

**PATIENT**

Klay Coba

**PRESENTING CLINICAL SIGNS**

History: Persistent bacteriuria Pt is Addisonian  
Abnormal PE/Chem/CBC/UA Results: Ua- rods but not WBC

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. This is a mild change. The residual prostate was uniform, measuring 1.07 cm.

**BREED**

Labrador

**SEX**

Neutered Male

The **kidneys** were mildly enlarged with coarse cortical architecture and some loss of corticomedullary definition. Mild increased cortical echogenicity was noted in both kidneys. The right kidney measured 7.7 cm. The left kidney measured 7.66 cm.

**AGE**

6 Years

**Adrenal Glands**

The **left adrenal gland** was flattened, typical for Addisons, measuring 1.64 cm x 0.1 cm at the caudal pole and 0.2 cm at the cranial pole.

**WEIGHT**

63.8 Pounds

The **right adrenal gland** was flattened, measuring 3.0 mm.

**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.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**Liver**

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele, but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions. This is a mild change, likely owing to Prednisone supplementation.

**HOSPITAL NAME**

West Salem AC

**REFERRING VET**

Dr. Crane

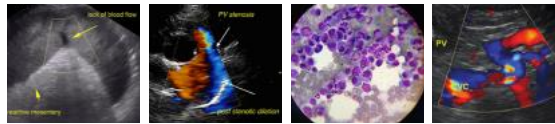
**INVOICE NUMBER**

20136

**Gastrointestinal**

**DATE**

12/16/22



**PATIENT** 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.

Klay Coba

**SPECIES** **Pancreas**

Canine 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.

**BREED**

Labrador

**ULTRASONOGRAPHIC FINDINGS**

- SEX**
- Neutered Male
- Flattened adrenal glands
  - Mild degenerative renal changes
  - Urinary bladder debris
- AGE**
- Benign hepatopathy

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant structural disease.

**WEIGHT** **Chronic UTI Protocol**

63.8 Pounds

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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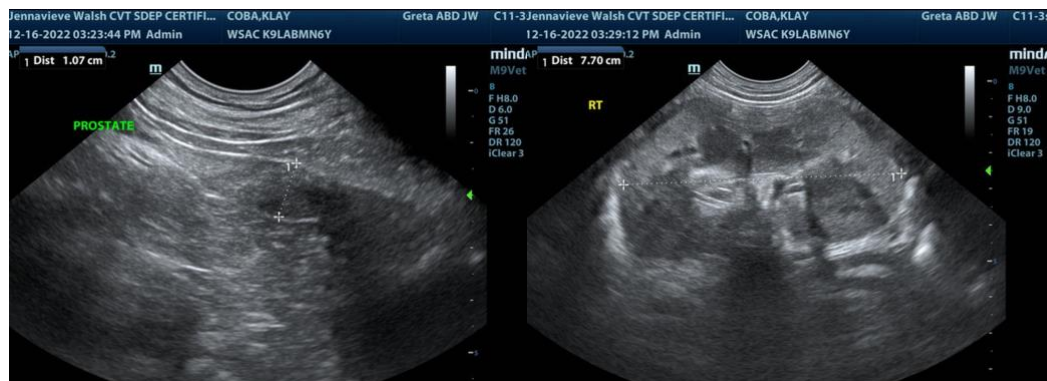
Dr. Crane

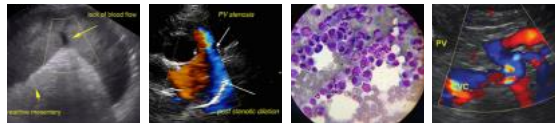
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**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Neutered Male

**AGE**

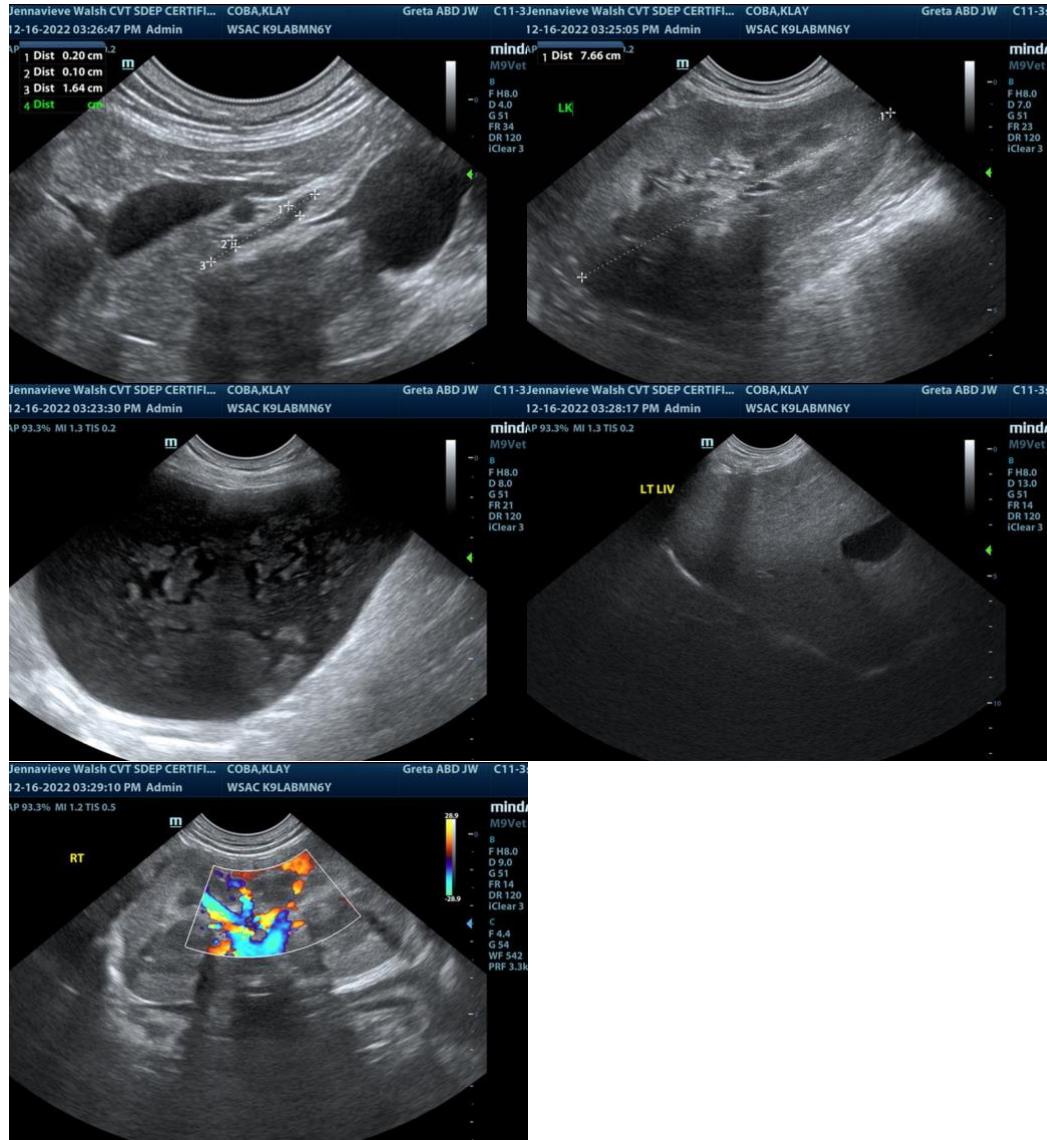
6 Years

**WEIGHT**

63.8 Pounds

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**HOSPITAL NAME**

West Salem AC

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.

**REFERRING VET**

Dr. Crane

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.

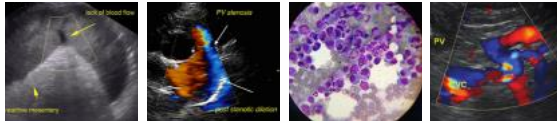
**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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