

**DATE**

2/14/22

**PRESENTING CLINICAL SIGNS**

History: 12/21/21 hx of incontinence, increased urinations  
2/8/22 same symptoms as previously, o was concerned for return of UTI  
Current Medications: 12/21/21 Amoxicillin 1000mg BID x 10d.  
Lab Results: 12/21/21 bloodwork NSF, U/A pH 8.5, sg 1.027, WBC 21-50/hpf bac rods > 100. 2/9/21  
cystocentesis and urine culture negative  
Radiographs: 2/8/21 rads bladder- no obvious urinary stones seen.  
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.  
Sedation: IM sedation utilized.  
Stat Report: Not requested.  
Imaging Performed By: Rachel Brillhart, RDMS.

**PATIENT**

Valentine Murdoch

**SPECIES**

Canine

**BREED**

Alaskan Malamute

**SEX**

Spayed Female

**AGE**

12/1/10

**WEIGHT**

89.4 lbs

**INTERPRETED BY**Beth Johnson, DVM  
DACVIM**HOSPITAL NAME**

Jacksonville AH

**REFERRING VET**

Dr. Kablis

**INVOICE**

96049

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

Urinary bladder is mildly distended with anechoic contents. The bladder is very pelvic in location, which limited full evaluation. The bladder wall is thick and measured 0.93 cm with a mildly irregular hyperechoic mucosa. This could be consistent with the empty state of the bladder versus pathologic disease.

Left kidney is normal in size (7.15 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

Right kidney is normal in size (8.00 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. There is no pyelectasia noted. No mineral is observed.

**Adrenal Glands**

Left adrenal gland is normal in size (2.77 cm long x 0.65 at cranial pole and 0.73 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

Right adrenal gland is normal in size (3.4 cm long x 0.81 cm at cranial pole and 0.77 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.

**Spleen**

Spleen is subjectively normal in size with normal smooth capsular contour. The parenchyma is mildly mottled and contained multi-focal, poorly defined, hypoechoic nodules of varying sizes that do not disrupt the splenic capsule. Splenic vasculature appears normal.

**Liver**

Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.

**Gastrointestinal**

The visible gastric wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm). The stomach is empty.

The small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). There are no luminal contents noted within small intestines.

Colon is normal in wall thickness (< 0.2 cm) and layering.

### **Pancreas**

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

### **Free Abdomen**

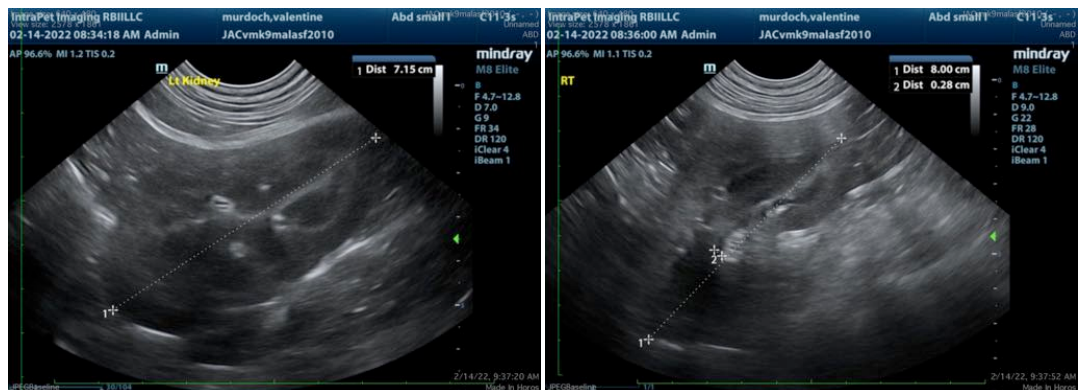
Lymph nodes are normal with no observed enlargement.

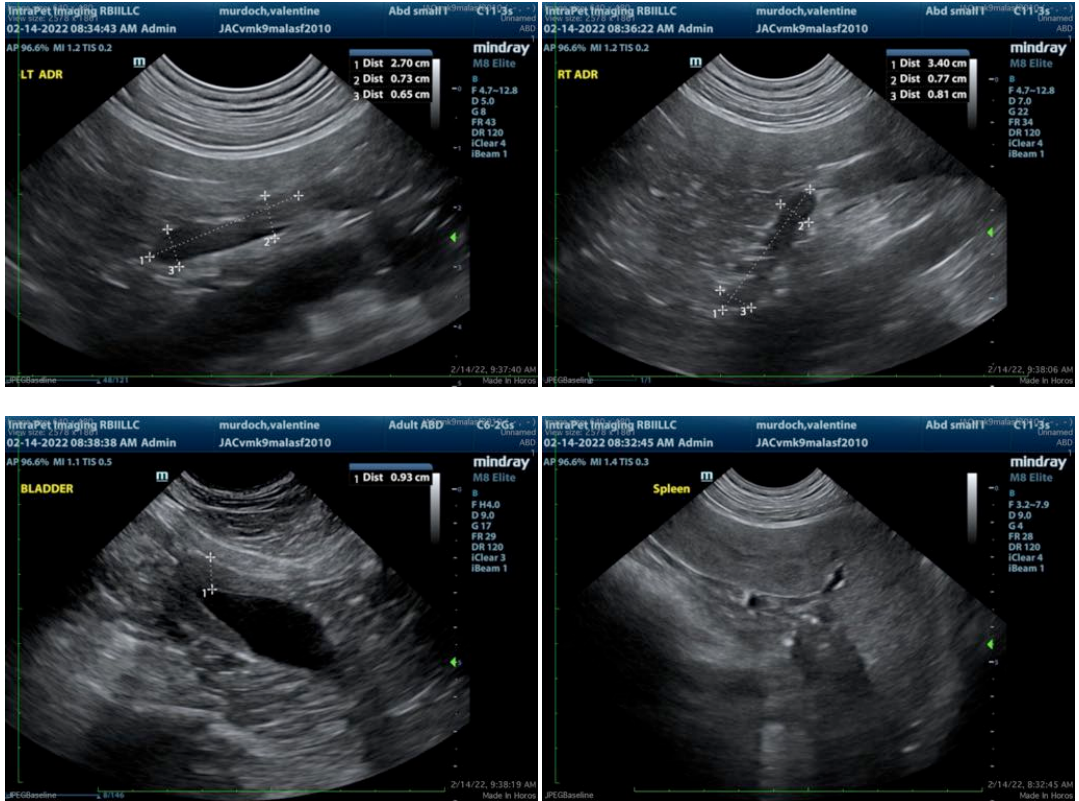
## **ULTRASONOGRAPHIC FINDINGS**

- Nodular spleen. The splenic nodules represent benign lesions such as hematomas, nodular hyperplasia, extramedullary hematopoiesis etc., but infiltrative neoplasia can mimic benign lesions cannot be ruled out.
- Thick, irregular urinary bladder wall; however, without full distension. This finding is difficult to interpret could be a normal patient variant because the bladder is not full distended; however, cystitis especially given the history of urinary tract infections is also possible.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommendations for this patient include a FNA of the spleen if the patient's coagulation status appropriate. Given the bacteruria present in the urinalysis there is concern that the culture results were a false negative and recommendations include rechecking the culture at least a week after the patient has been on antibiotics in case antibiotics resulted in a false negative. Otherwise, given the clinical signs combined with the pyuria and bacteruria management of a presumed UTI despite a negative culture is recommended.





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.

**Beth Johnson, DVM DACVIM**

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