



PATIENT

Sprink Phillips

SPECIES

Canine

BREED

Shih Tzu

SEX

Intact Female

AGE

11 Years 2 Months

WEIGHT

13.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

St. Georges VH

REFERRING VET

Dr. Ng

INVOICE

35428

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: Nodule of mammary gland and grade 3/6 systolic murmur. Large ventral abdomen, Ab. hernia umbilical. Recurrent (4x)UTI: Staph pseudointermedius. Meds: Amoxicillin

Abnormal PE/Chem/CBC/UA Results: K (6.2) WBC (17.5) Mono (1575) Eos (3050) Baso (175). Urine: PH 8, Cocci, USG 1.020

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a large amount of debris and apical polypoid changes. Suspended debris and a minor amount of dependent sand were noted. This change is most consistent with chronic cystitis and UTI, however, cannot completely rule out the potential for apical bladder carcinoma. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and contour with mild degenerative changes. The left kidney revealed a pelvic calculus, measuring 1.0 cm, nonobstructive at the time of the sonogram. No evidence of active inflammation. The left kidney measured 4.0 cm. The right kidney measured 4.1 cm.

Adrenal Glands

The **right adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.9 cm x 0.73 cm at the cranial pole and 0.44 cm at the caudal pole.

The **left adrenal gland** was subnormal in size (3.0 mm).

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume, and no evidence of congestion was noted. The gallbladder revealed calculi, nonobstructive. The largest gallbladder calculus measured 0.9 cm. The gallbladder was not overdistended.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation, then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

The left **ovary** was mildly cystic, measuring approximately 1.5 cm. The right ovary was not visible. Slight umbilical hernia was noted in this patient, measuring approximately 2.0 cm of fat accumulation.

ULTRASONOGRAPHIC FINDINGS

- Cystic left ovary
- Left renal calculus
- Chronic cystitis bladder pattern and minor sand- suspect UTI
- Gallbladder calculi
- Slight umbilical hernia
- Age-related hepatic and pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up is warranted. Eventual ovariohysterectomy may be appropriate with potential cystotomy and/or left nephrotomy for calculus removal. Long term treatment for UTI and medical management could be considered in this patient if surgical intervention is not to occur upon ovariohysterectomy. Predisposing issues in the vaginal vault, such as recessed vulva or urine pooling should also be considered as a potential complicating factor.

Chronic UTI Protocol

I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.



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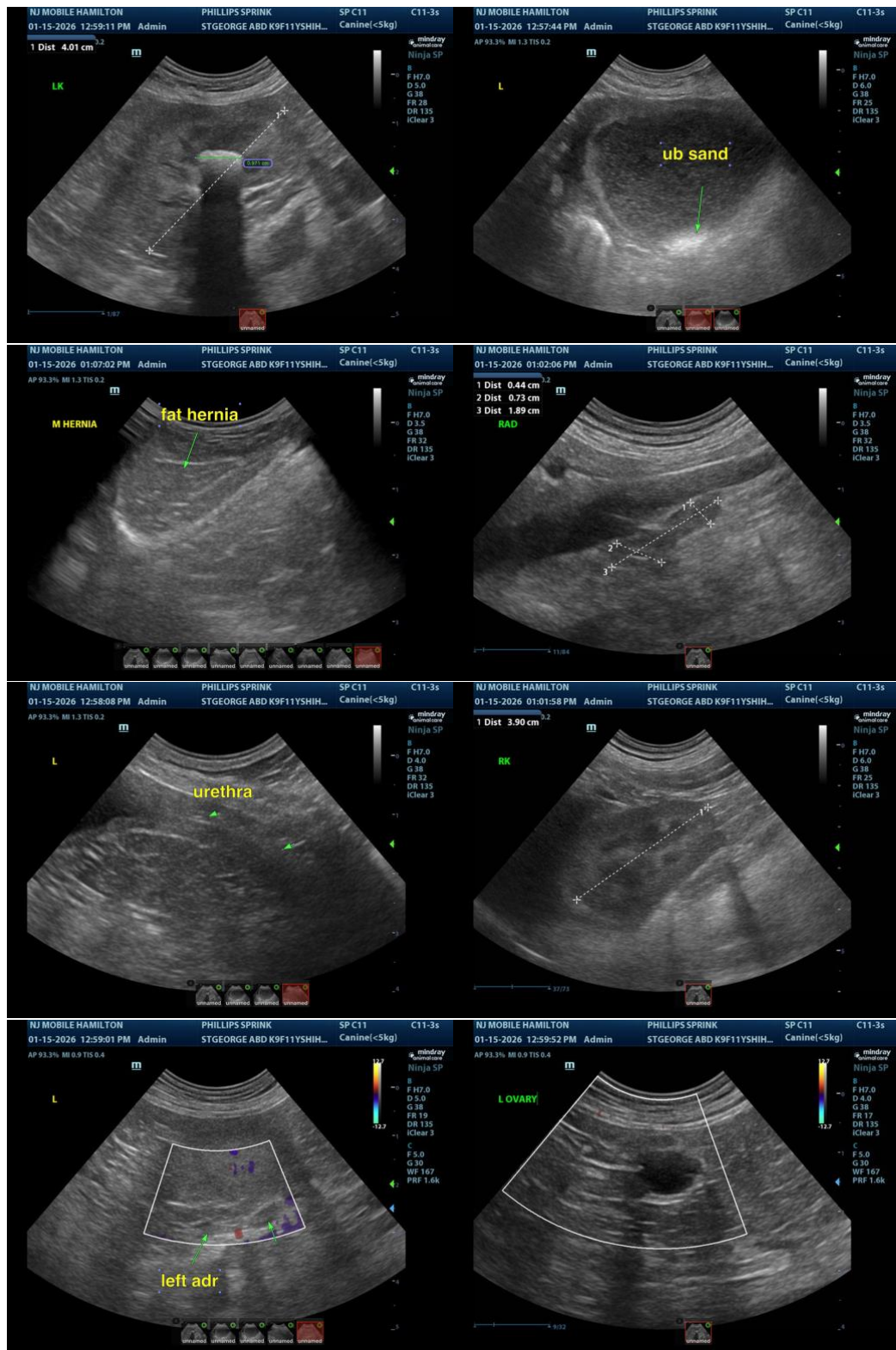
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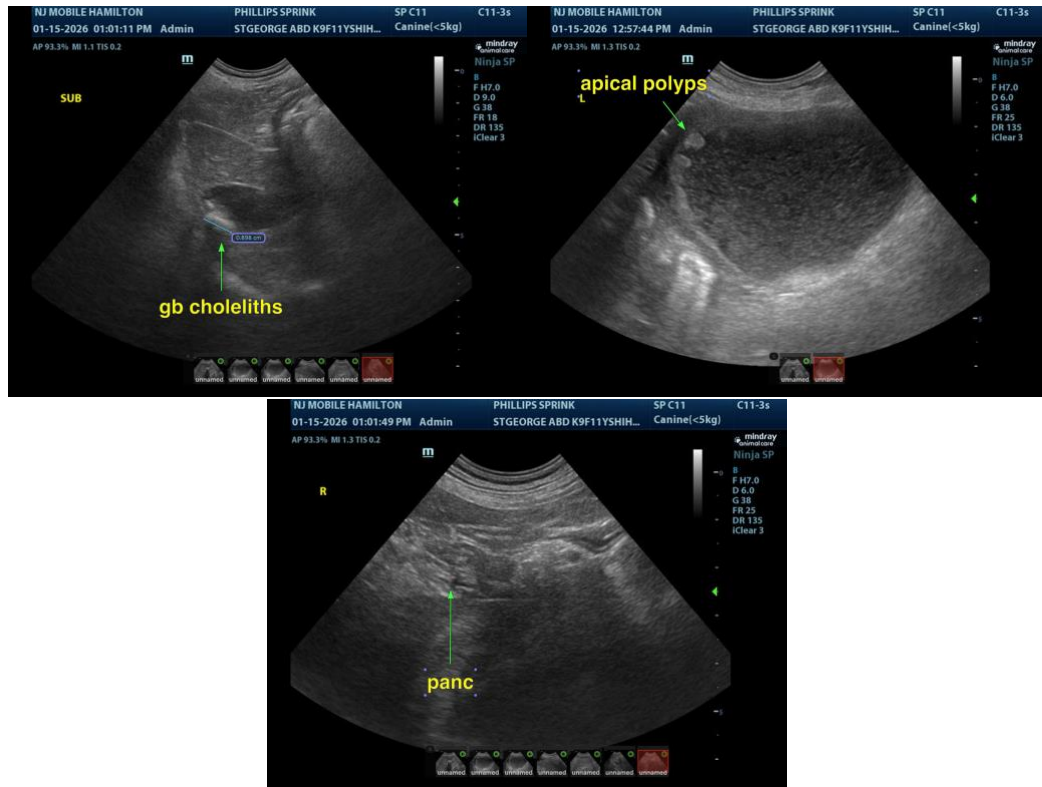
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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