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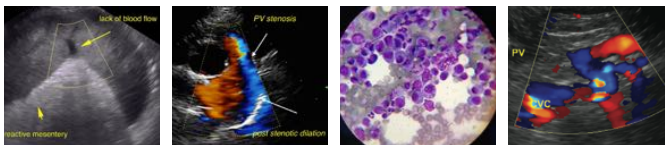

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Rocco Kasprzyk

SPECIES

Canine

BREED

Beagle Hound Mix

SEX

Neutered male

AGE

15 years

WEIGHT

64.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Tudini

HOSPITAL NAME

East Aurora VH

REFERRING VET

Dr. Huckabone

INVOICE

43919

DATE

4/20/23

PRESENTING CLINICAL SIGNS

History: Patient has been suffering with recurrent LUTI confirmed to be arising from E.coli overgrowth via C&S. Patient has a history of stranguria with only small amounts of urine dribbling out. Owner has sometimes had to resort to placing diapers on patient as he will then also leak intermittently or spurts of urine will be released. Patient has been drinking a lot for the past few years. Symptoms have improved with Amoxicillin but quickly return after cessation of medication.
Abnormal PE/Chem/CBC/UA Results: - 08/22: ALKP 494 (5-160), all other biochem/CBC/4Dx results WNL - U/a: Last two samples had SG 1.007, and varying degrees of WBC, bacteria, hematuria, no casts or crystals noted. Urine voided during scan was foul smelling today

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 with=out 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.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 7.2 cm. The left kidney measured 7.2 cm.

Adrenal Glands

A mixed, hypoechoic, expansive left **adrenal** mass was noted and measured 3.0 x 1.74 cm. Capsular expansion without capsular escape was noted. Pericapsular inflammatory pattern was noted around the left adrenal gland. Blood flow was moderate to the left adrenal. The right adrenal gland was also nodular and irregular with a centralized cyst. Capsular expansion was noted. The right adrenal gland measured 4.0 x 2.36 cm.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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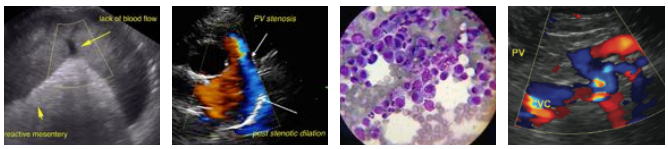

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Liver

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

Left adrenal mass and nodular right adrenal. Carcinoma, pheochromocytoma, pronounced adenoma and myelolipoma are all possible.

Age related splenic changes.

Moderate, age related renal changes with occasional cortical cyst.

Vacuolar hepatopathy with age related changes.

Gallbladder polyps, not clinically significant.

Chronic cystitis bladder pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full adrenal panel to the University of Tennessee is recommended and/or ACTH stimulation. Blood pressure measurements are warranted. If hypertension is an issue then urine catecholamine is indicated.

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

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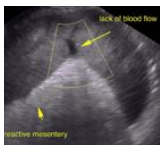
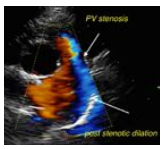
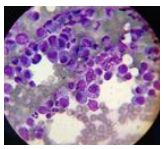
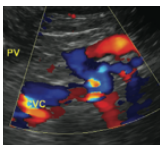

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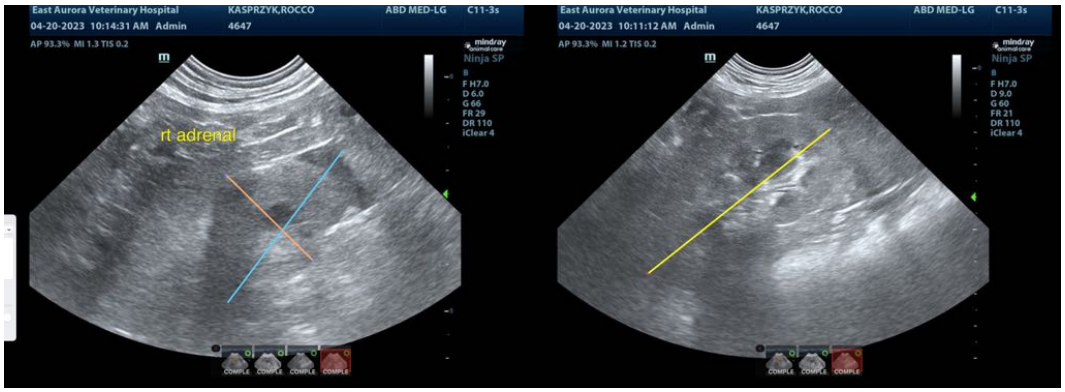
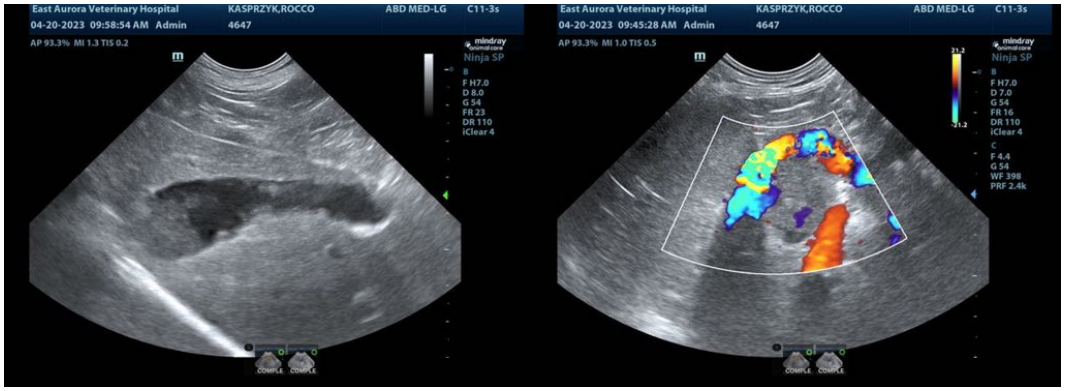
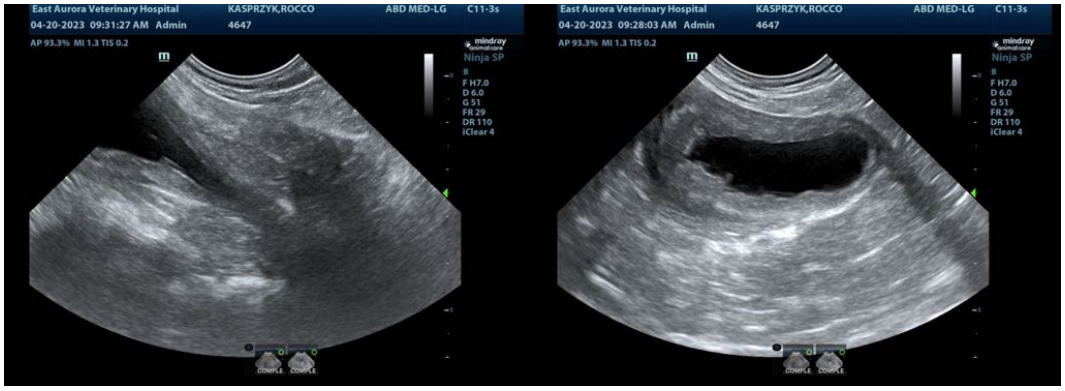
Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.

Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services







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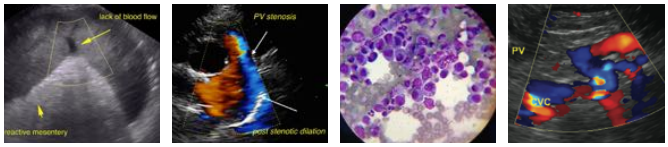

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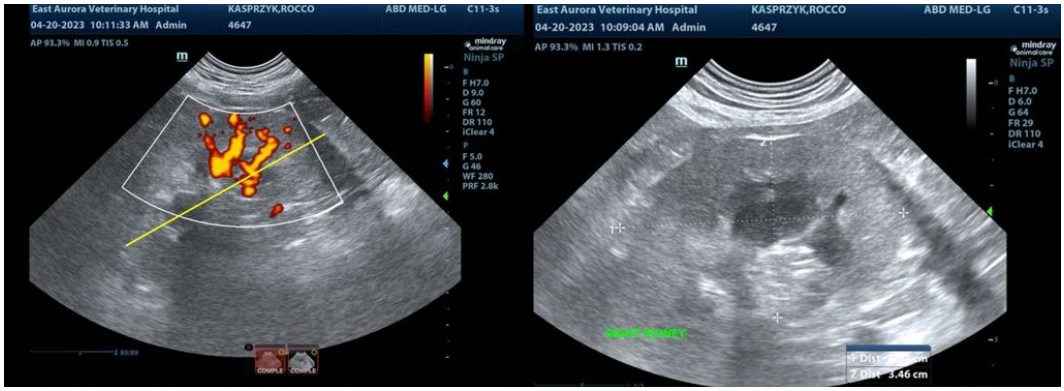

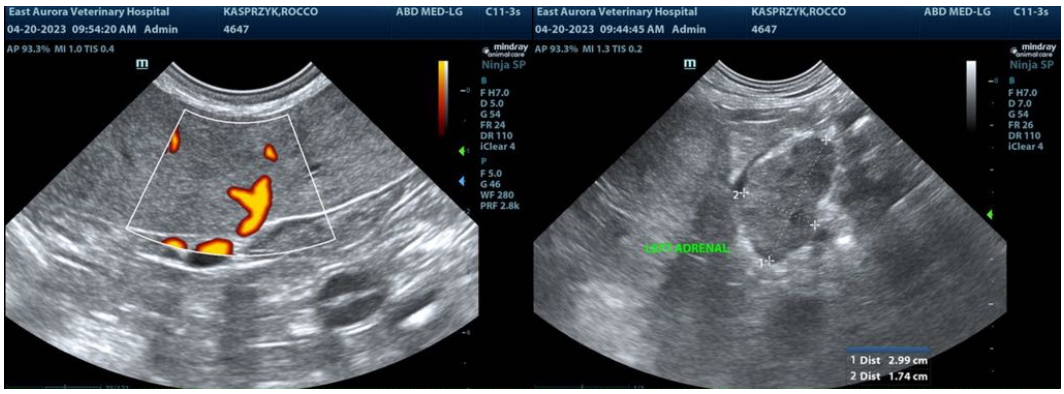

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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