



**PATIENT**

Apollo Rubin

**SPECIES**

Canine

**BREED**

Pitbull

**SEX**

Neutered Male

**AGE**

12 Years 1 Month

**WEIGHT**

100 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Mychajlonka

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Dr. Mychajlonka

**INVOICE**

17683

**DATE**

10/14/22

**PRESENTING CLINICAL SIGNS**

History: Presented on ER For possible bloat and lethargy at home. History of poss kidney disease, urinary stones and severe UTI. Concerned for pyelonephritis. PU/PD at home

Abnormal PE/Chem/CBC/UA Results: ALBUMIN 2.4g/dL GLOBULIN 3.7g/dL Alk Phosphatase 266IU/L MAGNESIUM 1.4mEq/L. CHOLESTEROL 398MG/DL PrecisionPSL 154U/L CPK 155IU/L WBC 36.11000/UL MCV 83FL Polychromasia Slight Neutrophils 31046 /UL 86 Monocytes 3249 /UL 9 Culture, Urine Preliminary #1 PENDING SOURCE Urine FIRStract Growth Detected . pH 8.0 Protein 1+ Occult Blood 1+ Bacteria Rods >100HPF Protein 39.3MG/DL Creatinine 22.6MG/DL Urine/Protein Creatinine Ratio 1.7 <0.5

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. Pyelectasia was noted in the right kidney. The right kidney measured 8.5 cm. The left kidney revealed a similar pyelectasia pattern. The left kidney measured 7.6 cm in width. Ill-defined pelvic fat was noted in the kidneys.

**Adrenal Glands**

The **left 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 left adrenal gland measured 0.5 cm.

The **right adrenal gland** was not visualized.

**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 mild to moderate age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. Multifocal nondisruptive nodular changes were noted in the liver.



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**Gastrointestinal**

The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction.

**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.

**ULTRASONOGRAPHIC FINDINGS**

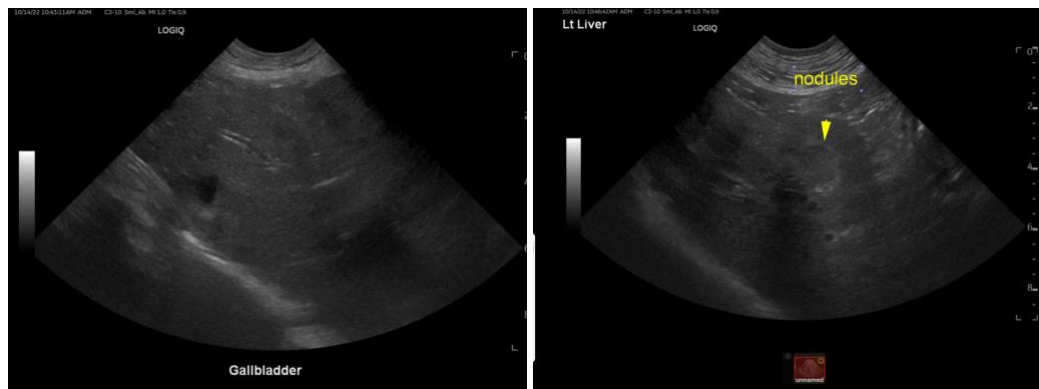
- Gastroenteritis presentation
- Pyelonephritis renal pattern
- Hepatic remodeling

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

4-6 week antibiotic therapy is warranted. Given that only minor proteinuria, protein-losing enteropathy may also be an issue. GI supportive protocol and long term treatment for UTI/pyelonephritis should prove effective.

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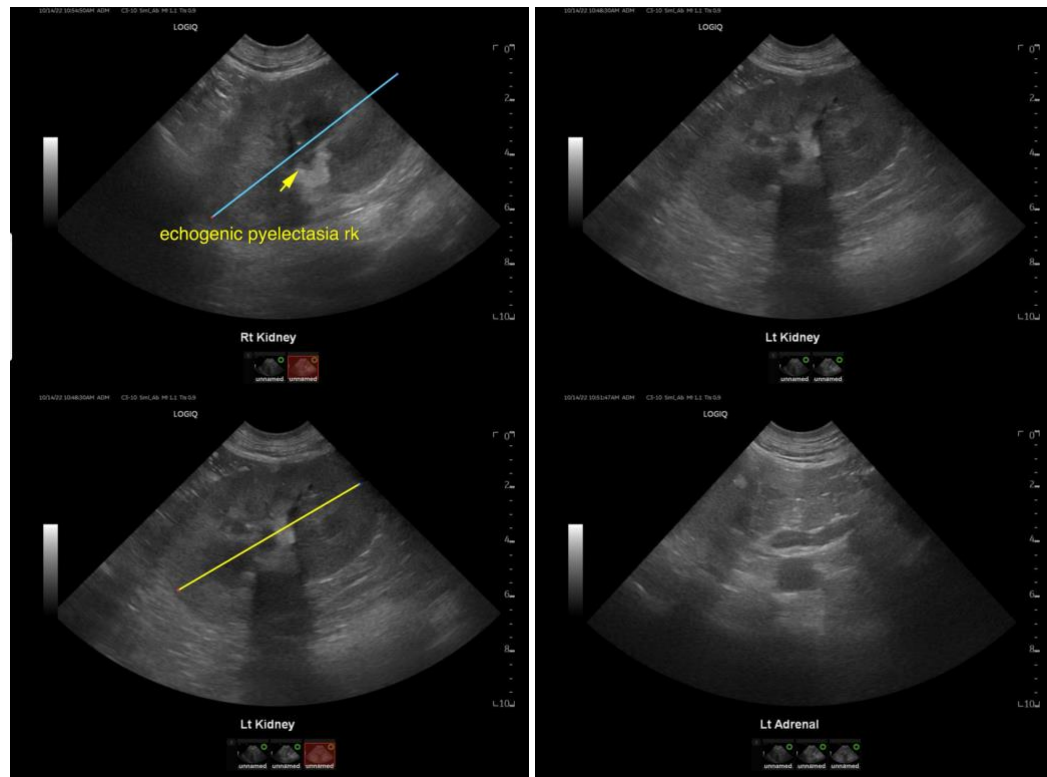
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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