



**PATIENT PRESENTING CLINICAL SIGNS**

Maffy Polit

History of nodular lung disease (see report results below) Malodorous urine Recent increase in urination (frequency and quantity) Intermittent colitis

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4/FT4: WNL UA (voided): Bacteruria Rods 51-100 UA (cysto) and Culture: Pending Radiograph report CONCLUSIONS: -Particularly annular region of the country, the pulmonary nodules likely represent metastatic disease, though parasitic granulomas are less likely, and fungal granulomas could be considered if the patient has an appropriate travel history. -This is likely a non-obstructive gastrointestinal tract, with a very proximal duodenal obstruction considered much less likely. As fasting has not been described in this patient's history, the material within the stomach and non-obstructive within the small intestines could represent either normal ingesta or foreign material. Gastroenteritis is the most likely differential for this patient's clinical signs, with pancreatitis considered slightly less likely. -Spondylosis deformans is almost always seen completely incidentally, but specifically at the lumbosacral disc space, has been associated with cauda equina syndrome in dogs. This is usually in German Shepherd dogs, and if the patient is neurologically normal, is likely still an incidental finding. -There is mild left coxofemoral osteoarthritis secondary to hip dysplasia.

**BREED**

French Bulldog

**SEX**

Spayed Female

**AGE**

8 years

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**WEIGHT**

25 lbs

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **left kidney** revealed moderate degenerative changes with trace pyelectasia and cortical collapse noted at the cranial pole of the left kidney. The left kidney measured 4.0 cm with irregular contour. The right kidney measured 4.0 cm with minor degenerative changes and slight irregular contour. There was no appreciable pyelectasia in the right kidney.

**IMAGING PERFORMED BY**  
Mayra Sanchez

**HOSPITAL NAME**

Sunset AH

**Adrenal Glands**

Both **adrenal glands** were 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 left adrenal gland measured 0.5 cm.

**REFERRING VET**

Dr. Polit

**Spleen**

**INVOICE**

94994

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 was noted.

**DATE**

1/4/22



**PATIENT** *Liver*

Maffy Polit The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

**SPECIES**

Canine

**BREED**

*Gastrointestinal*

French Bulldog

The **gastrointestinal** tract revealed minor increased submucosal echogenicity and mucosal speckling. The lumen was unremarkable with no evidence of overt loss of mural detail or luminal disease was noted. However, inflammatory bowel is likely. The albumin levels should be monitored to assess for potential emerging protein losing enteropathy.

**SEX**

Spayed Female

**AGE**

8 years

*Pancreas*

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**WEIGHT**

25 lbs

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen.

**INTERPRETED BY**

Urinary debris.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Moderate degenerative renal changes with slight pyelectasia and cortical remodeling.

Mucosal speckling.

**IMAGING PERFORMED BY**  
Mayra Sanchez

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Predisposing issues such as recessed vulva or urine pooling should be considered given the recurrent urinary tract infection history.

Sunset AH

**Canine Chronic UTI Protocol**

**REFERRING VET**

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.

Dr. Polit

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**PATIENT**

Maffly Polit

**SPECIES**

Canine

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**SEX**

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**INTERPRETED BY**

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Sunset AH

**REFERRING VET**

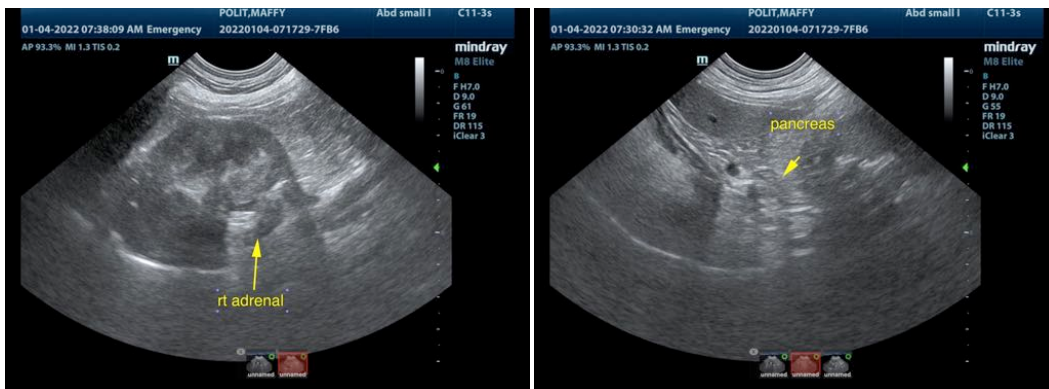
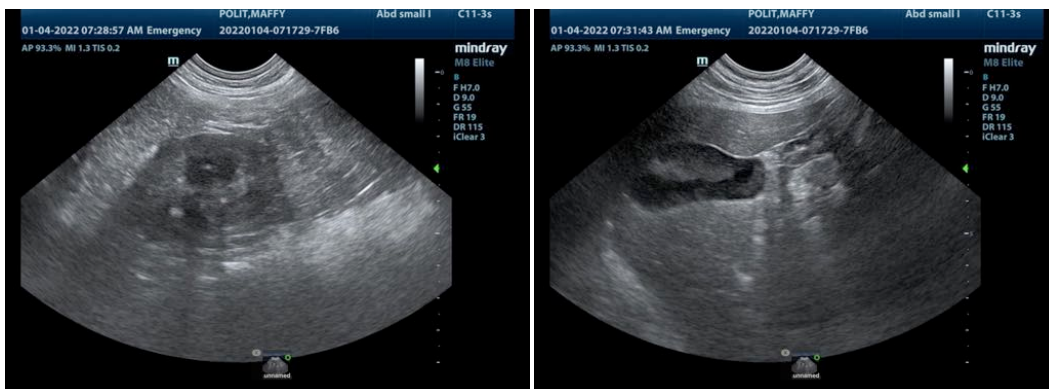
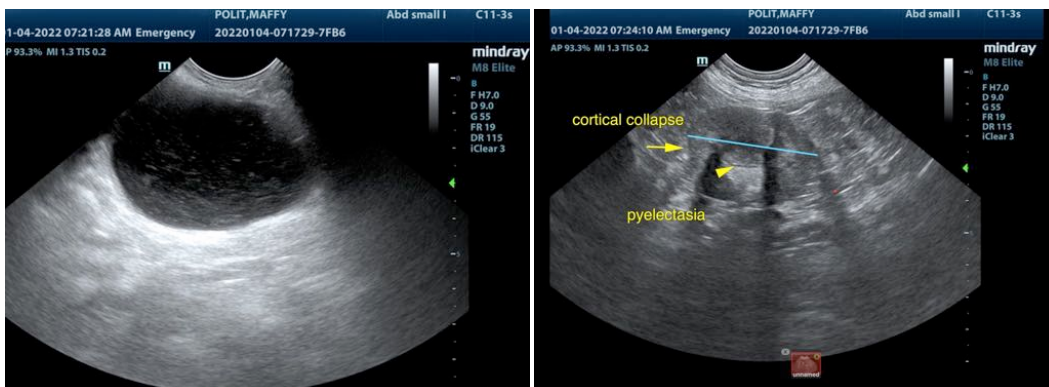
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**PATIENT**

Maffy Polit

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.

**SPECIES**

Canine

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.

**BREED**

French Bulldog

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com

**SEX**

Spayed Female

**AGE**

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**WEIGHT**

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