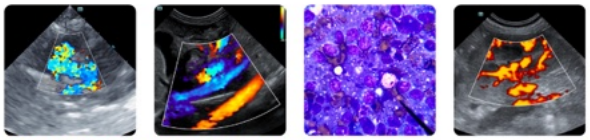


PATIENT

Emmilene Lomonaco-Newman

SPECIES

Canine

BREED

Miniature Poodle

SEX

Spayed female

AGE

4 years

WEIGHT

12.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Brenda Lefler

INVOICE

78313

DATE

6/3/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Patient has hydrocephalus and has been hyponatremic, with values going lower with recent lab work. Recommend U/S to evaluate kidneys/bladder/rest of abdominal organs
The patient, Emmilene, has a history of hydrocephalus and was recently diagnosed with Syndrome of Inappropriate Antidiuretic Hormone (SIADH) after bloodwork showed persistent hyponatremia. Treatment initially involved adding table salt to her diet and discontinuing Omeprazole, but her sodium levels have continued to decline. Clinical concerns include significant and frequent urination despite low water intake, and recent neurological signs like head pressing and strabismus. Current recommendations involve transitioning from Proin to Incurin, potentially restarting Omeprazole to manage CSF production, and conducting an abdominal ultrasound to evaluate kidney health.
MEDICATIONS: Proin 18 mg 1 AM, ½ PM
Abnormal PE/Chem/CBC/UA Results: August 11, 2025 Orchard Park Chloride 101.2 mmol/L LOW Glucose 132 mg/dL 75 HIGH NA 133.8 mmol/L HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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.

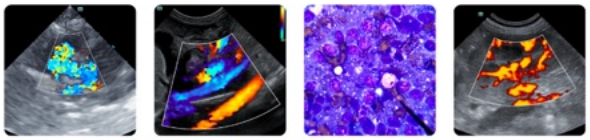
Normal renal size (left measured 3.6 cm, right measured 3.4 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.82 cm in length x 0.44 cm and 0.42 cm in width. The right adrenal gland measured 1.49 cm in length x 0.29 cm and 0.39 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.



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No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.1 cm in width.

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

The gallbladder is full containing a small amount of non-adhered, hyperechogenic sediment. 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. A moderate amount of ingesta is present in the stomach compatible with a recent meal.

Pancreas

The 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.

Skull

Severe hydrocephalous is present.

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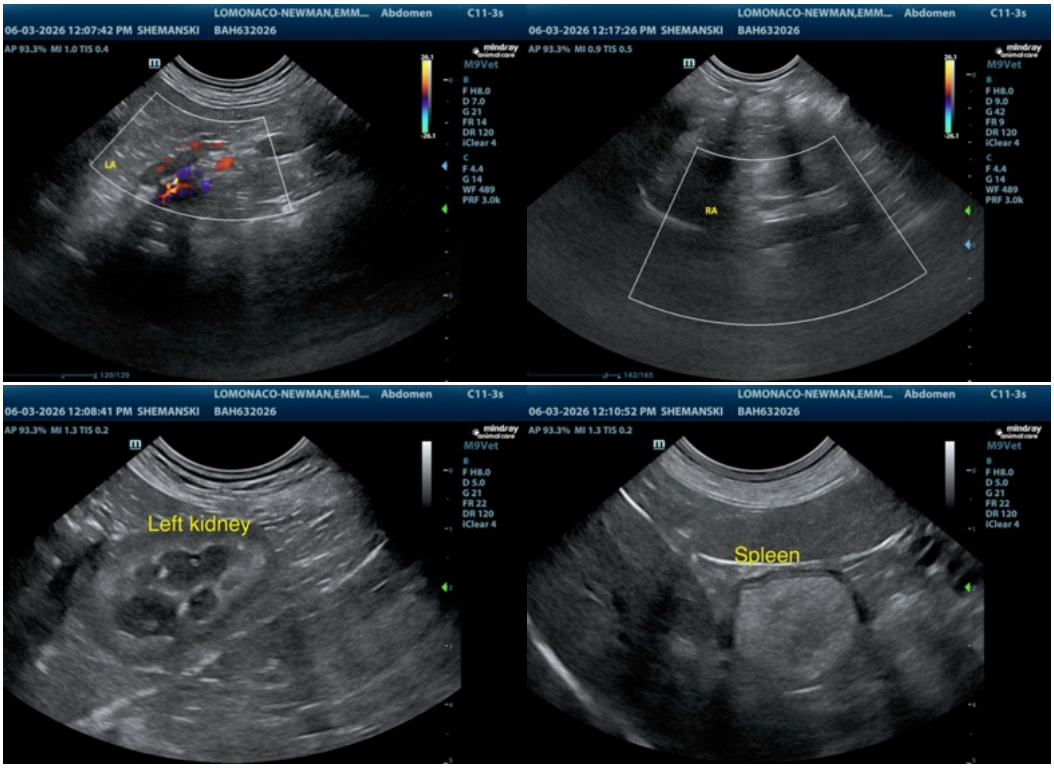
ULTRASONOGRAPHIC FINDINGS

- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In essence a normal ultrasound examination of the abdomen as the gallbladder sediment can be considered an incidental finding.

The hydrocephalus is most likely the etiology for the syndrome of inappropriate antidiuretic hormone secretion. Vasopressin receptor antagonist that block ADH action in the kidney such as tolvaptan and conivaptan are used in human medicine but there is limited use in veterinary medicine. Ideal management of the hydrocephalus would be a ventricular-peritoneal shunt. Consultation with a neurologist would be recommended.



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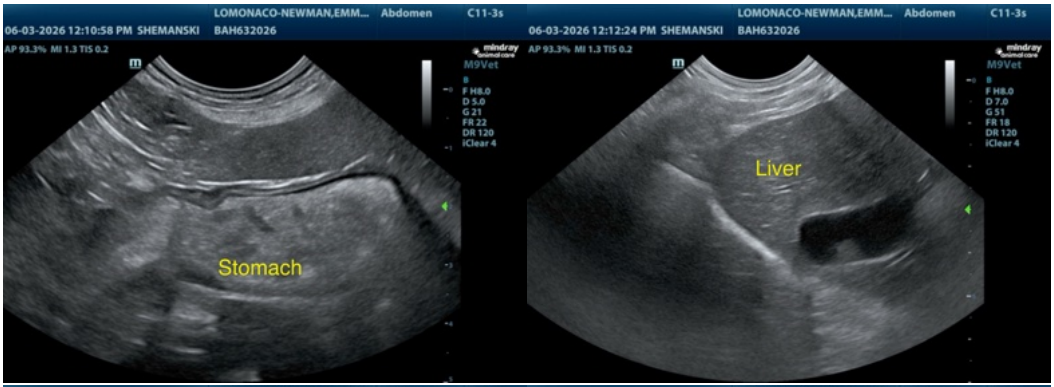

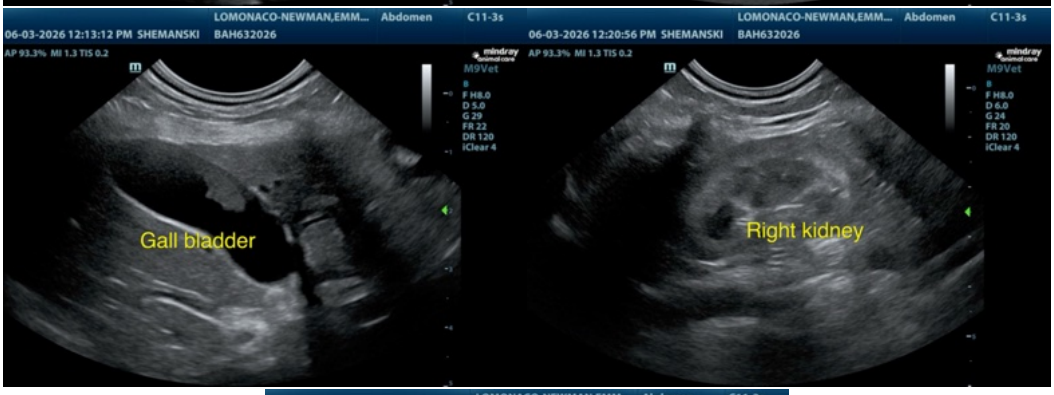

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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