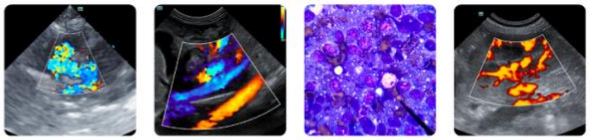


PATIENT

Ronin TX DPS

SPECIES

Canine

BREED

Belgian Malinois

SEX

Intact Male

AGE

1 Year

WEIGHT

78

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas VMC

REFERRING VET

Dr. Brianna Stofas

INVOICE

36370

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- P first presented to us in Dec 2025 for a UTI. Handler stated that at this point, P already had a history of UTIs during training camp. Records show at least two UTIs prior to coming to us.
- At initial presentation, urine was cultured and P was put on appropriate antibiotics for 4 weeks. Days after completing antibiotics, P became symptomatic and started urinating blood. Restarted antibiotics for another 4 weeks and confirmed cleared infection with urine culture.
- During above initial treatment, US of prostate showed small heterogenous darkening.
- Patient presented again a month after negative culture for regular, annual examination and bloodwork. Urinalysis showed UTI present. Handler reports P did become symptomatic for UTI the following day.
- Awaiting TVMDL culture results. Currently on Erofloxacin as infection was susceptible previously.
- Abnormal PE/Chem/CBC/UA Results: CBC: HCT 61, mild neutrophilic, mild eosinophilia Chemistry: NSF UA: 4+ rods, blood 3+, urine protein 4+, WBC few, few struvite.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The urine presented some echogenicity consistent with suspended debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. This is a moderate change. Moderate repletion was noted. Bladder wall measured 1.4 cm. Mucus debris was noted. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. No evidence of ectopic ureters was noted.

The **prostate** was mildly heterogenous, measuring 5.1 cm. Some edema lines and nodular changes were noted.

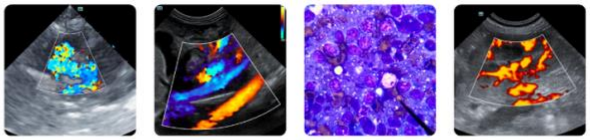
The **kidneys** were swollen and slightly irregular with mild pyelectasia. The right kidney measured 8.05 cm. The left kidney measured 8.23 cm. Blood flow to the kidneys appeared to be adequate. Slight increased cortical echogenicity was noted.

The **testicles** were imaged and found to be uniform.

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 2.86 cm x 0.34 cm at the cranial pole and 0.44 cm at the caudal pole. The right adrenal gland measured 3.56 cm x 0.78 cm at the cranial pole and 0.62 cm at the caudal pole.

Spleen



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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 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.

ULTRASONOGRAPHIC FINDINGS

- Prostatitis pattern
- Chronic cystitis bladder pattern
- Slight irregular kidneys with pyelectasia- mild form of renal dysplasia versus pyelectasia owing to pyelonephritis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is likely harboring infection in this patient, as is the bladder wall given the chronic changes. Prostatic wash and culture would be ideal. Approximately 6 weeks of enrofloxacin or similar antibiotic would be warranted. Given the patient history, mild pyelonephritis is suspected, however, a mild form of renal dysplasia can also present in this form. Neutering may be necessary for definitive resolution of the prostatic presentation, however, aggressive medical management over a 6-week period and recheck sonogram could be attempted.

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 (Ceftiofur or similar s.i.d. injectable) or

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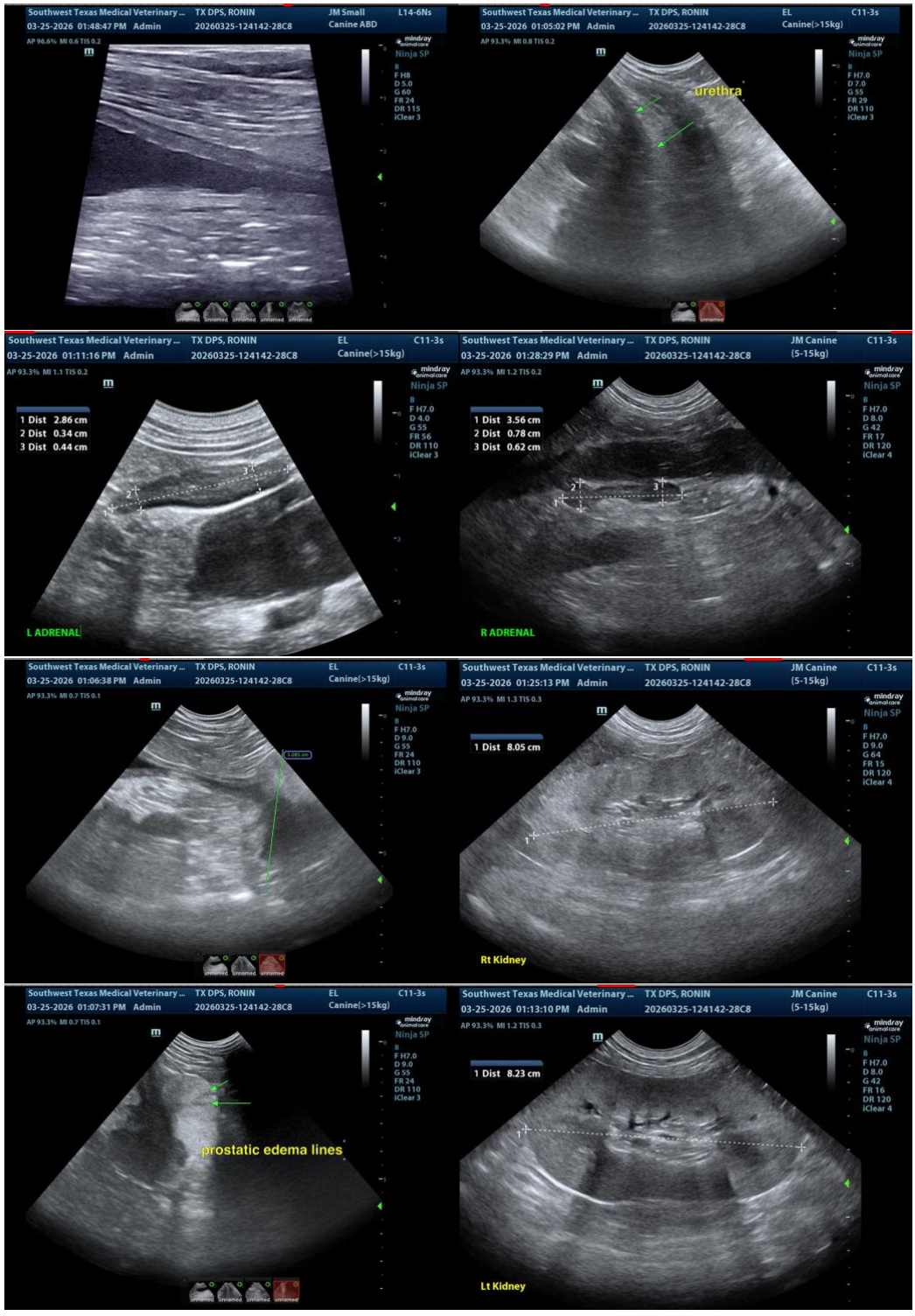
Clavamox. If suspicion of occult urinary incontinence is present, then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.



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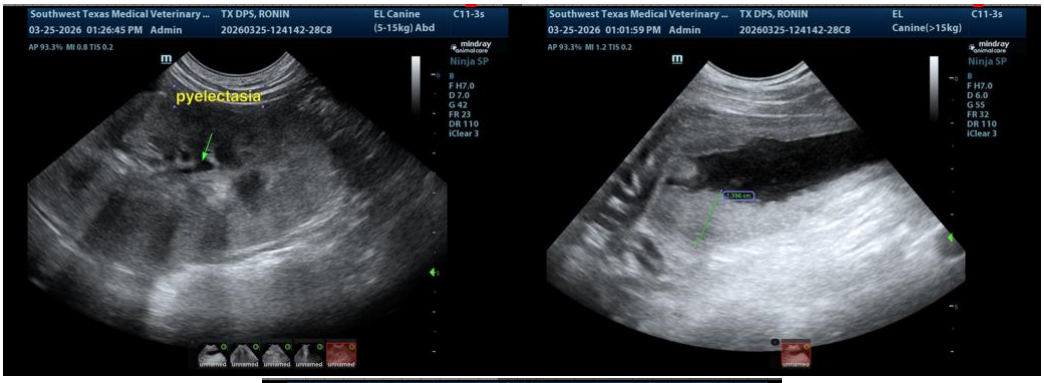

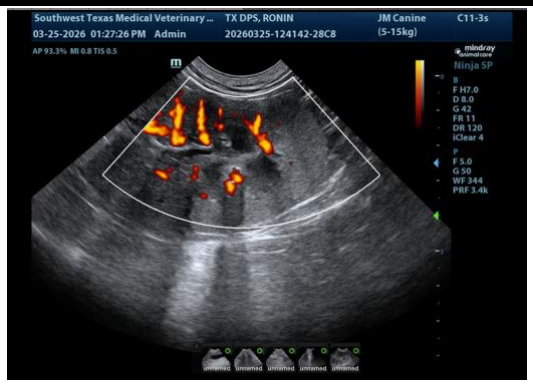

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Owner, Founder -- SonoPath.com
info@SonoPath.com