



## PATIENT

Ralphie Coviello

## SPECIES

Canine

## BREED

Mix

## SEX

Neutered male

## AGE

18 years

## WEIGHT

29 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Jeremiah Gabriel

## HOSPITAL NAME

Central Jersey AH

## REFERRING VET

Dr. Gabriel

## INVOICE

74280

## DATE

4/7/26

## PRESENTING CLINICAL SIGNS

- Urinating a lot. Owner wants to screen for any malignancy
- CBC/chem/UA ref lab

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 revealed an anechoic cyst in the medial cortex measuring 2.76 cm with pyelectasia that measured 1.1 cm. The parenchymal portion of the right kidney measured 5.4 cm. The left kidney measured 5.1 cm. Color flow appeared to be adequate.

### Adrenal Glands

The right **adrenal gland** was 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 right adrenal gland measured 0.65 cm at the cranial pole and 0.53 cm at the caudal pole. The left adrenal gland was not visualized.

### 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.

### Liver

The **liver** revealed multi-focal heterogenous expansive nodular changes. The gallbladder and common bile duct were unremarkable.



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## 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. Slight shadowing luminal material was noted and measuring 1.6 cm. 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

Bladder debris.

Right renal cyst, moderate degenerative renal changes.

Mild to moderate hepatic degenerative changes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of neoplasia. Urinary work-up is warranted. I recommend management for any evidence of UTI, which is suspected. Ultrasound-guided drainage of the right renal cyst could be considered; however, it is debatable on whether it is necessary as it appears to be stable. Medical management should prove effective in this patient.

### Canine Chronic UTI Protocol

**To be utilized for UTI with chronic urinary tract changes found sonographically that may serve as nidus of infection and history of chronic or recurrent UTI is an issue.**

I recommend Clavamox as a first level approach to chronic UTI at 12.5-25 mg/kg bid owing to optimal urinary concentrations. If bacterial resistance is an issue then **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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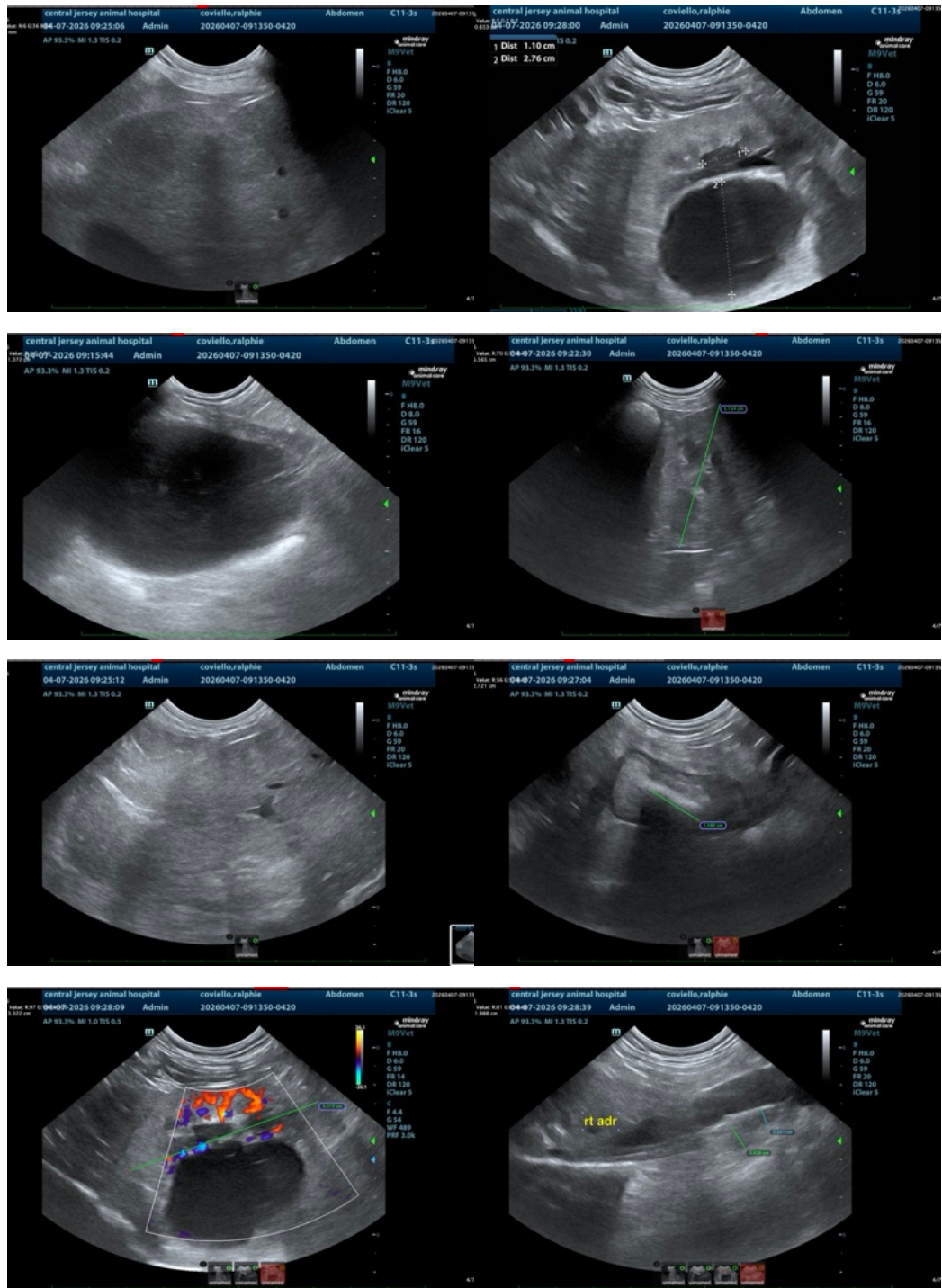
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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 of SonoPath.com

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