



PATIENT PRESENTING CLINICAL SIGNS

Cassie Clark Elevated liver enzymes, hx suspected underlying Cushing's dz but non-clinical and previous testing (ACTH 6/2021; 9/2021; 11/2020) equivocal/borderline. Current meds: Melaton and Lignan, Gabapentin, Dasuquin, Prev. on Galliprant but stopped last month or two ago.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 182, ALP 758

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Siberian Husky The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Sand accumulation was noted and measured up to 2.5 cm. Suspended and dependent debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed Female

AGE

8 years

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.69 cm. The left kidney measured 5.84 cm.

WEIGHT

-

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The left adrenal gland revealed uniform enlargement and measured 3.03 x 0.9 cm at the cranial pole and 0.84 cm at the caudal pole. The right adrenal gland was mildly swollen and measured 2.7 x 1.0 cm at the cranial pole and 0.64 cm at the caudal pole.

IMAGING PERFORMED BY

Shari Reffi, CVT

Spleen

HOSPITAL NAME

Long Valley AH

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 was noted. The spleen measured 1.75 cm with a focal 1.0 cm nodule. The nodule has slightly increased in size compared to the prior sonogram.

REFERRING VET

Dr. Semanchik

Liver

INVOICE

95952

The **liver** was uniformly swollen with minor, 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 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.

DATE

2/8/22



PATIENT

Gastrointestinal

Cassie Clark

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.

SPECIES

Canine

BREED

Siberian Husky

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Minor cysts were noted in the right pancreatic limb and measured 0.5 cm. 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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

8 years

Bladder sand and debris. Suspect UTI.

Mildly progressive splenic nodule.

Age related renal changes.

WEIGHT

-

Mild bilateral adrenal hypertrophy.

Benign hepatopathy with minor gallbladder debris.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule is indicated. I recommend full urinary work-up in this patient. If the urine specific gravity is less than 1.020 after treatment for any evidence of UTI then work-up for PDH is indicated/Cushing's if not already performed.

IMAGING PERFORMED BY

Shari Reffi, CVT

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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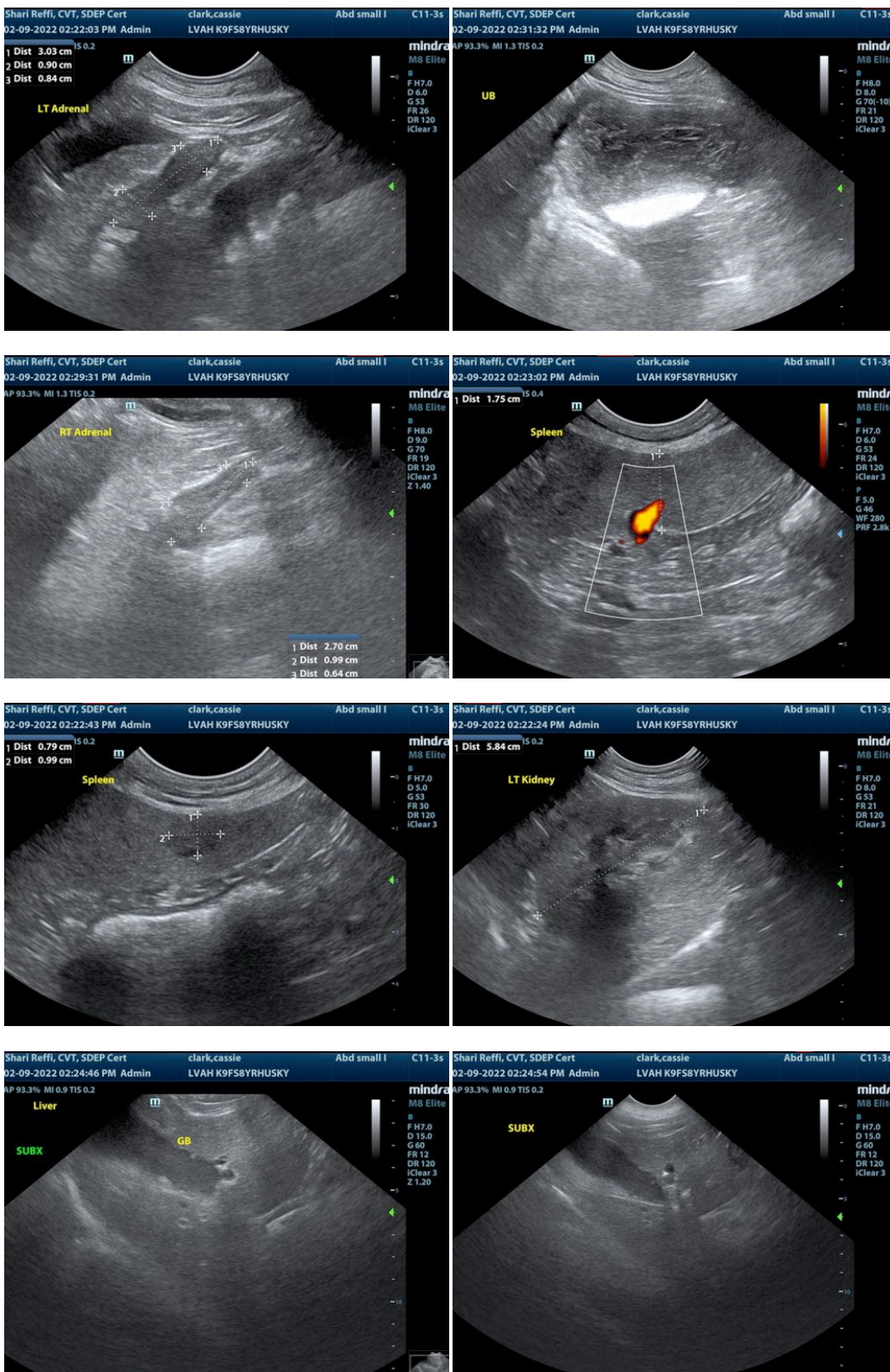
Dr. Semanchik

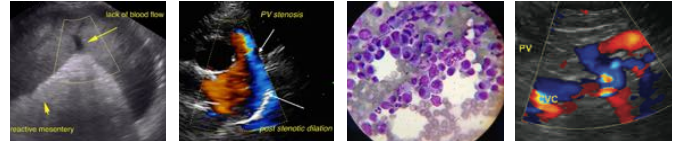
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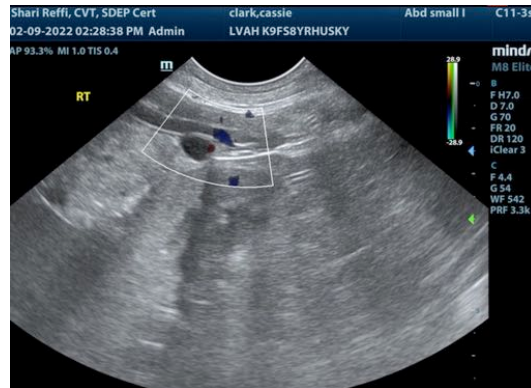
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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