



PATIENT PRESENTING CLINICAL SIGNS

Marley Haight

History: history of UTI in the past (treated) blood work should elevated liver values and recommendation was abdominal ultrasound
AST (SGOT) 80IU/L High ALT (SGPT) 271IU/L High Alk Phosphatase 150IU/L High GGT 16IU/L High

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Shepherd

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. 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.

SEX

Spayed female

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. An anechoic cyst was noted in the medial cortex of the left kidney. The left kidney measured 6.3 cm with a cyst that measured 2.1 cm. The right kidney measured 8.6 cm.

AGE

13 years

WEIGHT

88 lbs

Adrenal Glands

The **adrenal glands** were not visualized.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed minor heterogenous parenchymal changes. The contour was otherwise, uniform.

IMAGING PERFORMED BY

Anthony Smatt

Liver

HOSPITAL NAME

The Pets I Love

The **liver** was enlarged and heterogenous with a hypoechoic nodular changes. The left hepatic lobes were enlarged and protruded into the mid cranial abdomen. Increased portal markings were noted in the liver. This is consistent with chronic inflammatory hepatopathy. The gallbladder was unremarkable other than minor, polypoid changes.

REFERRING VET

Dr. Szpicek

Gastrointestinal

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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.

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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

Micronodular splenic and hepatic changes.

Left renal cyst.

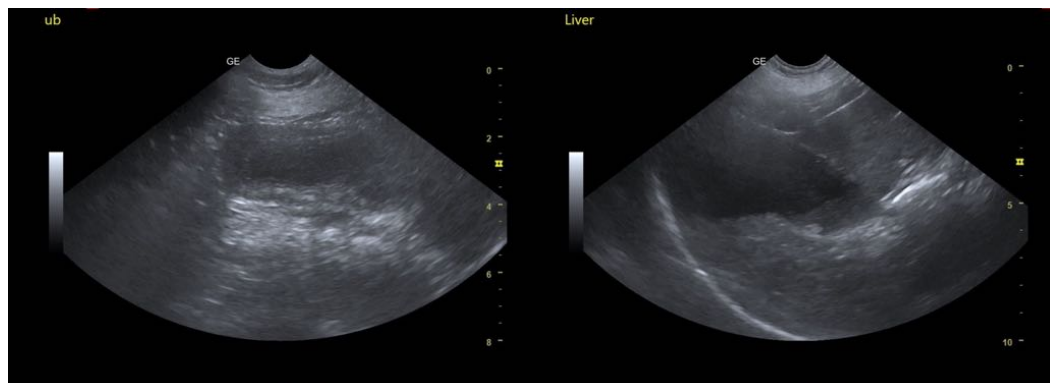
Mild, chronic bladder thickening, no evidence of neoplasia or calculi.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver is recommended given the liver enzyme elevations and micronodular changes. Likely inflammatory hepatopathy with micronodular hyperplasia of the spleen and liver.

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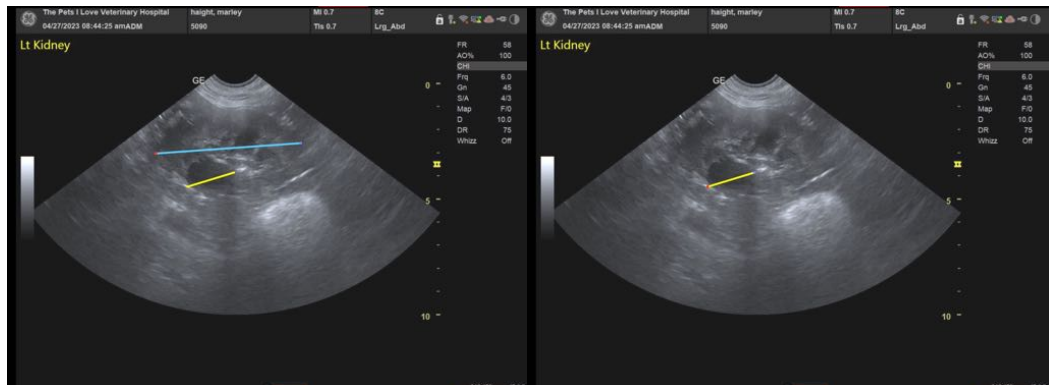
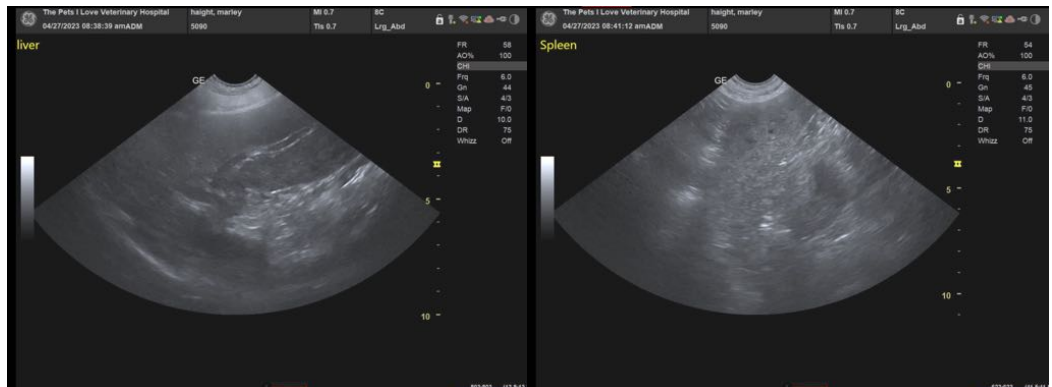
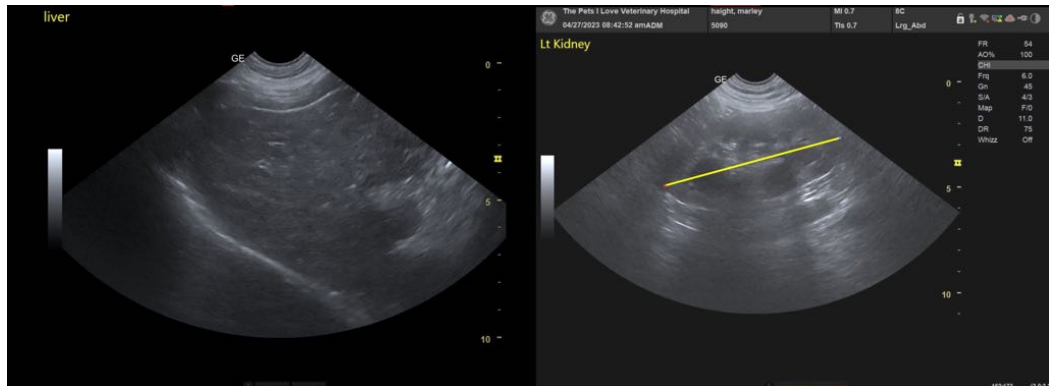
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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