



PATIENT

Maya Cederholm

SPECIES

Canine

BREED

French Bulldog

SEX

Spayed female

AGE

9 years

WEIGHT

26.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Striano-Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

Dr. Striano-Kaplan

INVOICE

40213

DATE

10/20/22

PRESENTING CLINICAL SIGNS

History: recurrent UTIs - resolves w/ABs and reoccurs within 6 weeks. UCS: proteus mirabilis. Stranguria/Hematuria, Recessed vulva, rec epispioplasty. Pet is on Simplicef, CBD, and a cranberry supplement

Abnormal PE/Chem/CBC/UA Results: BW 10/16: Chloride: 106L, AST: 12L, Reticulocyte: 151H, Platelet: 551H, UA 10/16: WBC: 20-30, RBC: 50-75, Rare rods UCS 10/16: Proteus Mirabilis

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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization was noted. The left kidney measured 5.01 cm. The right kidney measured 4.87 cm.

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 right adrenal gland was visualized obliquely and measured 0.7 cm.

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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Occasional hypoechoic nodule was noted. Some 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. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should



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be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

The **stomach** revealed a minor amount of fluid filled lumen. The gastric wall was slightly thickened. The small intestines and colon were unremarkable.

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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.

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ULTRASONOGRAPHIC FINDINGS

Nodular hyperplasia liver pattern.

Minor fluid filled gastric lumen.

WEIGHT

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Structurally unremarkable urinary tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
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FNA of the liver is warranted. If any history of gastritis is present in this patient GI protectant protocol is indicated given the sonographic presentation. Urine culture and sensitivity with MIC evaluation upon the proteus is likely necessary. However, receding due to the vaginal confirmation issues is likely the primary cause.

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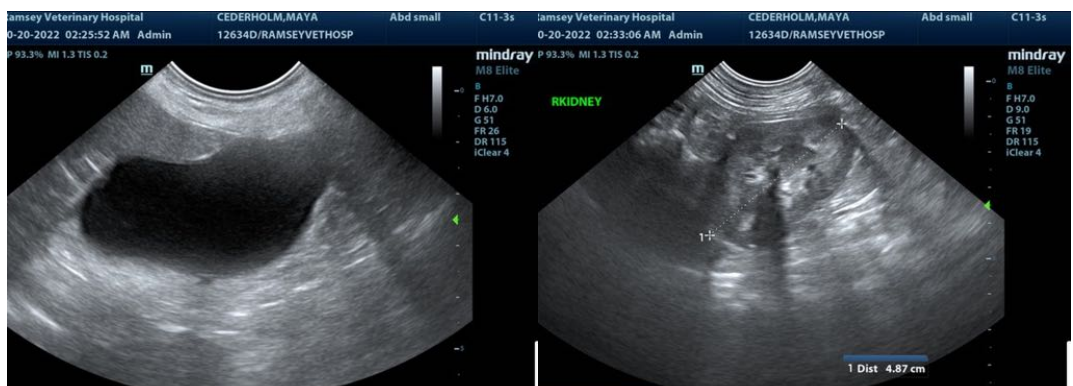
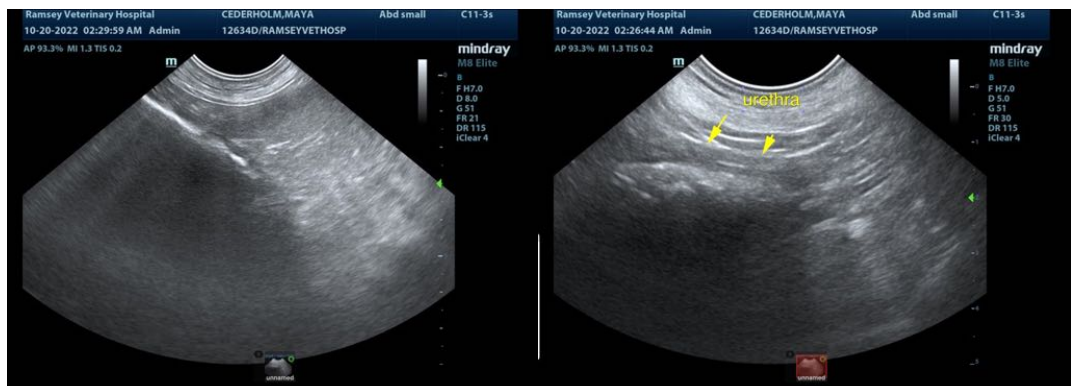
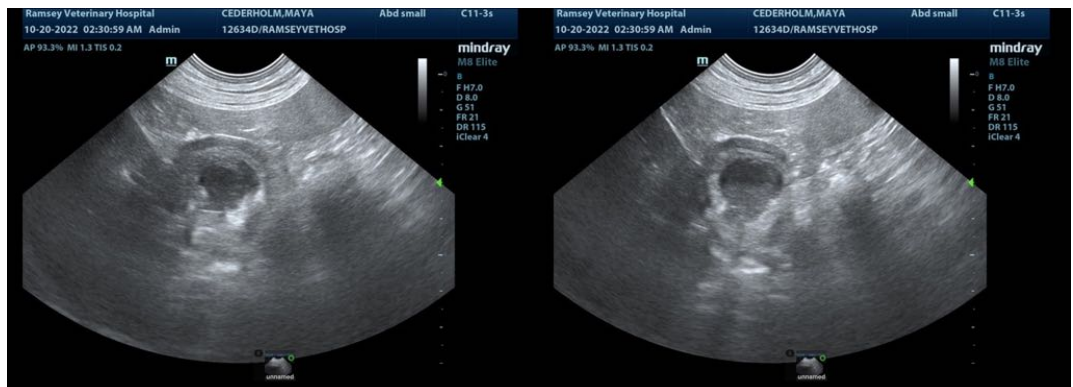
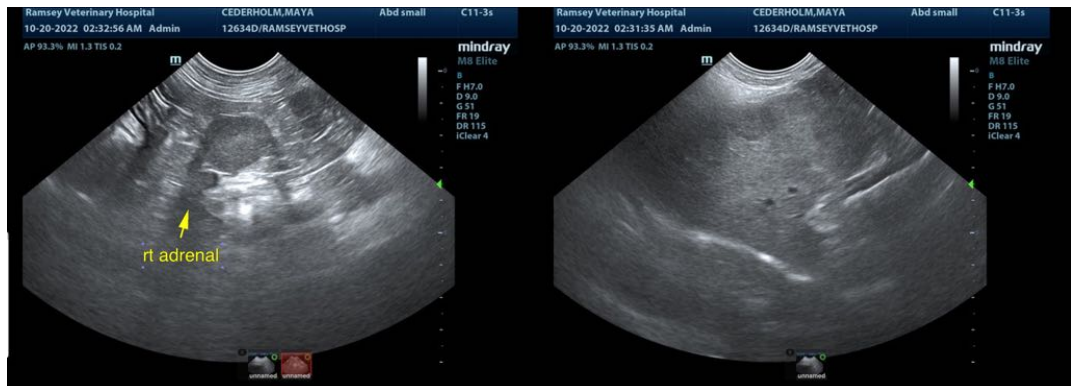
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com