



PATIENT

Amara Oregon Coast Humane Society

SPECIES

Canine

BREED

Poodle Mix

SEX

Female

AGE

10 years

WEIGHT

10.37 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Cassidey Braverman

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Blystone

INVOICE

30163

DATE

5/4/22

PRESENTING CLINICAL SIGNS

Recently brought up from LA to Oregon Coast Humane Society. Unknown prior history. Since at OCHS, anorexia, failure to thrive/gain weight. Urinary incontinence with pollakuria and was start on Marbofloxacin 1 week ago (no previous UA) at OCHS

Abnormal PE/Chem/CBC/UA Results: Dull mentation. BCS 3/9. Grade II/VI murmur, bradycardic 66 bpm with arrhythmia (ECG pending). Hindlimb deficits. Deaf. Grade 4 periodontal disease. Bloodwork unremarkable. UA rod bacteria with USPG 1026 (cysto). Radiographs from prior to travel show metallic FB in region of stomach.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.83 cm. The left kidney measured 4.5 cm with pyelectasia that measured 0.55 cm. Blood flow to the kidneys appeared to be adequate. The left kidney revealed slight mineralization and was non-obstructive.

Adrenal Glands

The left **adrenal gland** was enlarged, swollen and slightly irregular measuring 0.8 cm at the caudal pole and 0.8 cm at the cranial pole. The right adrenal gland was mildly enlarged, slightly heterogenous and at the upper limits of normal measuring 0.9 cm at the cranial pole and 0.5 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 was noted.

Liver

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.



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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. 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

Prominent adrenal glands.

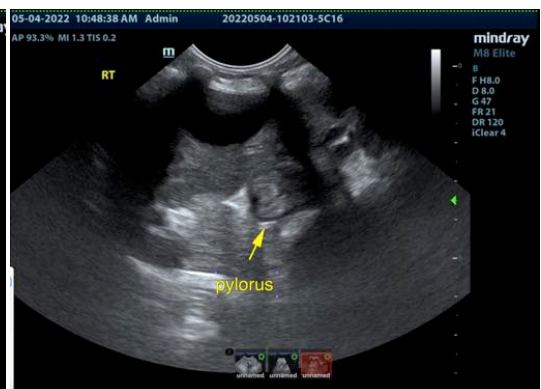
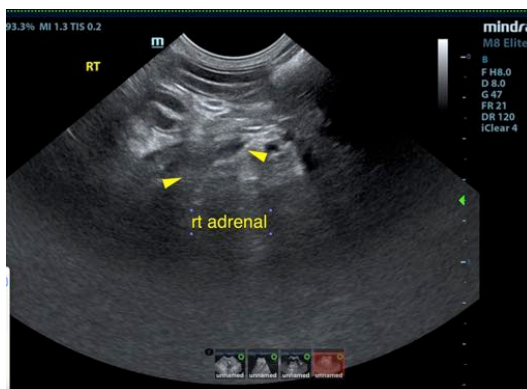
Age related renal changes with pyelectasia of the left kidney and slight mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The pyelectasia may be owing to pelvic scarring or UTI. Given the UTI history pyelonephritis in the left kidney is suspected. There is no other evidence of significant disease. Full CNS examination is warranted given the mentation issue. Urine culture and sensitivity and 4 week antibiotic therapy is warranted. There is no evidence of foreign body. The patient may be emerging Cushingoid given the swollen left adrenal gland and upper limits of normal in the right.

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.





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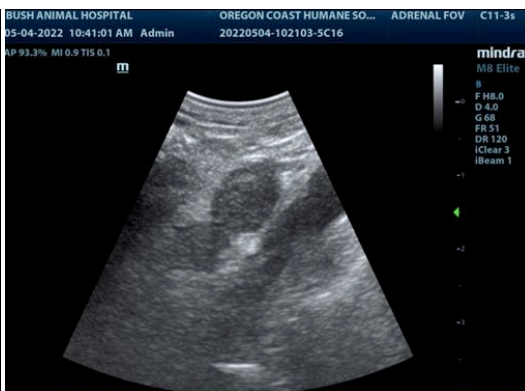
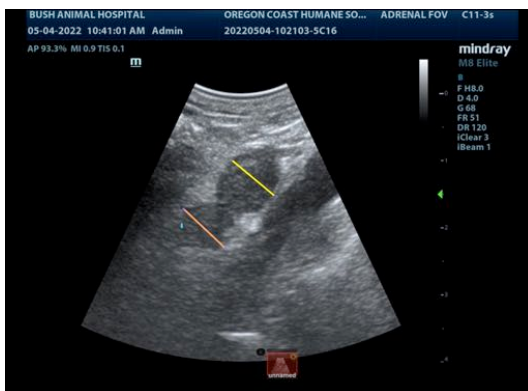
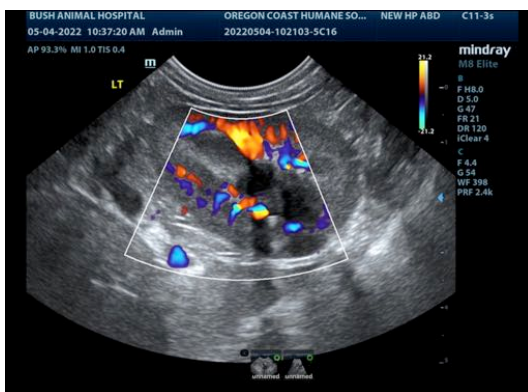
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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