**PATIENT**

Macy Melik

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

30 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Hartmann

**INVOICE**

38020

**DATE**

5/26/22

**PRESENTING CLINICAL SIGNS**

Drinking excessively, weigh gain, pot bellied appearance Pre-anesthetic BW done in order to set up a dental.

Abnormal PE/Chem/CBC/UA Results: Rising ALP 900 (was 164 4/3/20) LDDST – normal

**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. Wall thickness measured up to 8.0 mm at moderate repletion. The urine presented some echogenicity consistent with suspended and dependent debris. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without 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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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. Slight pyelectasia noted in both kidneys. The right kidney measured 5.9 cm. The left kidney measured 6.07 cm. Pinpoint mineralizations noted in both kidneys, non-obstructive, minor.

**Adrenal Glands**

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 2.64 cm x 0.46 cm at the cranial pole and 0.82 cm at the caudal pole. The right adrenal gland measured 2.11 cm x 0.81 cm at the cranial pole and 0.63 cm at the caudal pole.

**Spleen**

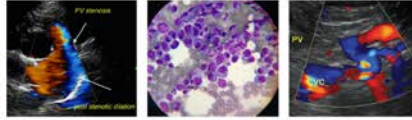
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

**Liver**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

**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.



**PATIENT**

**Pancreas**

Macy Melik

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Chronic cystitis bladder pattern with debris
- Minor bilateral renal pyelectasia and slight mineralization
- Benign hepatopathy and gallbladder debris
- Structurally normal adrenal glands

**BREED**

Corgi

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Spayed Female

Likely breed predisposition to the benign hepatopathy presentation. Recommend focusing workup on urinary tract. Ursodiol therapy could be considered as a preventative for management of biliary congestion. If UTI is confirmed, 4-6 week antibiotic protocol recommended, given the chronic changes in the apical bladder wall. Very minor potential for apical bladder carcinoma.

**AGE**

7 Years

**Chronic UTI Protocol**

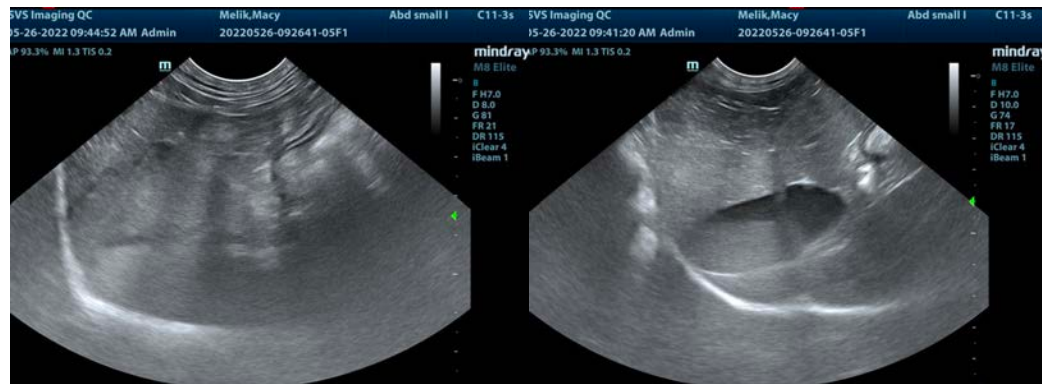
I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment 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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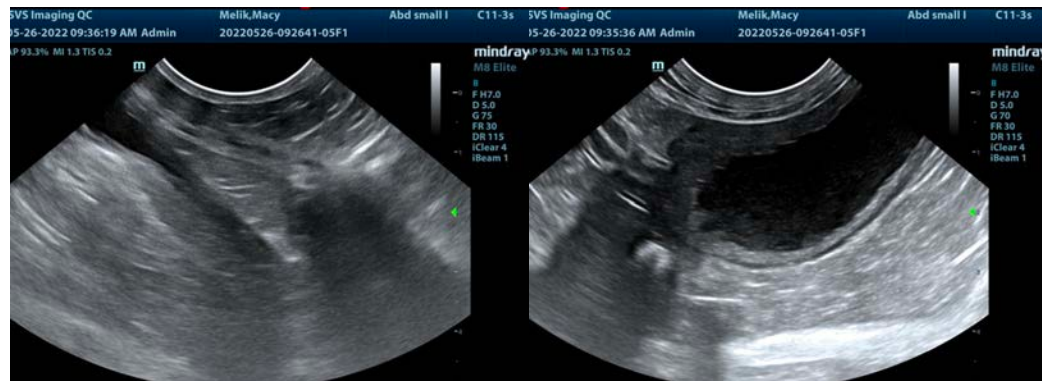
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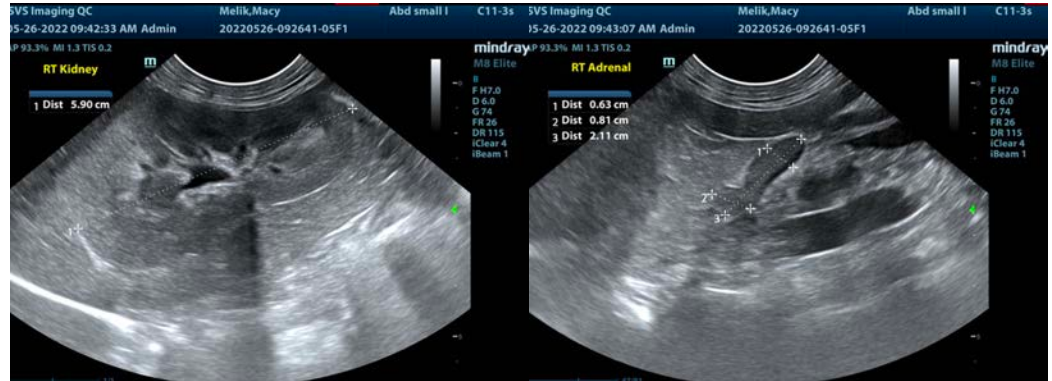
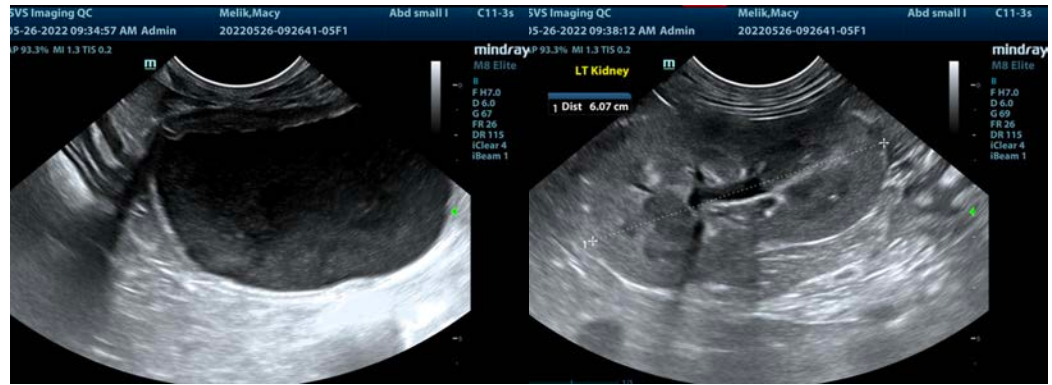
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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. IUUSS, CEO of SonoPath.com

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