



**PATIENT PRESENTING CLINICAL SIGNS**

Xiaowu Dong Weight loss  
Abnormal PE/Chem/CBC/UA Results: Eos 11% UA: WBC 4-10HPF SG: 1.020

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED** The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. The bladder had small calculi that measured up to 0.3 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

Mix

The residual prostate measured 0.4 cm.

**SEX**

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.25 cm. The left kidney measured 4.0 cm.

**AGE**

14 years

**WEIGHT**

25 lbs

**Adrenal Glands**

The right **adrenal gland** was uniform and measured 2.38 x 0.58 cm at the caudal pole and 0.9 cm at the cranial pole. The left adrenal gland was slightly enlarged at the cranial pole and measured 0.86 cm and the caudal pole measured 0.6 cm and 2.27 cm in length.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 was noted.

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Summit Dog and Cat  
Hospital

**Liver**

**REFERRING VET**

Dr. Levitian

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**INVOICE**

98100

**DATE**

4/6/22



**PATIENT**

**Gastrointestinal**

Xiaowu Dong

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.

**SPECIES**

Canine

**BREED**

Mix

**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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

14 years

Small, non-obstructive bladder calculi.

Slightly enlarged left adrenal gland.

Age related renal changes.

**WEIGHT**

25 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Medical management of the calculi may prove effective. Treatment for UTI and diet change based on urine culture and sensitivity is indicated. Recheck sonogram is recommended after 6 weeks of medical management. The bladder calculi presented minimal acoustic shadowing, which means the calculi density is fairly minimal and may dissolve with medical management alone.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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.

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

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**REFERRING VET**

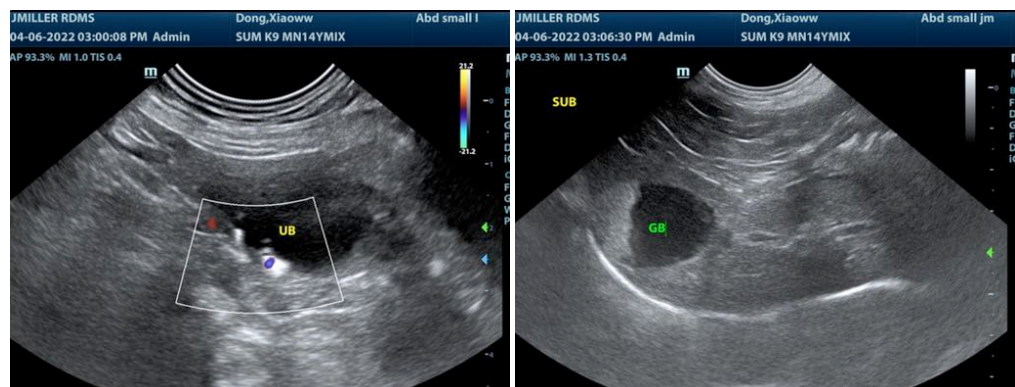
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**PATIENT**

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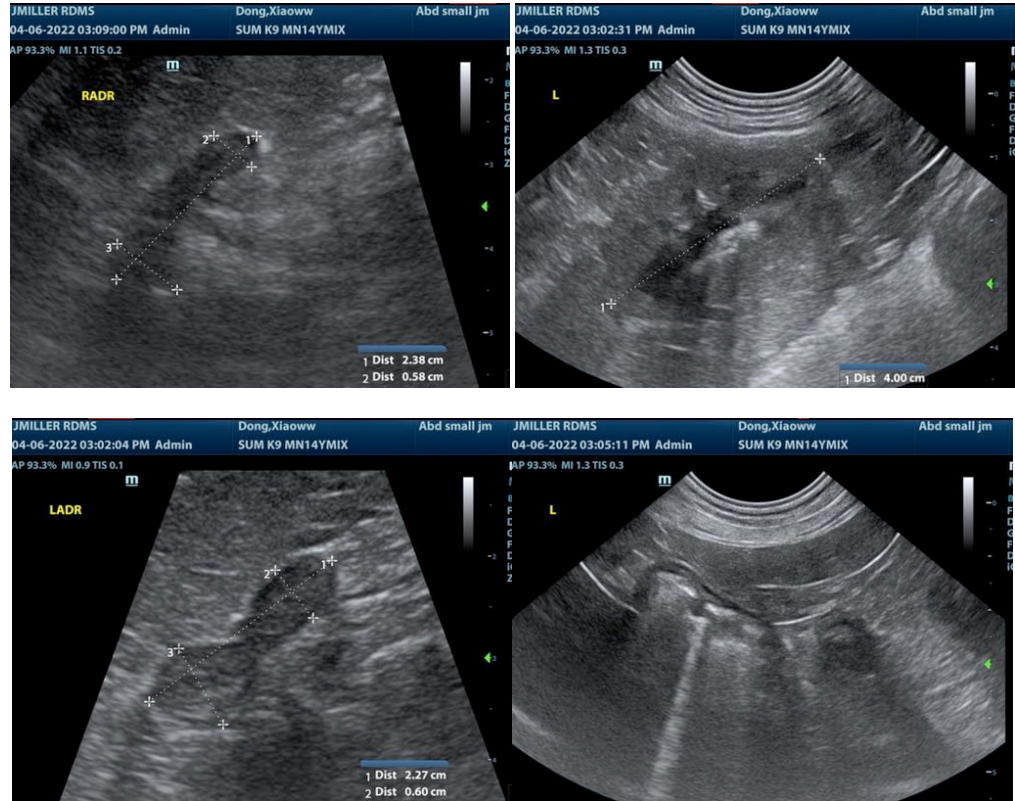
Neutered male

**AGE**

14 years

**WEIGHT**

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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.

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