

**DATE**

11/1/22

PATIENT

Teddy Claypool

SPECIES

Canine

BREED

Cockapoo

SEX

Neutered male

AGE

7/11/08

WEIGHT

25.2 lbs

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

Festival VC

REFERRING VET

Dr. Harvey

INVOICE

42276

PRESENTING CLINICAL SIGNS

Recurrent urinary problems. Chronic UTIs, stranguria. Three episodes since 9/23 requiring urinary catheterization- 160-180 ml urine collected each time.

Current Medications: Currently on Ursodiol 250 mg- Give 1/4 tablet orally every 12 hours for 6 weeks, prazosin 1 mg- Give one capsule by mouth once daily until gone, clavacillin 125 mg- Give one tablet by mouth every 12 hours (twice a day) until gone, carprofen 25 mg - 1 tab PO BID.

Radiographs: prior to urinary catheterization show distended bladder, enlarged spleen.

Date of Previous IntraPet Ultrasound: 5/13/2022. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 prostate was mildly enlarged and uniform measuring 1.28 cm. The pre-prostatic urethra was unremarkable.

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. Slight pinpoint mineralization and minor, hyperechoic medullary rim sign was noted. The left kidney measured 4.26 cm with trace pyelectasia measuring 0.11 cm. The right kidney measured 4.44 cm with pyelectasia that measured 0.17 cm.

Adrenal Glands

The left **adrenal gland** was slightly swollen and measured 2.11 x 0.83 cm at the caudal pole and 0.64 cm at the cranial pole. The right adrenal gland measured 2.02 x 0.67 cm at the caudal pole and 0.69 cm at the cranial pole.

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** revealed increased portal markings with a minor amount of remodeling and lipogranulomatous type changes noted. This is similar to the prior sonogram. The gallbladder appears to have progressive debris and polypoid changes. Ursodiol therapy is recommended as a preventative.

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. Some 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

Cystic hepatic lymph node was noted and measured 1.0 cm. This is not pathological and likely secondary to prior inflammatory events given the pancreatic and hepatic presentation.

ULTRASONOGRAPHIC FINDINGS

Geriatric abdomen.

Largely age related renal hepatic changes with cystic hepatic lymph node.

Structurally unremarkable urinary tract.

Slightly swollen left adrenal gland.

Excessive gallbladder debris.

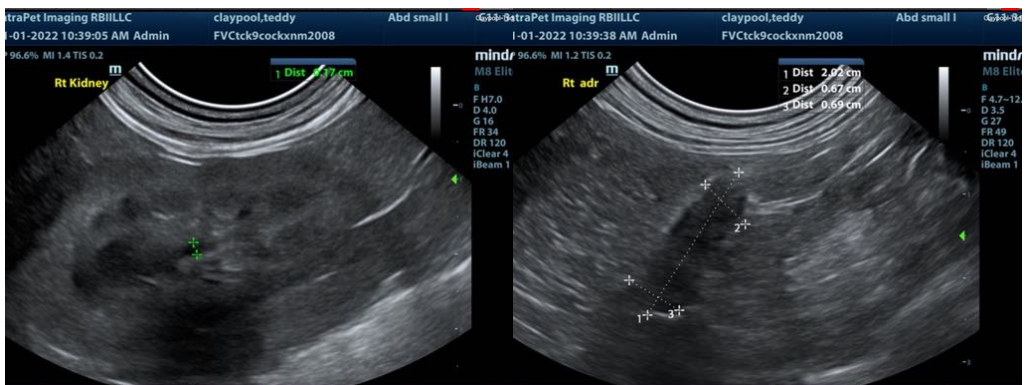
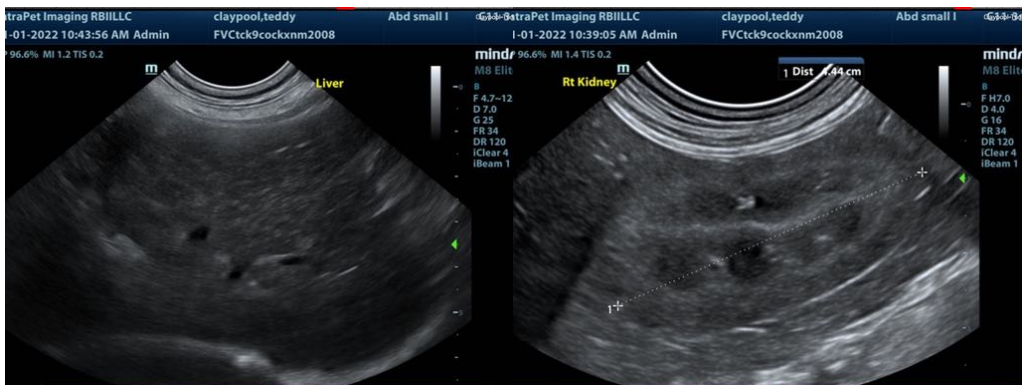
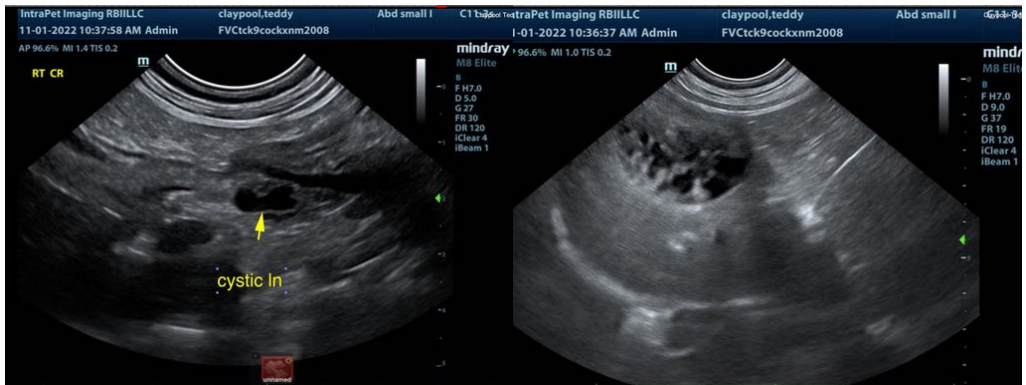
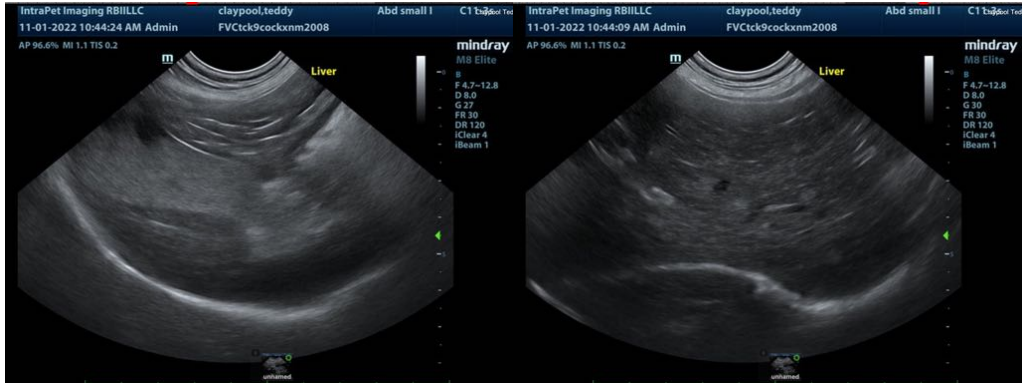
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

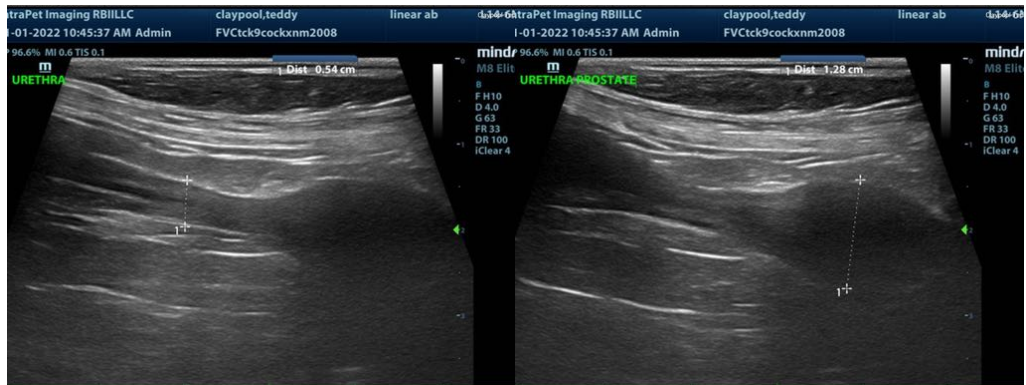
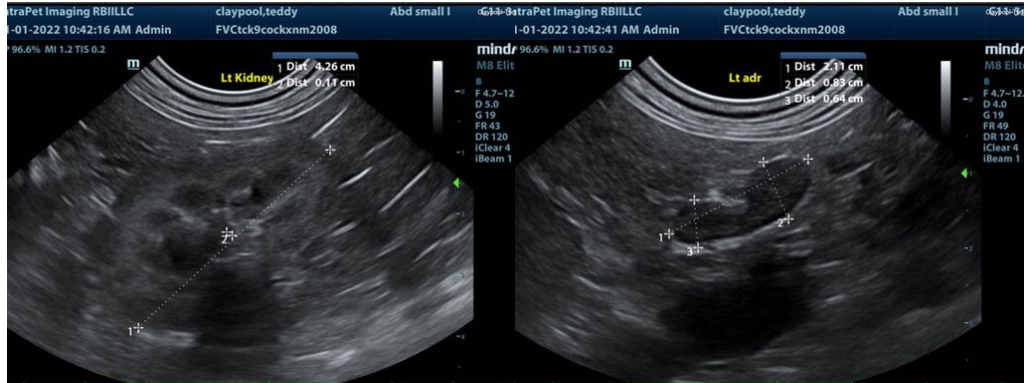
Preventative Ursodiol therapy is recommended. There was no evidence of obstructive disease. Recheck sonogram of the gallbladder is recommended after 6 weeks of Ursodiol therapy and a recheck of the lower urinary tract would be fruitful to ensure that emerging disease is not emerging.

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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