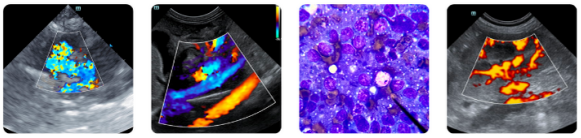

PATIENT

Penelope Wayner

SPECIES

Canine

BREED

Basset Hound

SEX

Spayed Female

AGE

10 Years 7 Months

WEIGHT

60 Pounds

INTERPRETED BY

Remo Lobetti BVSc, MMedVet, PhD, DECVIM

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Black River VH

REFERRING VET

Dr. Hewitt

INVOICE

37174

DATE

5/22/26

PRESENTING CLINICAL SIGNS

History: PU/PD, exam wnl. BCS 6/9. Current Meds: Clavamox; finished panacur 5/17

Abnormal PE/Chem/CBC/UA Results: Creat 0.3; ALKP 362; ACTH stim pre 4.4, post 13; giardia elisa positive with no cysts. UA: PH 5; USG 1.006

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 6.2 cm. The right kidney measured 5.9 cm. Normal color flow pattern was evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.03 cm in length x 0.41 cm and 0.53 cm in width. The right adrenal gland measured 2.13 cm in length x 0.56 cm and 0.61 cm in width.

Spleen

Normal size (1.7 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Focal hypoechogenic non-vascularized nodule was noted in the body of the spleen, measuring approximately 1.2 cm x 2.1 cm in size.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

Gallbladder

Full gallbladder containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

Pancreas

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Visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the Splenic Nodule would be reactive hyperplasia/extramodular hematopoiesis, Hematoma, granuloma and possibly emerging neoplasia.

On this ultrasound there is no obvious etiology for the PU/PD or low urine specific gravity.

It is highly unlikely that the splenic nodule would be the etiology for the presenting clinical signs.

Further assessment of the splenic nodule that could be considered would be FNA cytology.

Monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule then splenectomy should be considered.

Possible etiologies for the PU/PD would be partial central diabetes insipidus, psychogenic polydipsia, medullary solute wash-out, neurological disease, and severely protein-restricted diet. Further assessment could include dietary history, quantification of water intake, measurement/calculation of serum osmolality, neurological exam, 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:

Osmolality (mOsm/kg) = 2 x sodium + glucose (mg/dL)/18 + BUN (mg/dL) /2.8.

Normal reference range: 290-310

Modified water deprivation test: Start with 120mls/kg water per day for 2-3 days; then reduce to 80mls/kg for 2-3 days; then reduce to 60mls/kg for 2-3 days. During this period, increase the protein content of the diet (meat, cottage cheese). After that withhold food and water and monitor hematocrit, total solids, and SG. Continue until 5% dehydrated. If no improvement in SG, then administer vasopressin and continue monitoring the SG. If there is a marked improvement without having to administer vasopressin, then the diagnosis would be psychogenic polydipsia or medullary solute washout. If there is only an improvement after vasopressin has been administered, then the diagnosis would be partial central diabetes insipidus.

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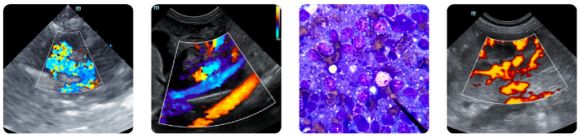

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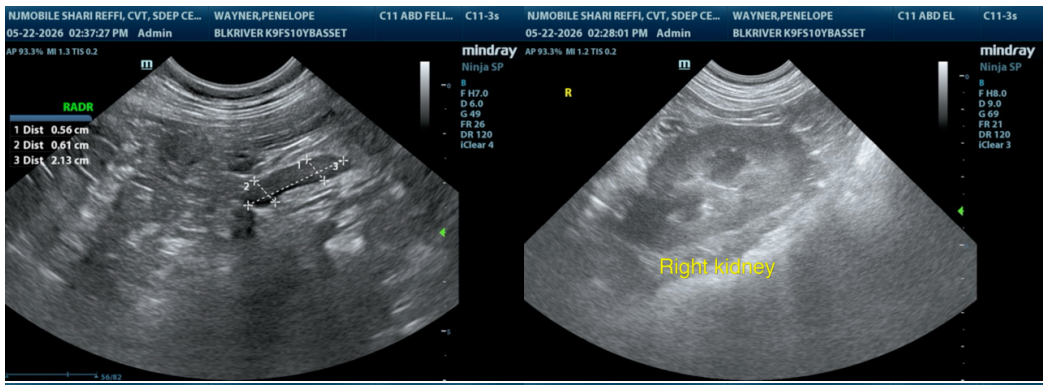

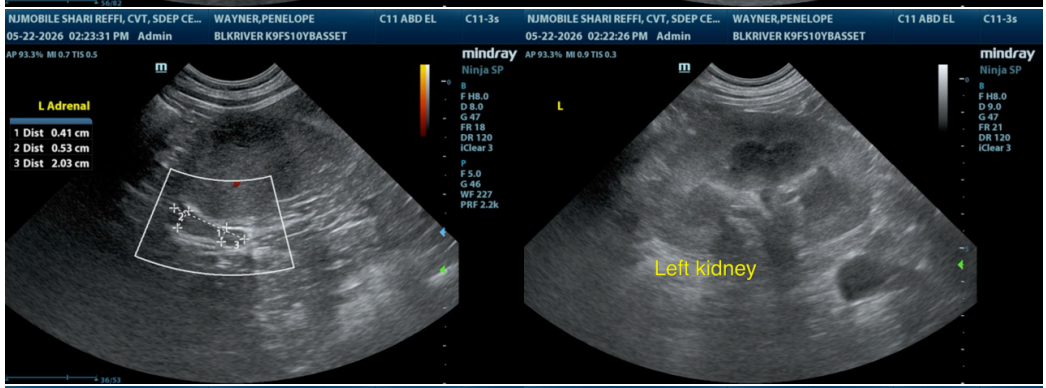

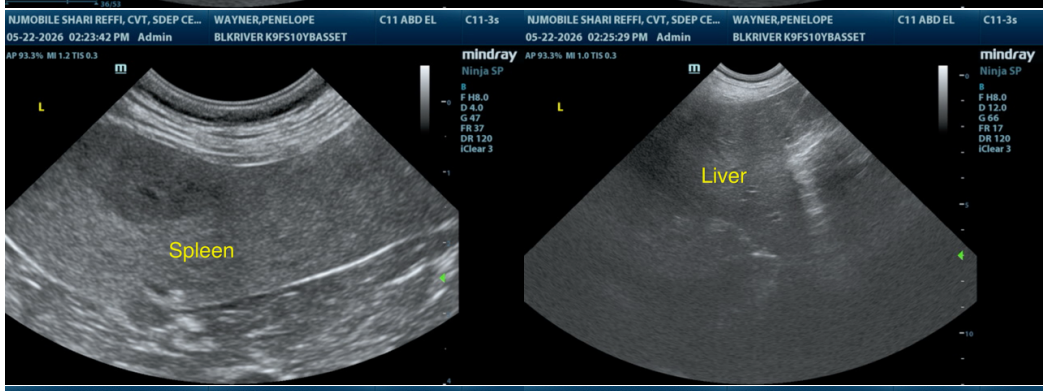

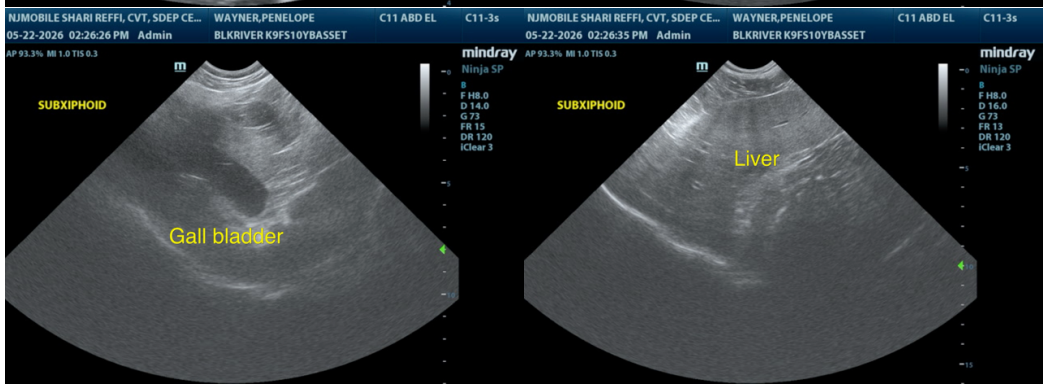

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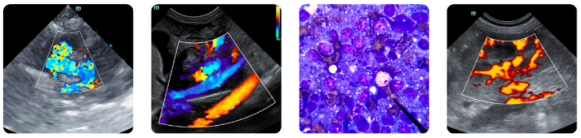

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

info@sonopath.com