**DATE PRESENTING CLINICAL SIGNS**

10/4/21

History: Patient presented for a UTI on 9/29/21 and was prescribed Clavamox. Owner contacted us on 10/1/21 because patient was lethargic, not eating well and seemed painful. Blood work and x-rays were performed at that time (see results below). An ultrasound was recommended for further evaluation.

PATIENT

Pickels Tipton

Current Medications: Convenia 2.3 mL SQ on 10/1/21, Entyce 2.3 mL PO SID PRN to stimulate appetite, Tramadol 50 -100 mg SID to QID PRN pain.

Lab Results: ALP 1241 (20-150), ALT 139 (10-118), BUN 33 (7-25), Ca >16.0 (8.6-11.8) corrects to >14.6. Radiographs: Synergy report attached separately.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

BREED

Pitbull Terrier Mix

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. Bladder sand was noted and measured 0.76 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed Female

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.76 cm. The right kidney measured 6.8 cm.

AGE

12/9/11

WEIGHT

50.1 lbs

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 2.61 x 0.66 cm at the caudal pole and 0.75 cm at the cranial pole. The right adrenal gland measured 3.14 x 0.66 cm at the caudal pole and 0.83 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Charm City VH

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction.

REFERRING VET

Dr. Eavers

These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

INVOICE

92156

Liver

The **liver** was uniformly swollen. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. 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.

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 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. 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. The right pancreatic limb revealed heterogenous nodular changes. Overlying pancreatic nodule or lymph node was noted and measured approximately 2.5 x 1.45 cm.

ULTRASONOGRAPHIC FINDINGS

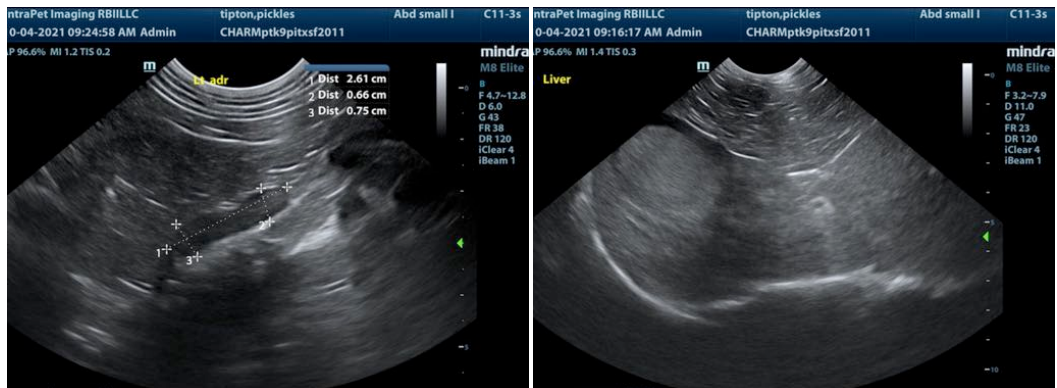
Pancreatic nodule or lymph node, likely reactive or hyperplastic.
Bladder sand.
Micronodular spleen.
Otherwise, unremarkable abdomen.

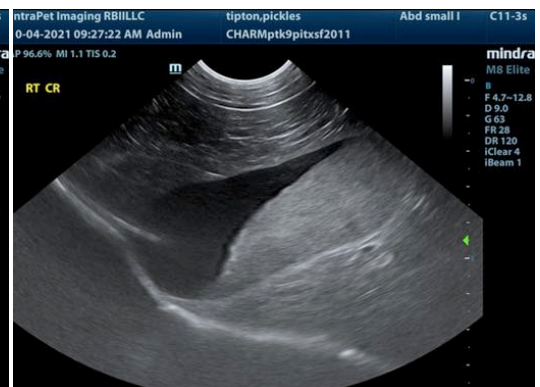
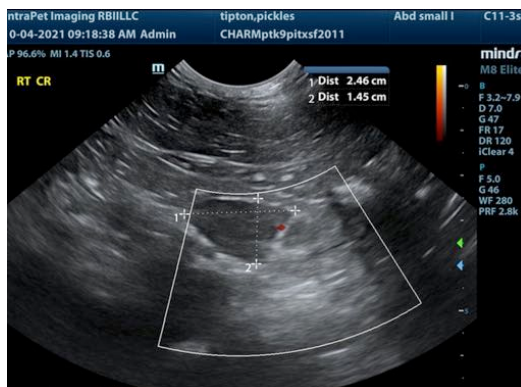
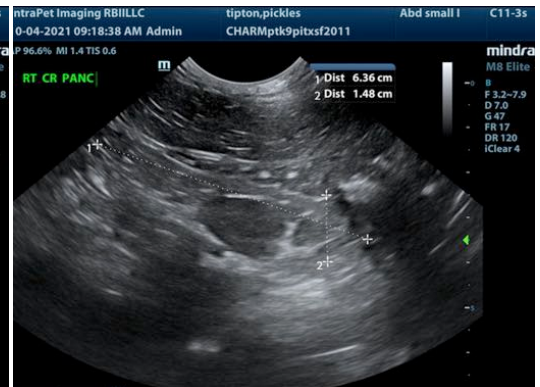
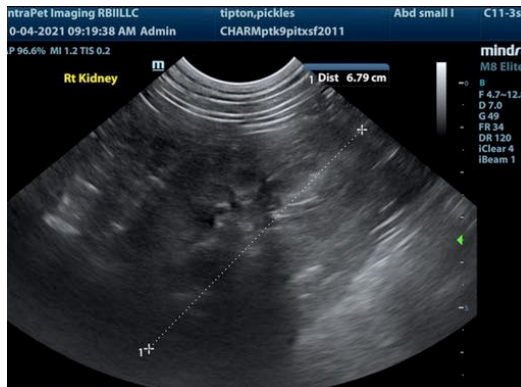
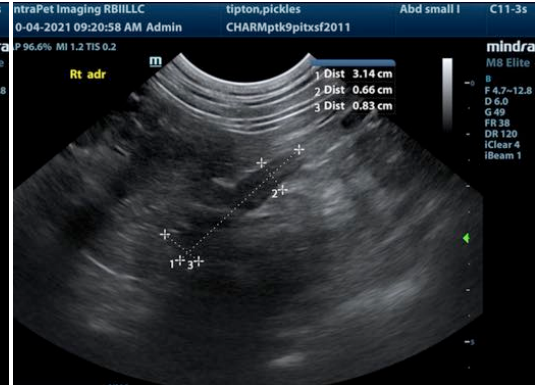
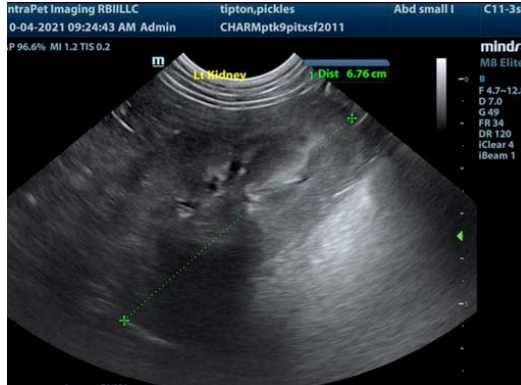
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes are expected for this age patient. If any weight loss or anorexia is present then ultrasound-guided FNA of the pancreatic nodule and spleen is recommended.

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.







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.

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