



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Bruce Savidge

**History:** PU/PD noted about 2month ago- urine (free catch) showed dilute urine, cocci and wbc, treated with amoxicillin, cbc/chem/lytes: normal 1 month later- still PU/PD, seemed to improve on amoxicillin, u/a (free catch) showed cocci bacteria, rod bacteria, wbc, ph 8, usg 1025. Urine sent for culture- culture came back negative (despite seeing TNTC bacteria) - treated with clavamox despite negative culture. Still PU/PD, urine accidents in house, owner reports strange odor to urine. bladder and kidney ultrasound today to look for congenital issues. urine collected today via cysto showed: ph: 9, usg 1015, tntc rbc (i believe this is from cysto), tntc cocci bacteria.

**SPECIES**

Canine

**BREED**

English Mastiff

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Intact male

The **urinary bladder** presented moderate distension with slight, micropolypoid apical wall changes and anechoic urine. The cystourethral junction and urethra were unremarkable. There was no evidence of prostatic disease.

**AGE**

6 months

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

**WEIGHT**

123 lbs

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 0.5 cm.

**IMAGING PERFORMED BY**

Dr. Myers

**Spleen**

**HOSPITAL NAME**

Hershire AH

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.

**REFERRING VET**

Dr. Myers

**Liver**

**INVOICE**

30519

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.

**DATE**

5/18/22



**PATIENT**

Bruce Savidge

**Gastrointestinal**

**SPECIES**

Canine

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.

**BREED**

English Mastiff

**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**

Intact male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

6 months

Mild cystitis pattern.

Slight left renal infarct.

**WEIGHT**

123 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Resistant UTI is suspected in this patient. I recommend repeat culture. A more potent antibiotic and longer treatment may be necessary.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

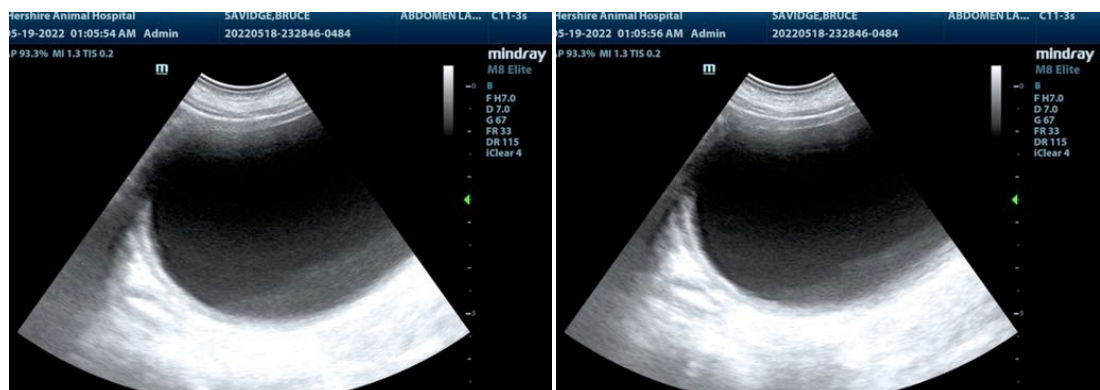
**IMAGING PERFORMED BY**

Dr. Myers

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>

**HOSPITAL NAME**

Hershire AH



**REFERRING VET**

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**AGE**

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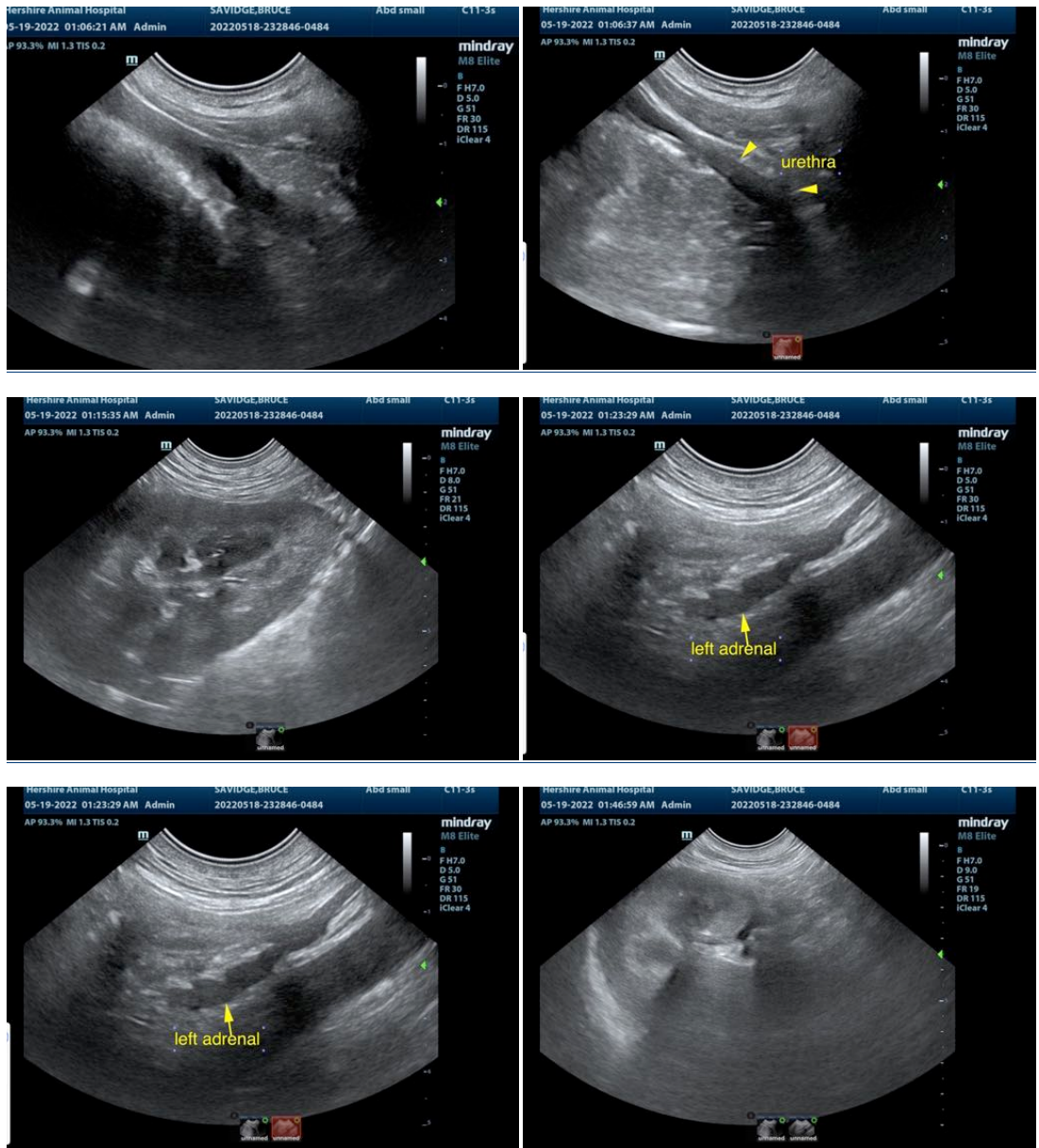
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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