



## PATIENT

Manly Gregory

## SPECIES

Canine

## BREED

Japanese Chin

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

4.64

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Annette Anleu

## HOSPITAL NAME

Ellwood Animal  
Hospital

## REFERRING VET

Dr. Cynthia Maro

## INVOICE

72396

## DATE

12/5/25

## PRESENTING CLINICAL SIGNS

Manly has had an increase in urination since 11/17/25, urinalysis showed 10-15 RBC, 2+ Ammonium Mg Phosphate (6-20)/HPF, low specific gravity of 1.024, high pH of 8.0 . Recommend abdominal ultrasound to check for early formation of kidney / bladder stones

Abnormal PE/Chem/CBC/UA Results: Urinalysis showed 10-15 RBC, 2+ Ammonium Mg Phosphate (6-20)/HPF, low specific gravity of 1.024, high pH of 8.0 .

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** presented a minimal amount of urine at the time of the sonogram. Slight calculi/sand noted, a grouping of which measured 0.30 cm.

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 and no evidence of pelvic dilation was present. Left kidney measured 2.46 cm. Right kidney measured 2.57 cm.

### 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. Left measured 0.70 cm x 0.23 cm.

The region of the **right adrenal gland** was imaged, no evident pathology.

### 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.

### 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



## PATIENT

Manly Gregory

## SPECIES

Canine

## BREED

Japanese Chin

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

4.64

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Annette Anleu

## HOSPITAL NAME

Ellwood Animal  
Hospital

## REFERRING VET

Dr. Cynthia Maro

## INVOICE

72396

## DATE

12/5/25

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.

## ULTRASONOGRAPHIC FINDINGS

- Minimal bladder sand, should be dissolvable with medical management.
- Age related renal changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sand accumulation present in the bladder. However, minimal amount of urine was present at the time of the sonogram and recommend recheck sonogram of the bladder at full repletion to assess sand versus adhered mineralization. No evidence of significant disease.

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. If bacterial resistance is an issue then **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 (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.

### 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**

Manly Gregory

**SPECIES**

Canine

**BREED**

Japanese Chin

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

4.64

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Annette Anleu

**HOSPITAL NAME**

Ellwood Animal  
Hospital

**REFERRING VET**

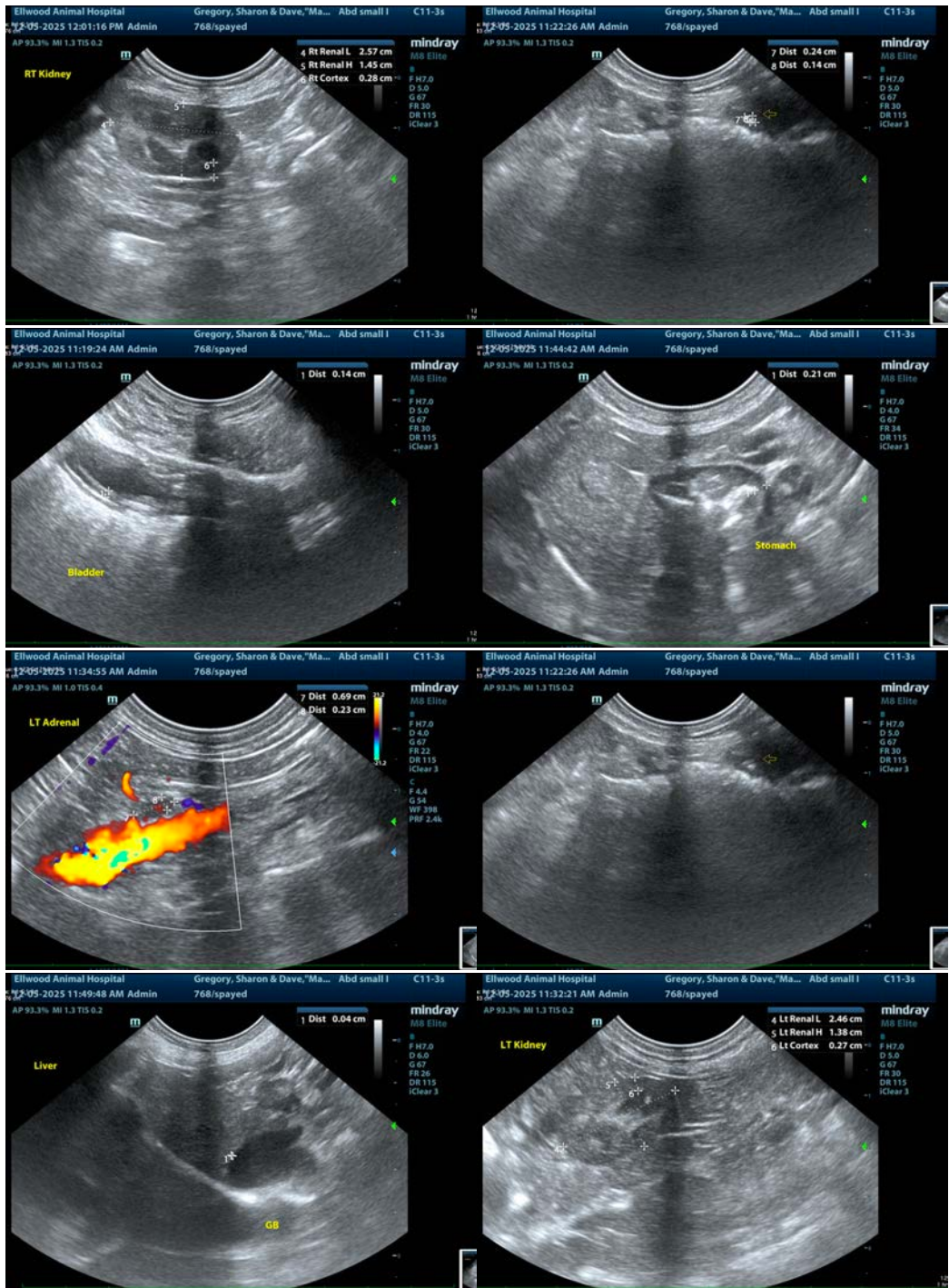
Dr. Cynthia Maro

**INVOICE**

72396

**DATE**

12/5/25





## PATIENT

Manly Gregory

## SPECIES

Canine

## BREED

Japanese Chin

## SEX

Spayed Female

## AGE

8 Years

## WEIGHT

4.64

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Annette Anleu

## HOSPITAL NAME

Ellwood Animal  
Hospital

## REFERRING VET

Dr. Cynthia Maro

## INVOICE

72396

## DATE

12/5/25

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](mailto:info@SonoPath.com)