate ADH secretion.

Further assessment would be dietary history, quantification of water intake, measurement/calculation of serum osmolality, serum SDMA, and modified water deprivation test. Unless there are compatible clinical signs (polyphagia, weight gain, pot-bellied appearance, truncal alopecia), Cushing's disease is highly unlikely and thus an ACTH stimulation/LDDS test is not indicated.

Serum osmolality can be calculated as follows, with the presence of low osmolality supportive of primary polydipsia:

$$\text{Osmolality (mOsm/kg)} = 2((\text{sodium [mEq/L]}) + (\text{glucose [mg/dL]}/18) + (\text{BUN [mg/dL]}/2.8))$$

Modified water deprivation test:

Increase the protein content of the diet and start with 120 mls/kg water per day for 2-3 days; then reduce to 80 mls/kg for 2-3 days; then reduce to 60mls/kg for 2-3 days. After that stop water and monitor hematocrit, total solids, and SG. Continue until 5% dehydrated. If no improvement in SG then use vasopressin and continue monitoring the SG.

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Specific therapy would be dependent on an etiological diagnosis.

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PATIENT

Kardashian Ramsay

SPECIES

Canine

BREED

Miniature Schauzner

SEX

FS

AGE

12 years

WEIGHT

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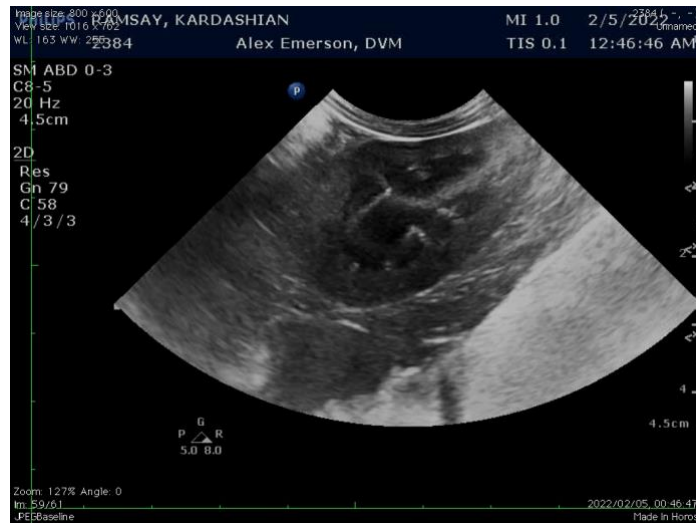
2/5/22

IMAGES

Urinary bladder



Kidney



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.

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