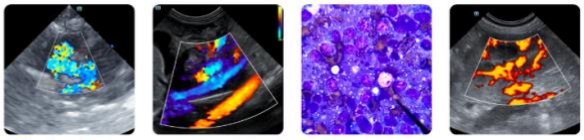

PATIENT

Scout Crombie

SPECIES

Canine

BREED

Mixed

SEX

Spayed Female

AGE

14 Years

WEIGHT

44 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary Services

REFERRING VET

Dr. Rodriguez

INVOICE

13810

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02/14/26

PRESENTING CLINICAL SIGNS

- U/S as part of Cushing's workup. Currently on Vetoryl, thyroid tabs, and Proin. Fasted but did get medications in a pill pocket this am.

Abnormal PE/Chem/CBC/UA Results: 1/31/26 LDDST: 4.7, 3.1, 8.5. 1/9/26: ALT: 312, ALK: 1363, GGT: 147, T4<0.5. U/A: 1.015, prot: 2+, WBC: 11-20, rods: 26-50, prot/creat: 0.8.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed apical ventral wall thickening with loss of mural detail and areas of hyperechoic scarring and possible mineralization measuring up to 0.94 cm with polypoid changes. Multiple other polypoid changes were present in the bladder. The urethra was normal in structure and tone to a depth of 2.0 cm.

The iliac trifurcation was unremarkable.

The **right kidney** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 pyelectasia and mineralizations were noted. The right kidney measured 6.6 cm in length.

The **left kidney** revealed mild subcapsular fluid along with chronic changes similar to the right kidney. Pyelectasia was present in the left kidney. Chronic pyelonephritis is suspected. The left kidney measured 7.0 cm in length.

Adrenal Glands

The **left adrenal gland** appeared moderately enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 3.64 cm x 1.16 cm width at the caudal pole and 1.36 cm width at the cranial pole.

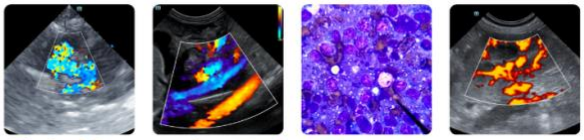
The region of the **right adrenal gland** was ill-defined and appears to have a nodular change. Further imaging is necessary.

Spleen

The **spleen** was uniform with multi focal hyperechoic changes. This is consistent with lipogranuloma. This is not overtly pathological. The largest hyperechoic nodule measured 2.3 cm.

Liver

The **liver** was uniformly swollen with moderate, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and



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subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

Gastrointestinal

The **stomach** revealed a progressively shadowing luminal structure measuring 2.8 cm. The small intestine and colon were unremarkable. A focal intestinal mass was present deriving from the muscularis measuring 2.6 cm x 1.6 cm. The remainder of the gastrointestinal tract was unremarkable.

Pancreas

The **pancreas** revealed pancreatic remodeling.

ULTRASONOGRAPHIC FINDINGS

- Chronic cystitis- polypoid hyperplasia versus carcinoma.
- Nodular spleen- lipid plaques/lipogranuloma suspected.
- Pancreatic remodeling.
- Focal intestinal mass- appears to be jejunal. Differentials include leiomyosarcoma, round cell neoplasia and less likely carcinoma. Granulomatous disease is thought less likely.
- Shadowing gastric structure.
- Possibly nodular right adrenal gland- further imaging is necessary.
- Enlarged nodular left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BRAF testing and cytospin of free catch urine sample is warranted. If no evidence of carcinoma is present, urine culture and sensitivity is warranted and approximately 6-8 week treatment for chronic cystitis. FNA of the spleen is indicated to ensure underlying neoplasia is not present.

Exploratory surgery with intestinal resection and anastomosis as well as gastrotomy may be ideal in this patient or ultrasound guided FNA of the intestinal lesion.

Canine Chronic UTI Protocol

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 (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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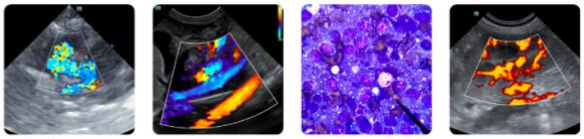

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Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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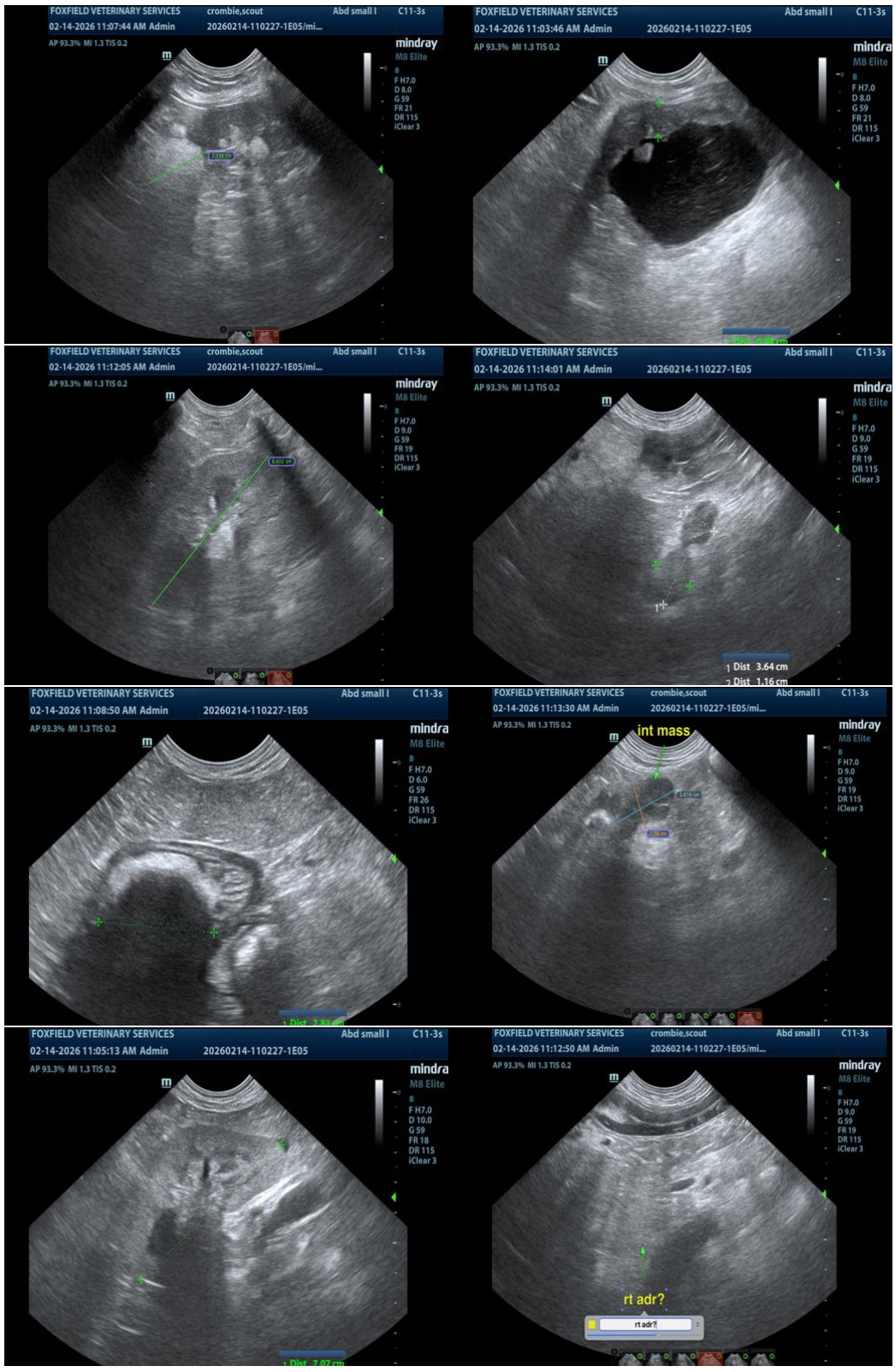

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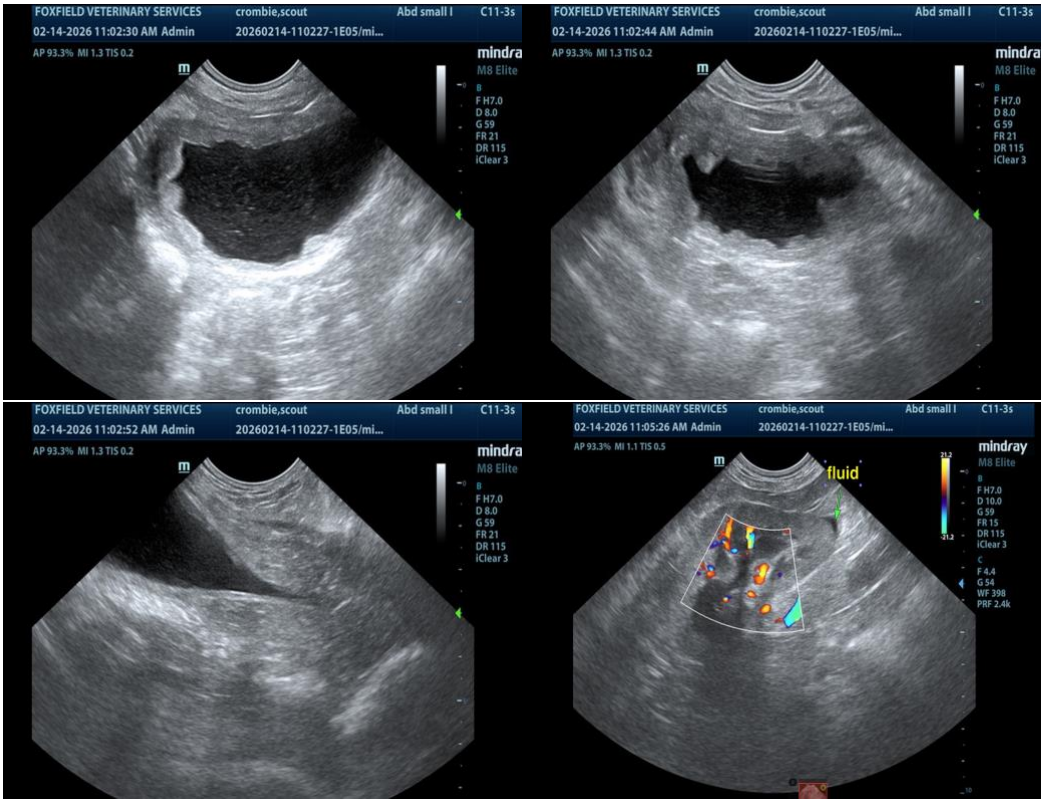

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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