

**DATE PRESENTING CLINICAL SIGNS**

4/18/23 11/16/22 leaking urine, pollakineria- ongoing issue. 2/1/23 UA- USG 1.045, WBC 4-10, occult blood. 3/4/23 UA- WBC 4-10, still pollakineria- rec urine culture.

**PATIENT**

Lexie Kay Current Medications: 2/1/23 Clavamox 125mg BID x10 days. 3/15/23 Enrofloxacin 22.7mg 2 SID x14 days. 4/5/23 repeated Enrofloxacin.

Lab Results: 3/11/23 urine culture- e coli and enterococcus sp; sensitive to Enrofloxacin.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Shih Tzu X

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

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

**SEX**

Spayed Female

**AGE**

3/1/14

The right kidney is normal in size (4.78 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**WEIGHT**

17.4 Pounds

The left kidney is normal in size (4.6 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Adrenal Glands**

The right adrenal gland is normal in size (2.07 cm long x 0.55 cm at the cranial pole and 0.55 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**HOSPITAL NAME**

Jacksonville VH

The left adrenal gland is normal in size (2.12 cm long x 0.60 cm at the cranial pole and 0.53 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**REFERRING VET**

Dr. Kablis

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**INVOICE**

46728

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. An approximately 1.0 cm in diameter cystic area/nodule is noted in the mid deep liver. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### ***Gastrointestinal***

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### ***Pancreas***

The area of the pancreas contains irregular hyperechoic pancreatic remodeling.

### ***Free Abdomen***

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

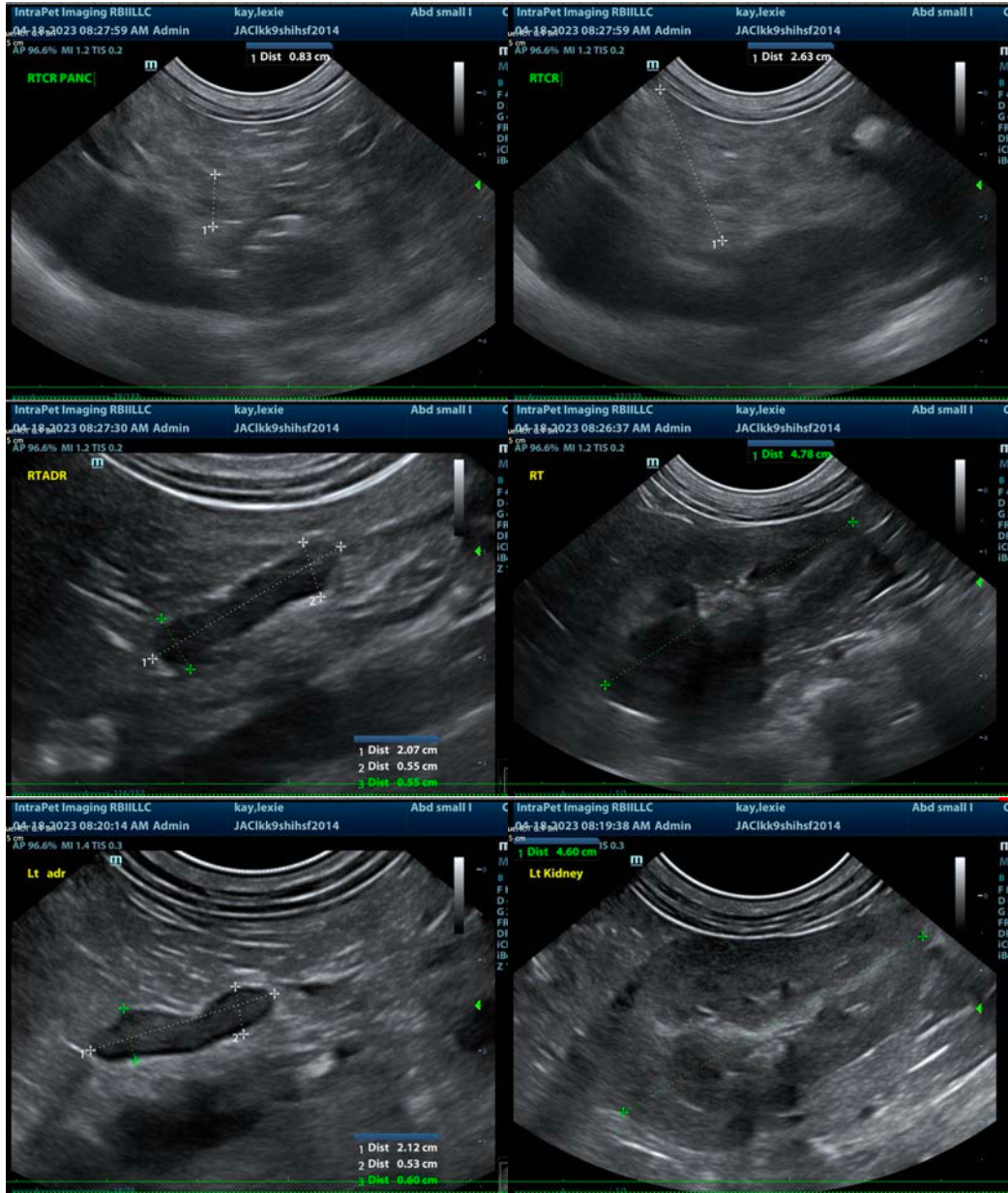
## **ULTRASONOGRAPHIC FINDINGS**

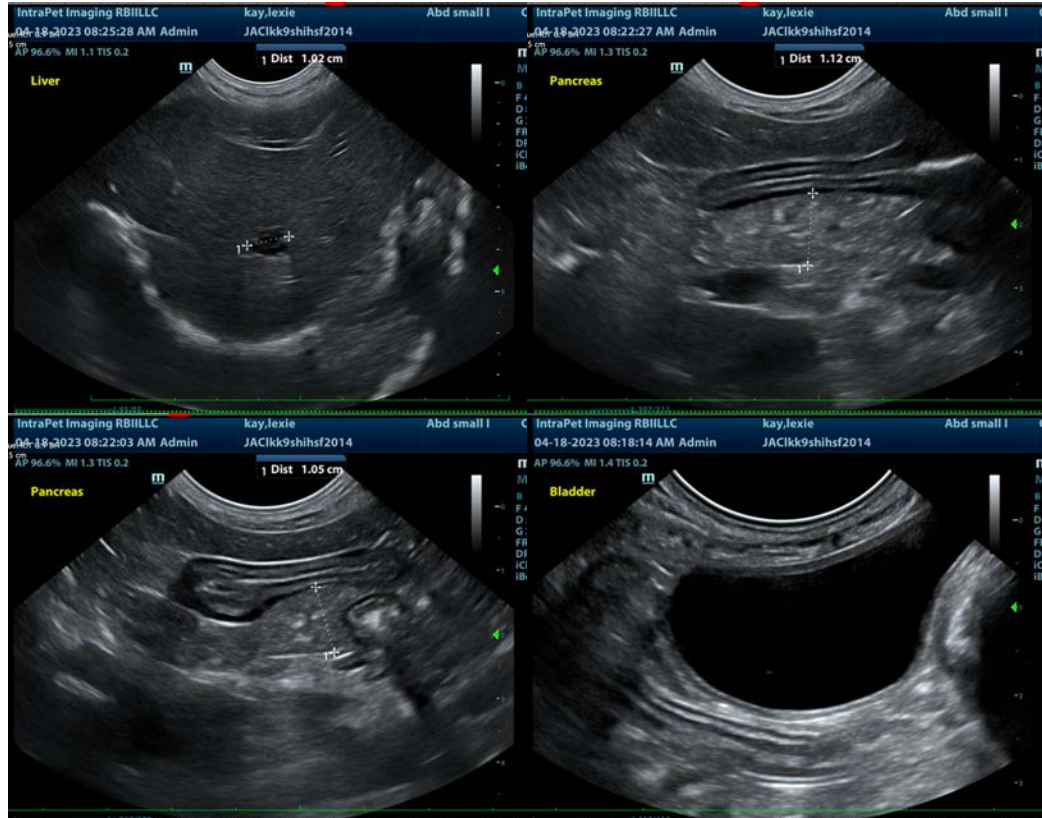
- **Hyperechoic pancreas** – This finding is suggestive of pancreatic fibrosis, possibly secondary to chronic pancreatitis. A TLI is recommended to rule out exocrine pancreatic insufficiency (EPI), especially if clinical signs (weight loss, diarrhea, etc.) are present. This finding could represent a combination of normal pancreatic age related remodeling +/- chronic smoldering pancreatitis. Therefore, less investigation is likely necessary without supporting clinical signs.
- Incidental, benign in appearance hepatic cyst

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

If not recently evaluated, a general metabolic health screen is recommended in the form of a CBC/Chem panel and electrolytes.

In the meantime, treatment of the reported urinary tract infection as a complicated urinary tract infection is recommended, given the reported recurrent nature, which means a follow up culture 7-10 days after starting antibiotics to ensure that it is negative without the development of resistance or secondary organisms, etc., as well as final culture a week to 10 days after finishing a 3-4-week course of antibiotics, to ensure full clearance. If after that recurrence continues, then a more in-depth workup for other underlying causes would be recommended.





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.

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