



PATIENT

Troi Self

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

10 Weeks

WEIGHT

24.8

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Jamie Baugh, DVM

HOSPITAL NAME

True North Veterinary
Services

REFERRING VET

Jamie Baugh, DVM

INVOICE

71513

DATE

11/3/25

PRESENTING CLINICAL SIGNS

Troi, a 10-week-old puppy, has been seen 3 times in the past 4 weeks for recurrent urinary and skin issues. - The initial presentation at six weeks of age was for urinary frequency, producing small amounts of odorous urine. Clinical signs of a UTI recurred 2 days after completing a 7-day course of amoxicillin. At the time of the recurrence, Troi also presented a for an abscess-like lesion over the right inguinal area, superior to the inguinal ligament. There was no evidence of a puncture, bite, or sting. - Following the recurrence of urinary signs, an abscess in the right inguinal region was identified. Aspiration yielded mucopurulent discharge. The area was locally anesthetized, lanced with a 15-blade, and the remaining material was expressed and cleaned. A course of amoxiclav and carprofen was initiated at that time. - A recheck for initial puppy vaccines at eight weeks of age showed complete resolution of the abscess site. - Troi presented again on 10/31/2025 with a recurrence of urinary signs, including urgency and straining to urinate. Troi was lightly sedated with butorphanol for an ultrasound of the bladder and kidneys. Ultrasound examination revealed that the left kidney appeared misshapen and enlarged.

Abnormal PE/Chem/CBC/UA Results: Other abnormalities- Troi is extremely large for a 10 week Golden Puppy. The O said there were 4 puppies whelped- all of which were very large. The O knows for a fact that Troi's dam and sire were Golden Retrievers and that Troi was given to her at 6 weeks of age, other than that no other history known. With the presenting clinical signs, no lab work has been acquired. Low grade fevers at each exam: 102.7F, 102.5F ---When shaving her for the ultrasound, I saw that she has Ichthyosis due to large dry scale-like skin. --- While still slightly sedated, a right lateral was taken- attached --- Differentials: Patent Urachus, ectopic ureter, other congenital anomaly, descending infection instead of ascending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was slightly thickened with a minor amount of suspended debris. The proximal urethra was unremarkable, imaged approximately 1.0 cm beyond the cystourethral junction. No obvious ectopic ureters, yet very small ectopic ureters can be non-visible at this phase.

The **left kidney** was mildly enlarged, measuring 6.6 cm, with loss of corticomedullary definition. Minor pyelectasia noted.

The **right kidney** was also enlarged at 7.1 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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.



PATIENT

Troi Self

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

10 Weeks

WEIGHT

24.8

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Jamie Baugh, DVM

HOSPITAL NAME

True North Veterinary
Services

REFERRING VET

Jamie Baugh, DVM

INVOICE

71513

DATE

11/3/25

Liver

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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.

Other

The uterus was unremarkable, uniform, measuring 4.0 mm in thickness.

ULTRASONOGRAPHIC FINDINGS

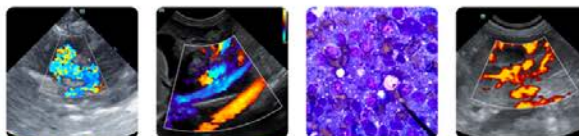
- Bilateral mild renomegaly with slight pyelectasia and loss of corticomedullary definition. If patient age is incorrect, and patient is actually 10 months old, the kidneys are not enlarged.
- Minor urinary bladder thickening and debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The age of this patient is noted as 10 weeks. However, the organs appear to be further developed than that. Please reassess the age of this patient. No evident ectopic ureters noted. Chronic UTI likely with lack of clearing. Resistant bacterial involvement and underlying seeding of infection within the kidneys likely, given the sonographic appearance.

The following is to be utilized for UTI with chronic urinary tract changes found sonographically that may serve as nidus of infection and history of chronic or recurrent UTI is an issue.

I recommend Clavamox as a first level approach to chronic UTI at 12.5-25 mg/kg bid owing to optimal urinary concentrations. 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 (Ceftiofur 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.



PATIENT

Troi Self

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

10 Weeks

WEIGHT

24.8

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Jamie Baugh, DVM

HOSPITAL NAME

True North Veterinary
Services

REFERRING VET

Jamie Baugh, DVM

INVOICE

71513

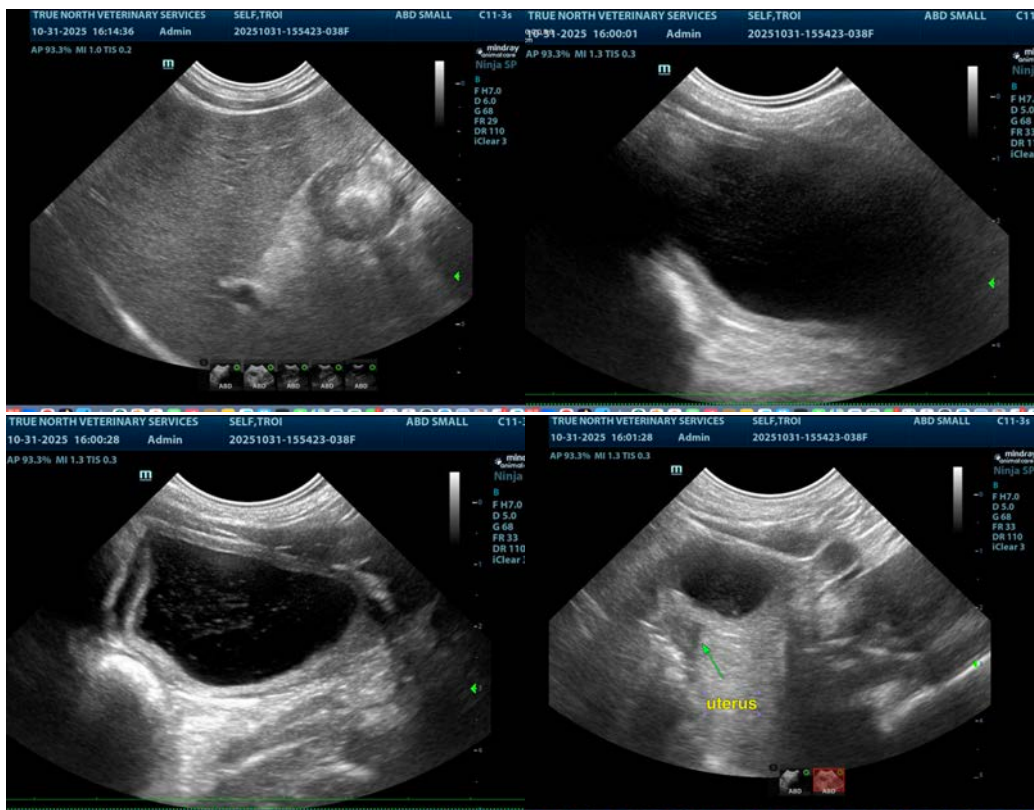
DATE

11/3/25

UTI Types

Guidelines for management of UTIs. The Veterinary Journal 247 (2019) 8-25

- Sporadic Bacterial Cystitis** - simple, uncomplicated UTI, hematuria, pyuria, bacteria. Dogs and older cats primarily. Tx analgesic + Ab-clavamox or similar 3-5 days. No effect? Ensure no comorbidity or C/S result non compatible
- Recurrent Bacterial Cystitis** - 3+ episodes within 12 months. Look for underlying cause. Incontinence, recessed vulva/pyoderma, prostatitis, calculi, neoplasia, resistant bacteria. Analgesia, and culture and refine AB Tx up to 14 days. Culture 5-7 days after stopping Tx.
- Upper UTI** - Pyelonephritis, ascending or embolic. Comorbidity check for diabetes, cushings, lithiasis, prostatitis, neoplasia. Fever, Lethargy, PU/PD, painful kidney on clinical exam. Tx Fluoroquinolone (Marbo/enro not cipro) or Cefa (Naxcel injectable in larger dogs), C/S, tx up to 4-6 weeks (debate). Culture 1-2 weeks after stopping AB.
- Subclinical Bacteruria** - Commensalism, treatment debatable and variable depending on scan.
- EL recs** - scan, evaluate, Tx AB 5-7 days negative sediment + negative culture. Clavamox, Cefa, Quinolone





PATIENT

Troi Self

SPECIES

Canine

BREED

Golden Retriever

SEX

Female

AGE

10 Weeks

WEIGHT

24.8

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

**IMAGING
PERFORMED BY**

Jamie Baugh, DVM

HOSPITAL NAME

True North Veterinary
Services

REFERRING VET

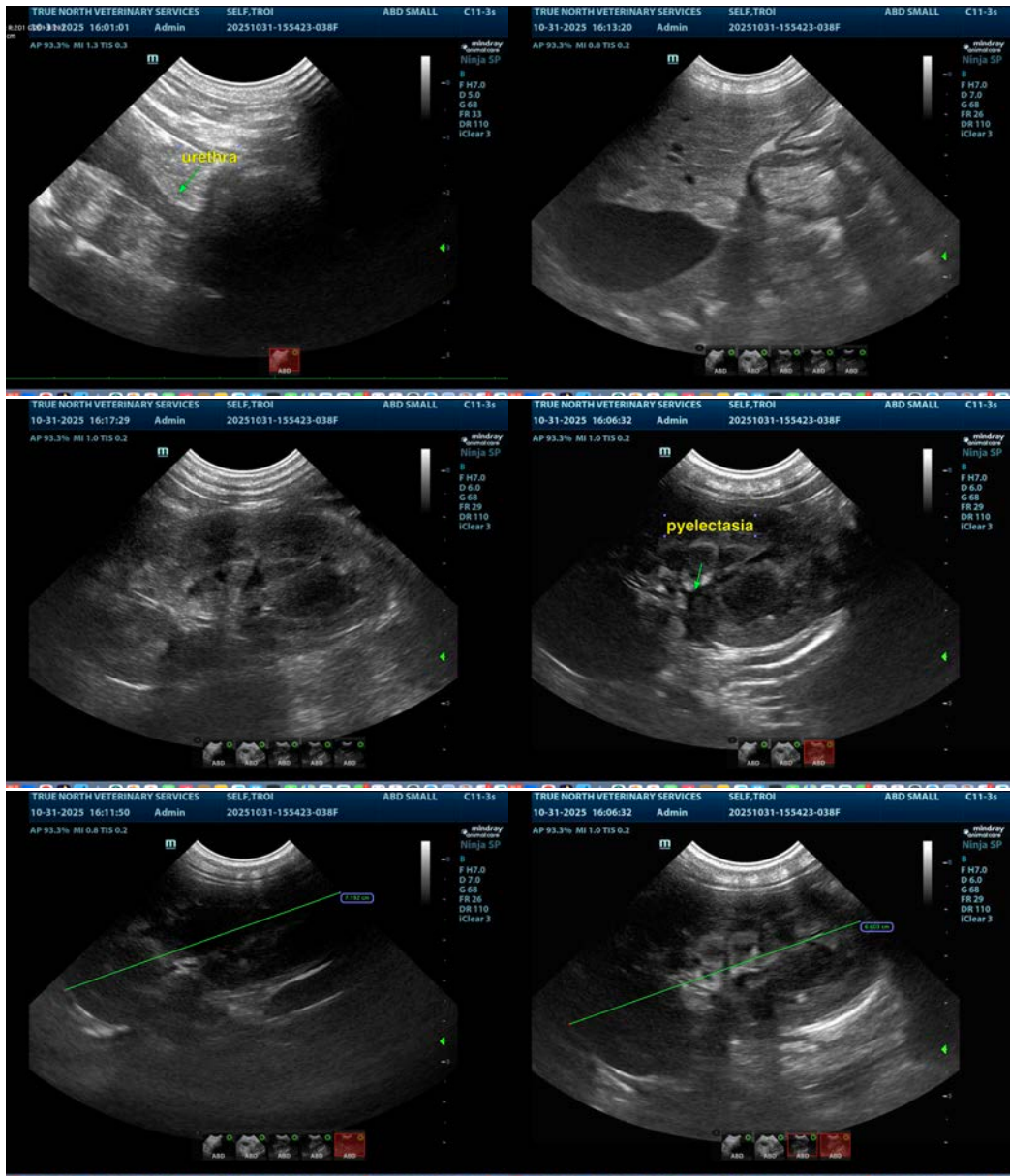
Jamie Baugh, DVM

INVOICE

71513

DATE

11/3/25



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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com