

**DATE**

3/11/22

PRESENTING CLINICAL SIGNS

History: Blood in urine noted almost 2 weeks ago. Initial UA had blood, protein and cocci. Clavamox started. Initial improvement for 24 hours, but then blood and all symptoms returned. Abd rads were WNL with no obvious stones. Cefpodoxime started. Initial improvement noted again for 24 hrs and then symptoms returned. UA had cocci and rods, gross hematuria, BW show mild regenerative anemia.

Date of Previous IntraPet Ultrasound:

Sedation: Patient sedated with Torbugesic.

Stat Report: Not requested.

PATIENT

Nyla Steck

SPECIES

Canine

Imaging Performed By: Andi Parkinson, RDMS.

BREED

Frenchie

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** presented a trace amount of debris and was structurally unremarkable otherwise with no evidence of ectopic ureters.

The **right kidney** fossa was empty. No right kidney noted.

The **left kidney** was normal in size to slightly enlarged with normal structure and vascularity. The left kidney measured 4.83 cm.

SEX

Intact Female

AGE

12/1/21

WEIGHT

7.13 Pounds

Adrenal Glands

Both **adrenal glands** were flattened and isoechoic. The left adrenal gland measured 1.46 cm x 0.34 cm at the cranial pole and 0.34 cm at the caudal pole. The right adrenal gland measured 1.48 cm x 0.48 cm at caudal pole and 0.33 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

HOSPITAL NAME

Happier at Home
Mobile Vet

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.

REFERRING VET

Dr. Haskin

INVOICE

14292

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 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.

Free Abdomen

The **uterus** was unremarkable, measuring 3.0 mm.

ULTRASONOGRAPHIC FINDINGS

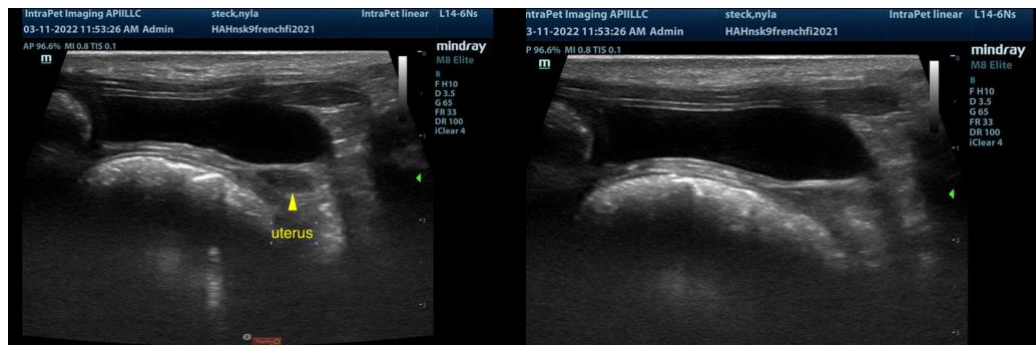
- Right renal aplasia
- Subjectively flattened adrenal glands
- Minor bladder debris

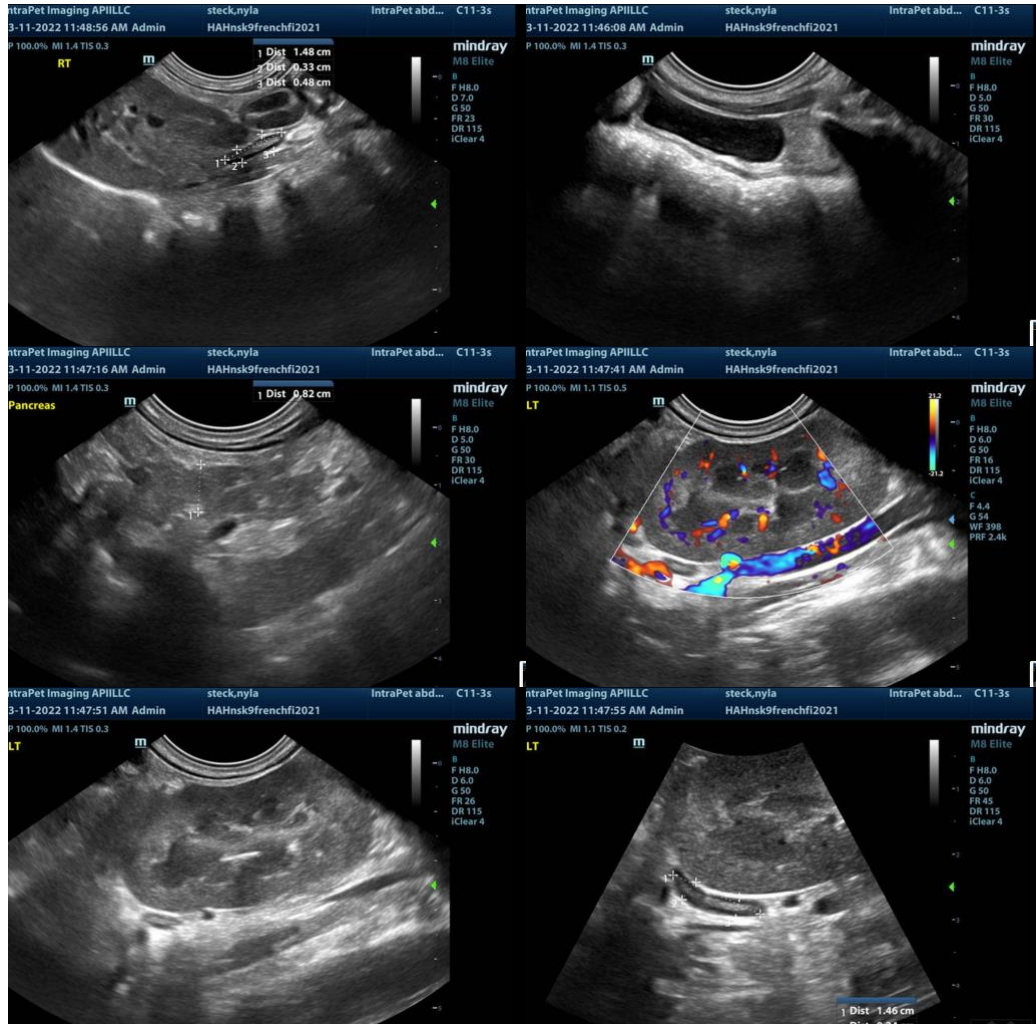
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for occult Addisons warranted with baseline cortisol given the flattened adrenal glands and breed predisposition. If recurring UTI is an issue, then assessment of the vaginal vestibule warranted for predisposing issues.

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.





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.

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
Eric.Lindquist@SonoPath.com