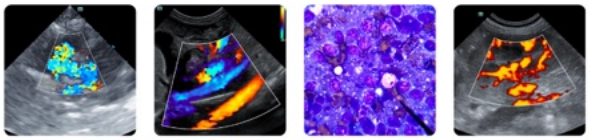


PATIENT

Farley Trout

SPECIES

Canine

BREED

Old English Sheepdog

SEX

Intact male

AGE

2 years

WEIGHT

74.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hollway

HOSPITAL NAME

Valley Green VH

REFERRING VET

Dr. Hollway

INVOICE

73699

DATE

3/23/26

PRESENTING CLINICAL SIGNS

Chronic UTI that will not resolve despite meds. UTI first noted 2/2026 (identified on pre-op labwork prior to neuter/gastropexy). Have been unable to clear the UTI. Rec AUS today to ensure we are not missing anything prior to neuter/gastropexy.

Urine culture = pending.

Today ABD = SNP. Heart/Lungs= NSF. External genitalia appears normal; bladder palpates normally. Intact male - 2 descended testicles -- scabbing noted on scrotum over RIGHT testicle CBC: HCT = 48% normal PLT = 139 LOW CHEM Creat = 1.1 (normal) previously 0.9 on 1/2026 Lytes: NSF Cysto UA USG = 1.040 pH = 8 Urobilinogen = 4 TNTC cocci WBC and bacteria noted on cysto sample 3/4/26 recheck UA = >1.050 7pH >50 WBC Urobilinogen = 8 HIGH Bilirubin = 3 HIGH 2/17/26 USG = 1.048 6.5pH Increased WBCs still present in urine sample 1/10/2026 CBC = NSF Chem= NSF UA Shows normal concentration w/out leakage of significant proteins. There is the occasional WBC are elevated compared to what we would expect from a normal sample T4 WNL 4Dx = Anaplasma (+) P started on doxycycline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

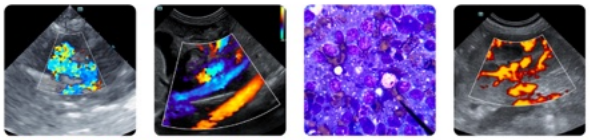
The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.5 cm beyond the cystourethral junction and appeared normal. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.55 cm. The right kidney measured 8.4 cm.

The pelvic urethra was imaged 3.5 cm past the cystourethral junction but the prostate was not visible. Further imaging of the deep pelvis necessary to visualize the prostate.

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 0.5 cm. The right adrenal gland measured 0.6 cm.



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Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially and caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

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

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen in the lower urinary tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of structural pathology. Further imaging of the prostate is indicated with deep SDEP 3 position, potentially under sedation.

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.

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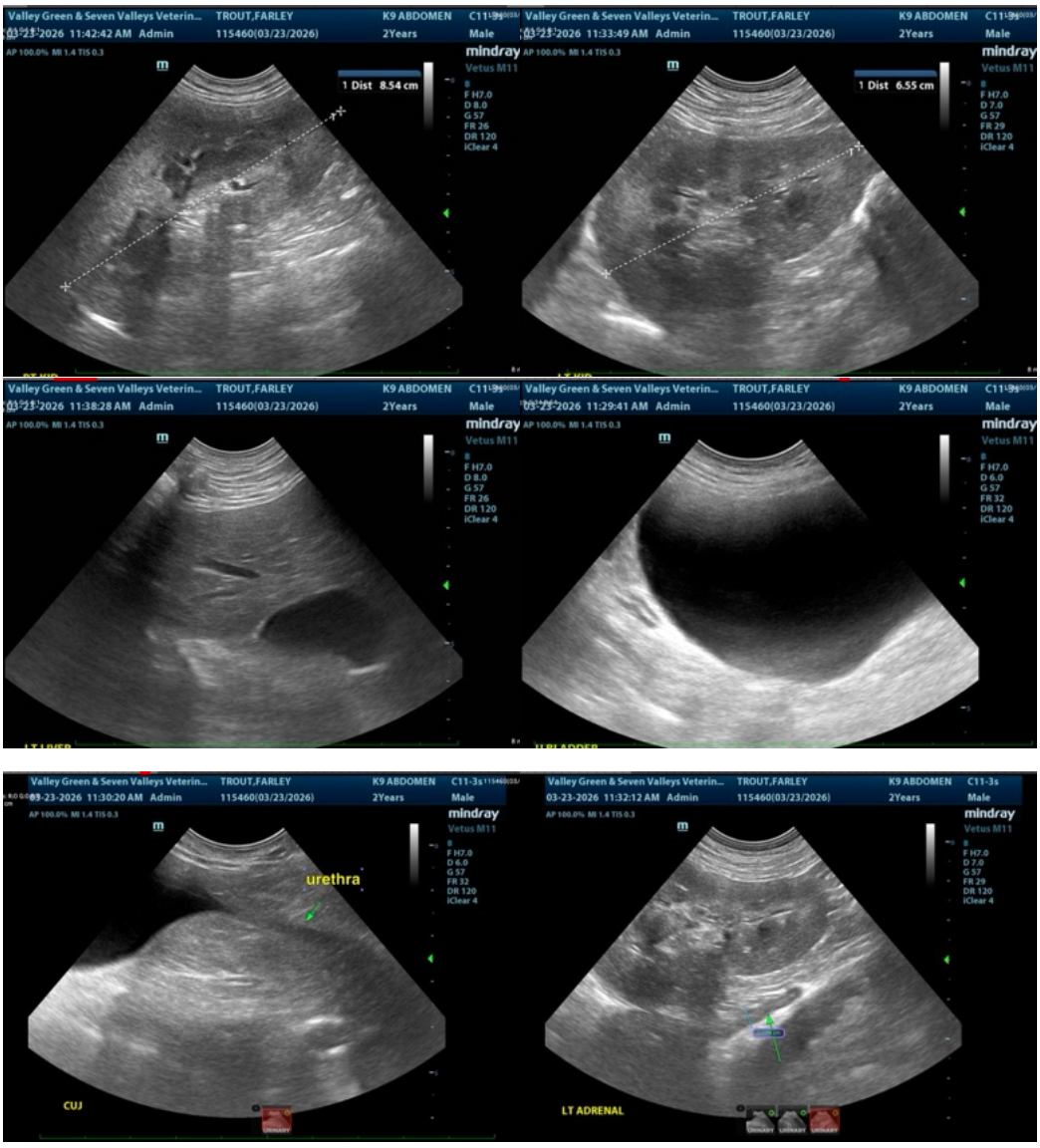
I recommend Clavamox as a first level approach to chronic UTI at 12.5-25 mg/kg bid owing to optimal urinary concentrations. If bacterial resistance is an issue then **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. 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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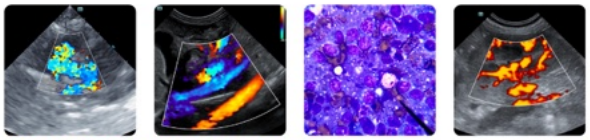

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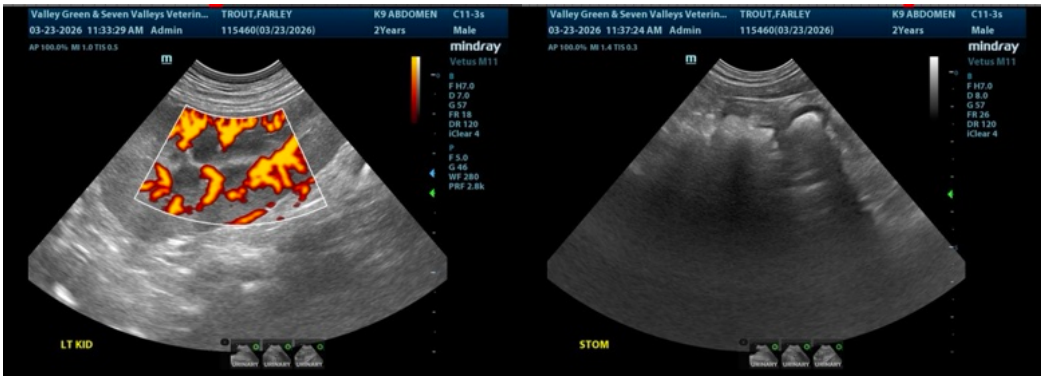

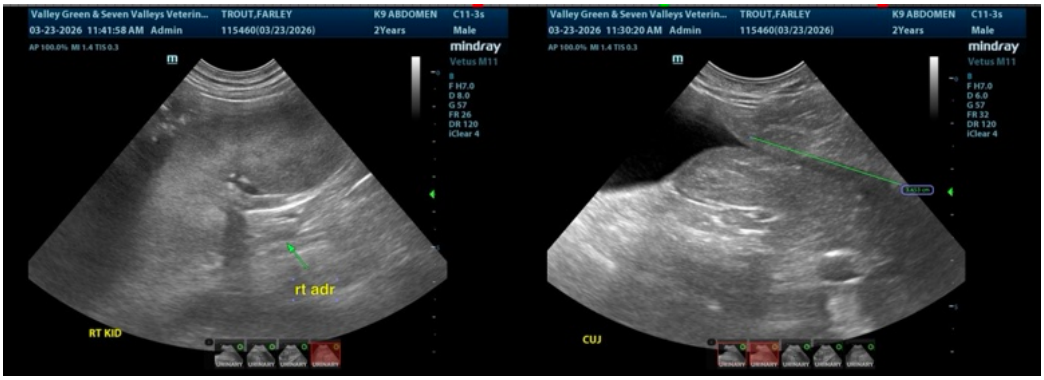

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

info@SonoPath.com