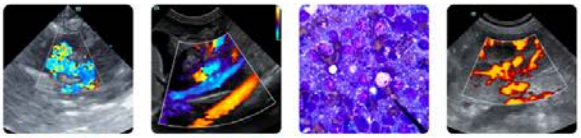

PATIENT

Enzo Dicristina

SPECIES

Canine

BREED

Retriever x

SEX

Neutered Male

AGE

7 Years 6 Months

WEIGHT

Pending

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Chloe Lowe, CVT

HOSPITAL NAME

VCA Blairstown Animal Hospital

REFERRING VET

Dr. Clegg

INVOICE

74979

DATE

5/6/26

PRESENTING CLINICAL SIGNS

Chronic hematuria, frequent clinical utis, calcinosis cutis, thinning haircoat, obese, soft tissue sarcoma LFL (previously incompletely excised). Pred 10 mg EOD

Abnormal PE/Chem/CBC/UA Results: Alkp 3517. UA blood 2+, wbc 11-20, UPC 0.5. USG 1.007

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed minor apical micropolypoid changes consistent with cystitis. Minor amount of suspended debris noted. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The residual prostate was uniform at 1.1 cm.

The iliac trifurcation was unremarkable.

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. Right kidney measured 6.9 cm. Left kidney measured 7.2 cm.

Adrenal Glands

The **left adrenal gland** is 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. Left measured 3.61 cm x 1.03 cm at the cranial pole and 0.81 cm at the caudal pole.

The **right adrenal gland** is mildly enlarged, slightly irregular and heterogeneous, measuring 3.1 cm x 2.1 cm at the cranial pole and 0.77 cm at the caudal pole. The vena cava was free of evident invasion.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

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. Minor excessive gallbladder debris noted with minor overdistention.

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.

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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

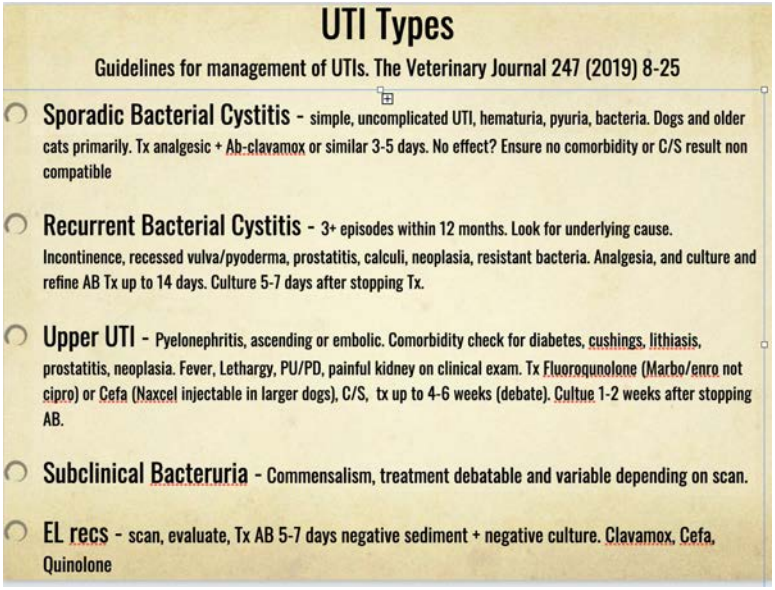
- Slightly irregular right adrenal gland – hyperplasia with irregular variant, carcinoima or pheochromocytoma all possible.
- Cystitis bladder pattern.
- Calcinosis of the spleen likely related to calcinosis cutis.
- Minor excessive gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol trial over a 6-8 week period and recheck sonogram of the gallbladder, lower urinary tract, and right adrenal indicated. No evidence of lower urinary tract disease. Given the pyuria along with the hematuria, management for UTI indicated.

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 (Ceftiofur 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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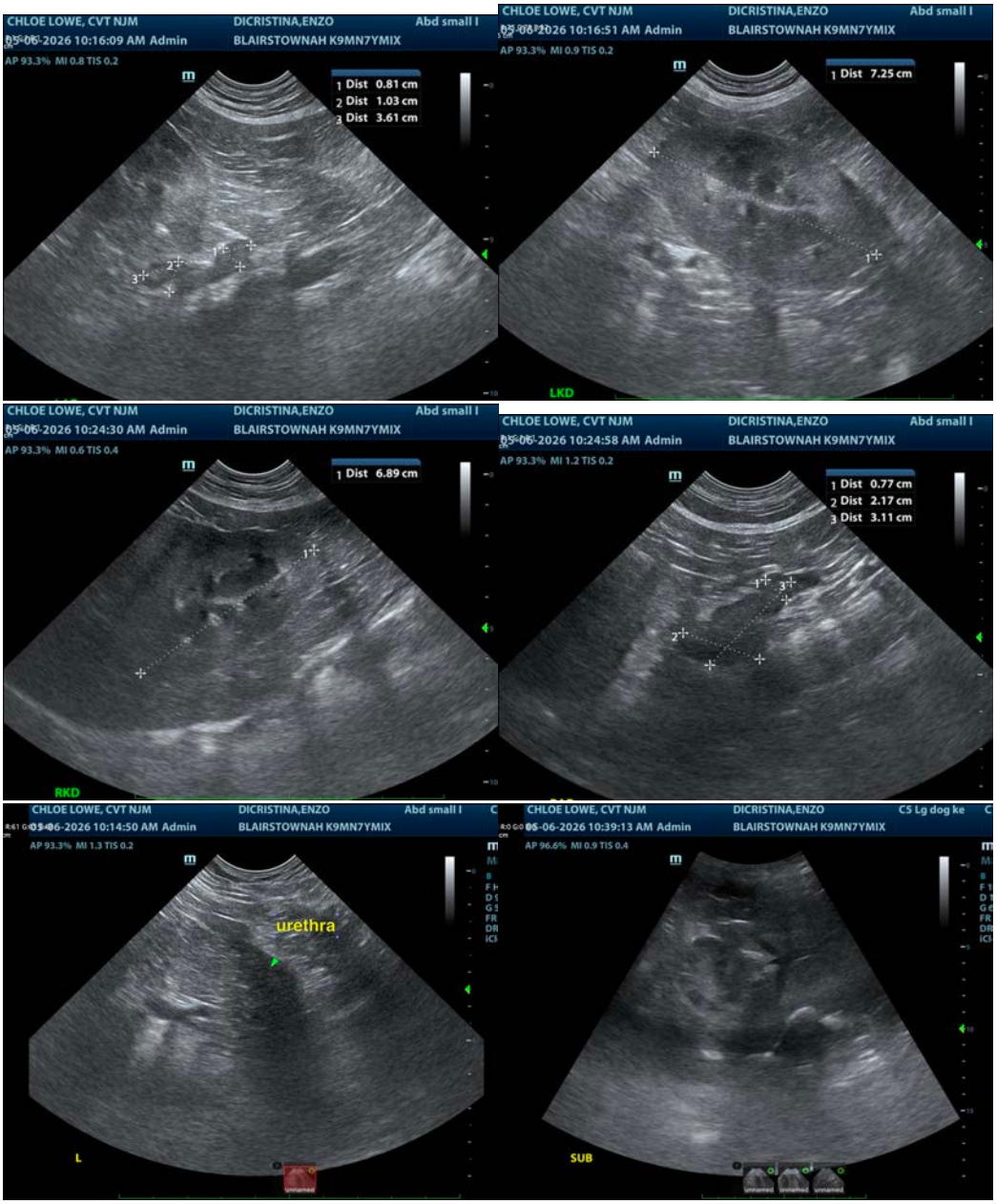

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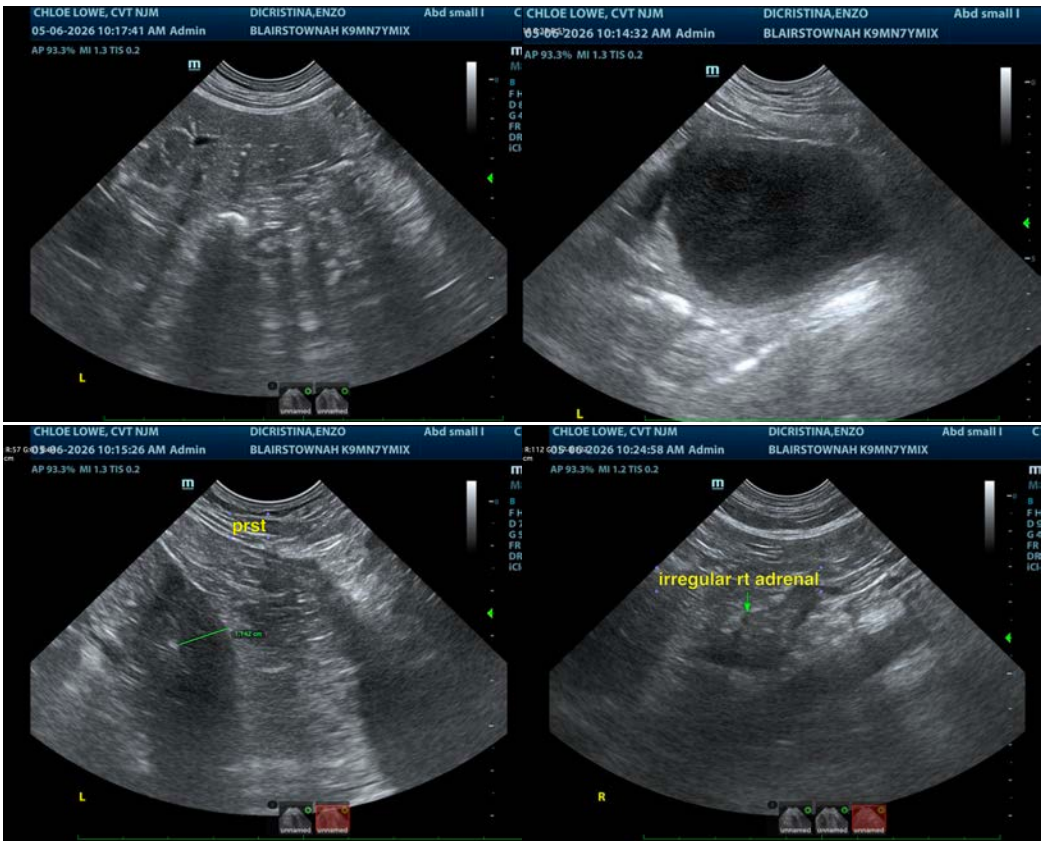

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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info@SonoPath.com