



PATIENT

Eva Abbate

SPECIES

Canine

BREED

Mix Pitbull

SEX

Spayed female

AGE

10 years

WEIGHT

69.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Rothrock

INVOICE

42992

DATE

2/27/23

PRESENTING CLINICAL SIGNS

History: Repeat AUS (initial AUS done 11/16/22) to evaluate changes to splenic mass. Also evaluating for any metastasis of mass. Hx of diabetes mellitus, hypothyroidism and chronic urinary tract infections. Current meds: Novolin N and thyrotabs

Abnormal PE/Chem/CBC/UA Results: bloodwork pending

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. The prior bladder debris has resolved. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia was noted in the kidneys. The right kidney measured 8.18 cm. The left kidney measured 8.1 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. The left adrenal gland measured 2.46 x 0.74 cm. The right adrenal gland measured 2.18 x 0.7 cm.

Spleen

The **splenic** is persistent and measured 3.45 x 3.4 cm with heterogenous capsular expansion. There was no significant progression from the prior sonogram. However, subtle, progressive nodular changes were noted elsewhere in the spleen.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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Gastrointestinal

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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.

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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.

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Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

Splenic mass, persistent. Subtle, progressive nodular changes were noted elsewhere in the spleen.

Bladder debris has resolved.

Pyelectasia.

WEIGHT

69.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis is recommended. If any inflammatory sediment is present then culture is indicated. The splenic mass may be a benign process; however, I strongly recommend proactive splenectomy. Chest radiographs and echocardiogram are warranted with SDEP 3 approach to assess for right auricular or pericardial pathology.

INTERPRETED BY

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DABVP, Cert. IVUSS

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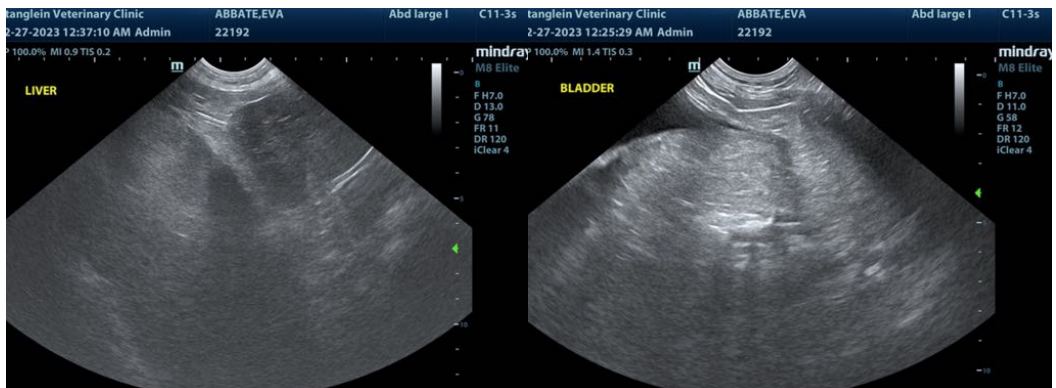
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com