



**PATIENT**

Molly Grrreat Rescue

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

46.8 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Potomac Mobile

**HOSPITAL NAME**

Hoof & Paw VH

**REFERRING VET**

Dr. Cathy Jarrett

**INVOICE**

33742

**DATE**

12/27/21

**PRESENTING CLINICAL SIGNS**

Vomiting started on 12/20/21. Diarrhea started the next day. Propectalin helped diarrhea, now soft stool. Vomiting has now resolved. Eating Ok. Increased urine production. Bacterial cystitis, acute diarrhea, paralyzed in rear legs. Given Zeniquin 50 mg on 12/20/21.

Abnormal PE/Chem/CBC/UA Results: U/A: SG 1.010, pH 6.0, Protein negative, LEU 100, BLD 10, WBC >50 /HPF, RBC <1 /HPF, nsEPI <1 /HPF (12/20/2021). Rods seen in urine sample. CHEM: Magnesium 1.4 and Cholesterol 394 (12/03/21). CBC: Platelet 532 (12/03/21). T4 is WNL (12/03/21).

**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 were noted. Ureteral papillae were normal.

The **left kidney** presented moderate degenerative cortical changes with slight pyelectasia, likely owing to scarring and prior insult. Minor cortical collapse on the caudal pole noted. The left kidney measured 5.92 cm.

The **right kidney** was normal in size, contour and structure. No significant changes. The right kidney measured 6.57 cm.

**Adrenal Glands**

The **left adrenal gland** was mildly swollen at the caudal pole, measuring 0.90 cm at the caudal pole and 0.60 cm at the cranial pole. The right adrenal gland was slightly heterogeneous, measuring 2.18 cm x 1.01 cm at the cranial pole and 0.73 cm at the caudal pole. A hyperechoic, non-disruptive nodule was noted at the cranial pole measuring 0.69 cm.

**Spleen**

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. It was folded upon itself caudally. These changes are consistent with normal age-related alteration. The capsule was 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. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** presented coarse architecture and heterogeneous parenchymal changes consistent with remodeling. Isoechoic nodules noted with ill-defined margin. A left cranial nodule measured approximately 2.0 cm and was isoechoic to surrounding parenchyma. The remainder of the liver was unremarkable, largely uniform. The caudate process revealed mild irregular swelling and a patchy, hyperechoic nodule with non-disruption of architecture. The gallbladder and common bile duct were unremarkable. The gallbladder wall was slightly echogenic.

**Gastrointestinal**

The **stomach** presented minor retention of ingesta. The small intestine and colon were unremarkable.



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**Pancreas**

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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**

- Heterogeneous adrenal glands
- Undefined hepatic nodules
- Probable pyelonephritis left kidney

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Spayed Female

Screening FNA of the liver warranted for further definition and primary focus on treating the chronic UTI. The hepatic presentation does not appear particularly aggressive. Nodular hyperplasia is likely. Given the pyuria, chronic pyelonephritis of the left kidney is likely. Assessment of the vaginal vestibule for predisposing issues such as urine pooling and recessed vulva recommended. No evidence of significant neoplasia, unless low-grade neoplasia is found on liver aspirates.

**AGE**

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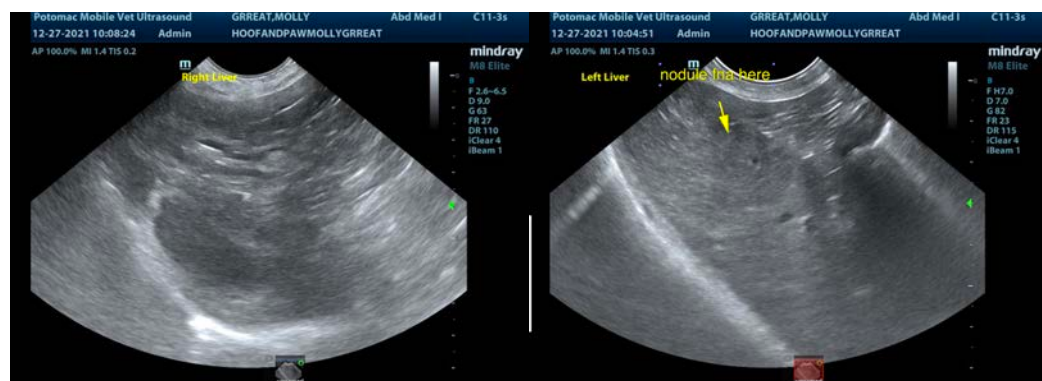
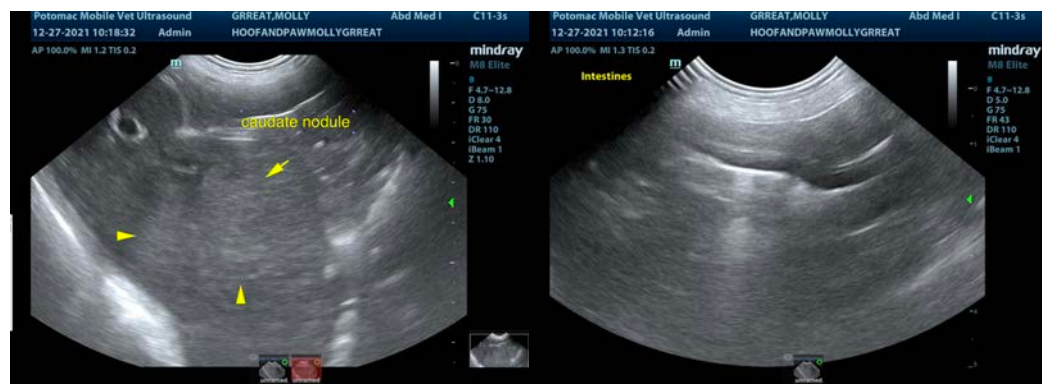
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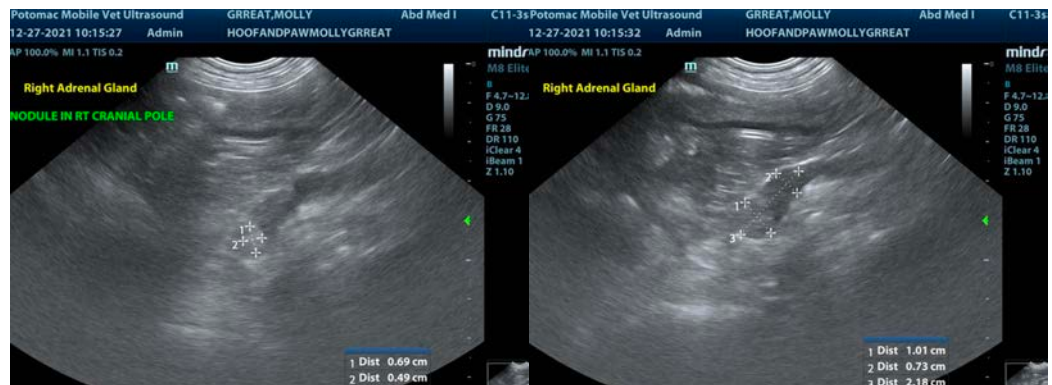
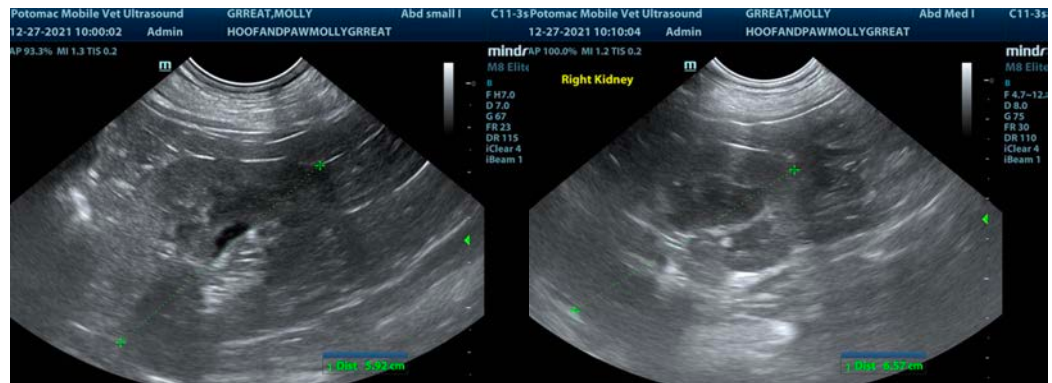
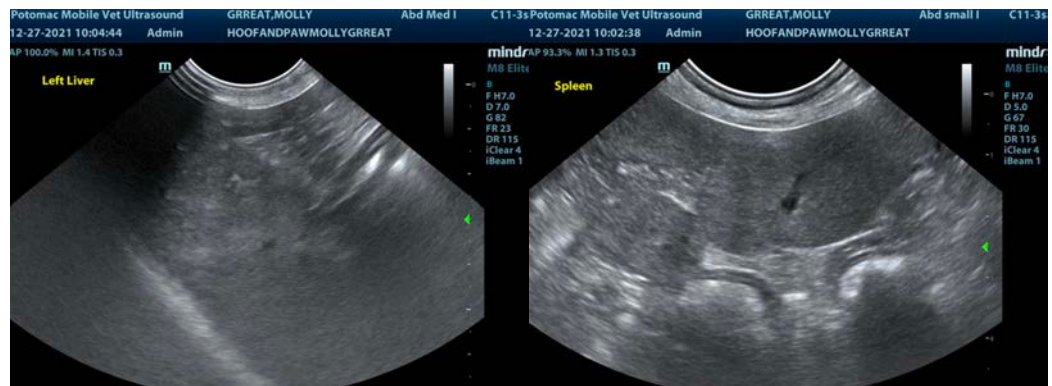
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Golden Retriever

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

[info@SonoPath.com](mailto:info@SonoPath.com)

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