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Clinical Sonography & Telecytology
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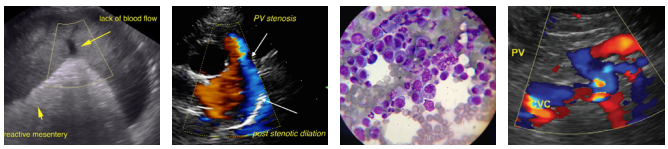


**PATIENT**

Lola Snoke

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

14 Months

**WEIGHT**

24.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Lupole

**INVOICE**

36478

**DATE**

3/25/22

## PRESENTING CLINICAL SIGNS

Presented at our hospital for not eating and vomiting since yesterday, very lethargic Previous Health Concerns: none
Abnormal PE/Chem/CBC/UA Results: Temp: 103.6 F Cardiovascular: no murmur heard, est 5% dehydration, tacky mm Genitourinary: severely hooded vulva with brown discoloration but no discharge rDVM UA 3/25: 1.022, 500 mg/dl protein, >50 WBC/hpf, >50 RBC/hpf, rods present, free catch rDVM bloodwork: SDMA 15 H, Creat 1.9 H, ALP 411 H, Cholesterol 384 H, WBC 28k H rDVM cPL: normal Radiographs: wnl, mild splenomegaly SHORES UA via cystocentesis (not charged, verify UTI): Blood 50++; Pro 100++; PH 6.0; SG 1.032; Leuk 75+; Asc Acid 10; WBC tntc; RBC tntc; Epi 0-2/hpf; Bacteria cocci and rods Resting cortisol: 9.3

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** presented ventral apical wall thickening. Anechoic urine present. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** were thickened and irregular with pyelectasia. The right kidney measured 7.22 cm. The left kidney measured 7.1 cm. Loss of corticomedullary definition noted.

### *Adrenal Glands*

The regions of the **adrenal glands** were unremarkable.

### *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.

### *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*

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable

### *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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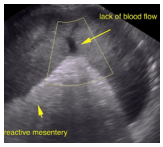

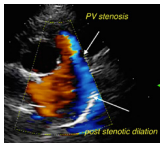

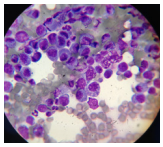
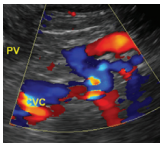


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## ULTRASONOGRAPHIC FINDINGS

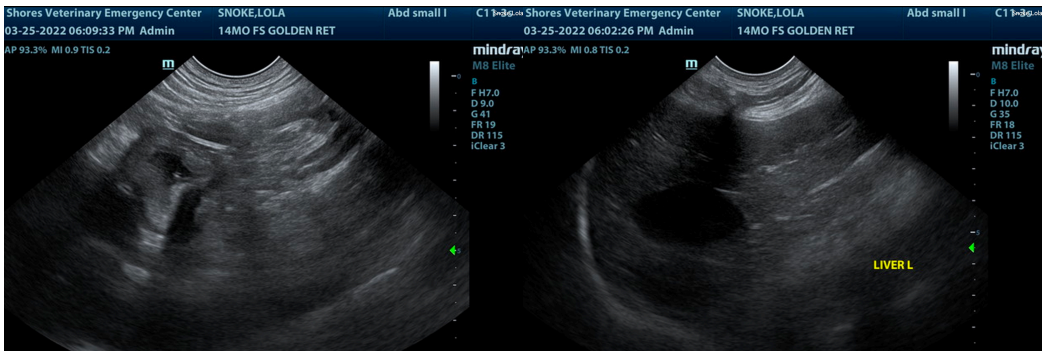
- Thickened urinary bladder
- Thickened, irregular kidneys with pyelectasia
- Gastroenteritis

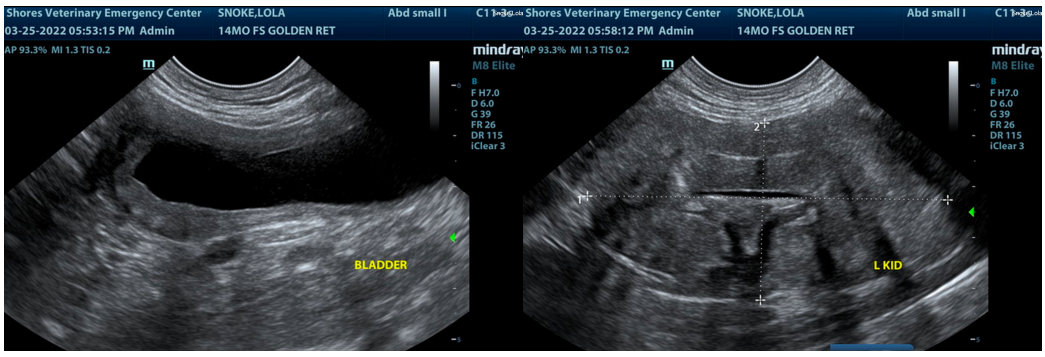
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Pyelonephritis suspected. 72-hour IV fluid protocol, urine culture and sensitivity recommended. Long-term viability of the kidneys is in question, as some level of primary renal dysplasia may be playing a role. The fever is likely owing to UTI and current gastritis present. Eventual renal biopsy would be appropriate.

**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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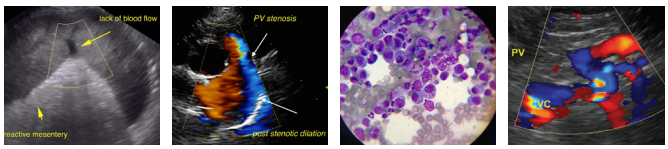


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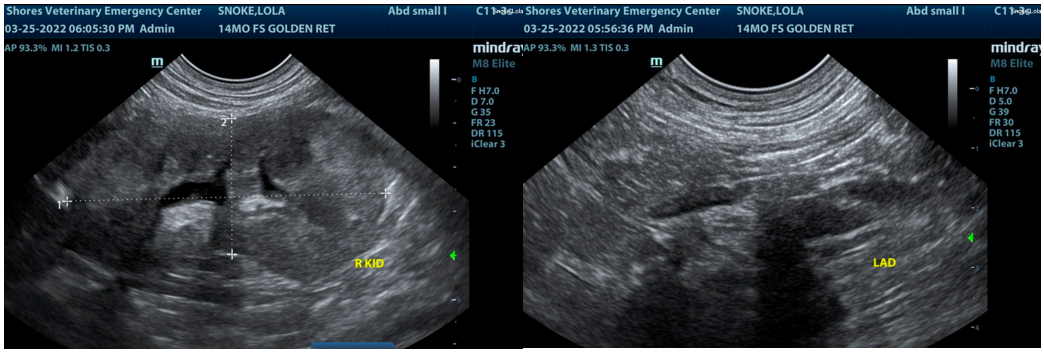


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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