



**PATIENT PRESENTING CLINICAL SIGNS**

Abby Mansfield  
History: NAF other than blood in urine for 1 month, did not clear with clavaseptin  
Abnormal PE/Chem/CBC/UA Results: please see attached labs

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine  
**Urinary System**

**BREED**  
Cockapoo  
The **urinary bladder** revealed largely anechoic urine with minor micropolypoid changes and echogenic mucosal remodeling. Minor excessive thickness at moderate repletion noted. The apex of the bladder measured 6.0 mm. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

**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 mild to moderate 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. The right kidney measured 3.53 cm. The left kidney measured 4.16 cm.

**AGE**  
13 Years  
**Adrenal Glands**

**WEIGHT**  
10 kg  
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 right adrenal gland measured 1.58 cm x 0.47 cm at the caudal pole and 1.24 cm at the cranial pole. The left adrenal gland measured 1.73 cm x 0.52 cm at the caudal pole and 0.59 cm at the cranial pole.

**INTERPRETED BY Spleen**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY Liver**

Kelly Reschny

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some moderate 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. Mild irregular swelling was noted at the caudate process of the liver.

**HOSPITAL NAME Gastrointestinal**

Buck AH

**REFERRING VET**

Dr. Yenssen

**INVOICE**

15770

**DATE**

5/27/22



**PATIENT**

Abby Mansfield

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

**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.

**BREED**

Cockapoo

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Mild chronic cystitis urinary bladder pattern, chronic UTI is likely the cause
- Mild irregular swelling at the caudate process of the liver
- Geriatric abdomen otherwise

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

13 Years

Deep pelvic urethra pathology could not be completely ruled out. Cystoscopy would be warranted if any straining is an issue. Assessment of the vaginal vestibule for recessed vulva or urine pooling or other predisposing issues indicated.

**WEIGHT**

10 kg

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Buck AH

**REFERRING VET**

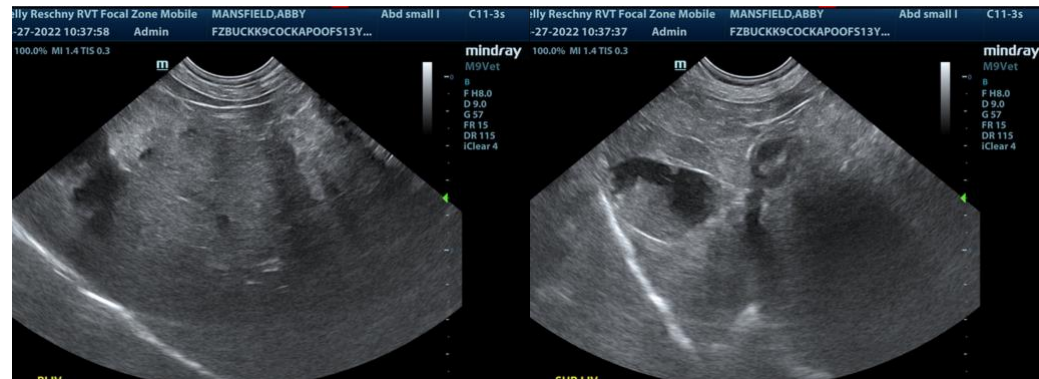
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**PATIENT**

Abby Mansfield

**SPECIES**

Canine

**BREED**

Cockapoo

**SEX**

Spayed Female

**AGE**

13 Years

**WEIGHT**

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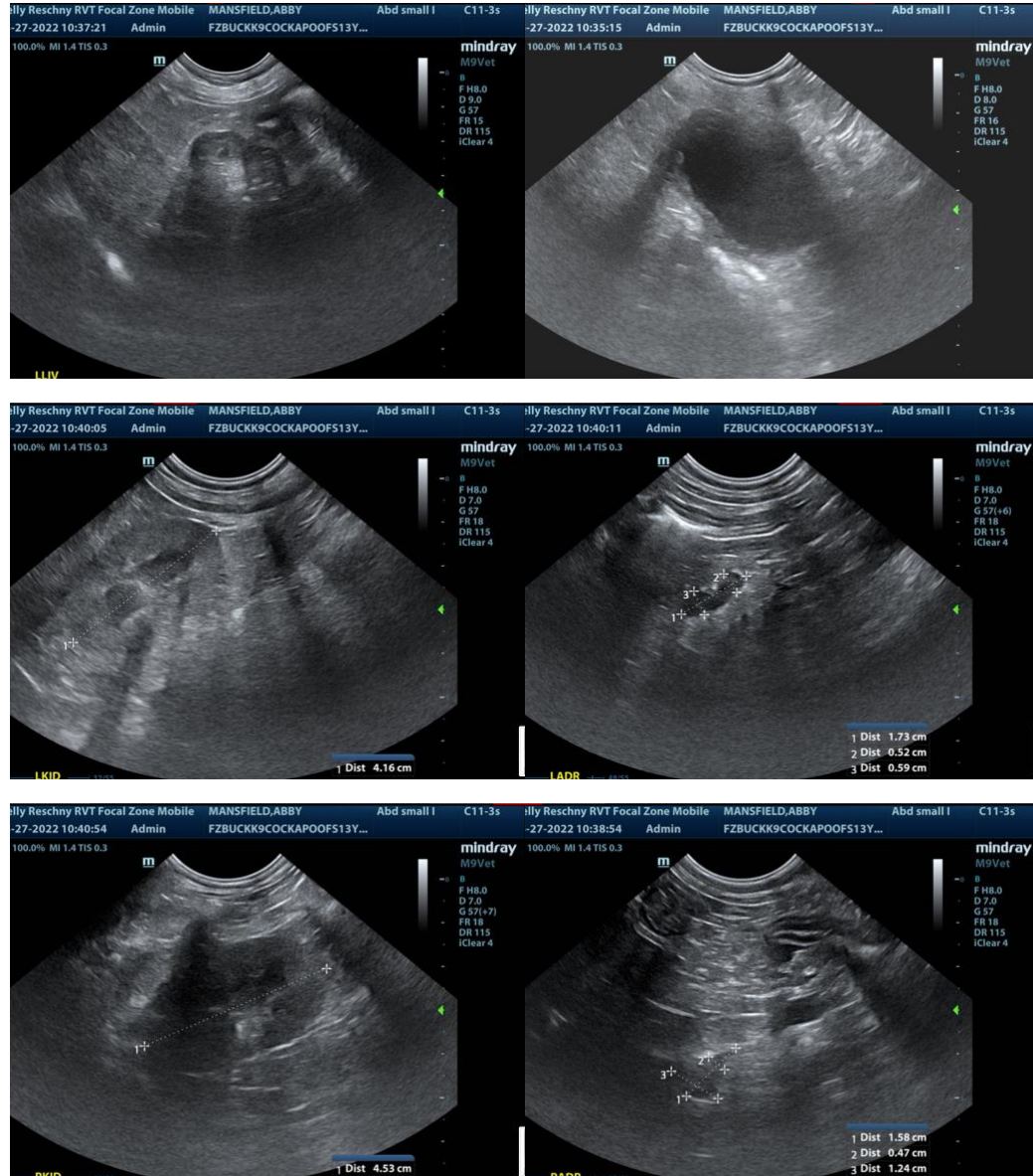
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com