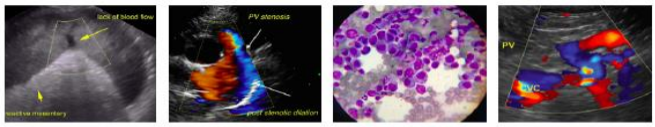


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Percy Sullivan

SPECIES

Canine

BREED

Coonhound

SEX

MN

AGE

3 years

WEIGHT

23.5 kg

INTERPRETED BY

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Dr Lee Gregory, DVM

HOSPITAL NAME

Casco Bay Veterinary Hospital

REFERRING VET

Dr Lee Gregory, DVM

INVOICE

303028

DATE

6/13/22

PRESENTING CLINICAL SIGNS

History: Chronic polydipsia with frequent urine dribbling after micturition.

Physical Examination: N/A.

Urinalysis: 1.015. Full analysis and culture pending.

CBC: Pending.

Serum Biochemistry: Pending.

Radiographic Findings: N/A.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal appearance and thickness of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

Normal renal size (left 5.8 cm, right 6.3 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

Reproductive System

Small hypoechogenic prostate.

Adrenal Glands

Normal shape, echogenic appearance, size, and position. Left 0.54 cm, right 0.58/0.41 cm.

Spleen

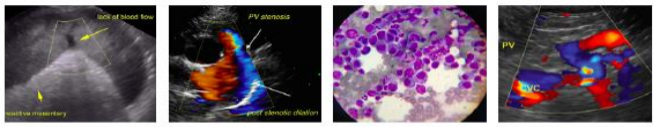
Normal size and echogenic appearance. Smooth homogenous parenchyma, smooth curvi-linear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

Liver

Normal size, echogenic, and portal markings. No nodules or masses evident. Small gall bladder containing normal anechoic bile. Normal thickness and echogenic appearance of the gall bladder wall. Normal bile duct.

Gastrointestinal

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.



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Pancreas

Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

No mesenteric lymphadenomegaly.
No ascites.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- None.

Secondary Findings:

- None.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen.

Possible etiologies would be partial central diabetes insipidus, psychogenic polydipsia, medullary solute wash-out, neurological disease, and severely protein-restricted diet; with further assessment based on the pending results but could include dietary history, quantification of water intake, measurement/calculation of serum osmolality, and a modified water deprivation test; the latter only done if renal function is normal.

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

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

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.

Specific therapy would be dependent on an etiological diagnosis.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
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