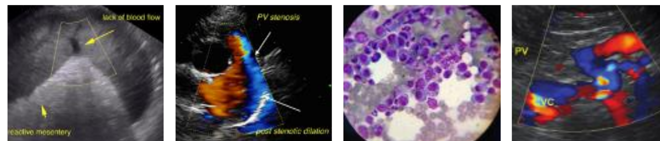

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT

Brodie Popkin

SPECIES

Canine

BREED

Pomeranian

SEX

Neutered Male

AGE

6

WEIGHT

7.8

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Melissa Rosen

HOSPITAL NAME

South Bellmore VG

REFERRING VET

Melissa Rosen

INVOICE

22415

DATE

5/8/23

PRESENTING CLINICAL SIGNS

History: cystitis, on/off pollakuria, small amounts at times, hx of gallbladder sludge and elevated alp/ LDDST but not clinical, USG well-concentrated, not currently on any medications, also had small prostatic nodule that IM was monitoring, UA pending for today, cloudy urine today with odor, included last ultrasound report

Abnormal PE/Chem/CBC/UA Results: ALP 212, USG 1.046, U/A unremarkable

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 were noted. Ureteral papillae were normal. The residual prostate was uniform, measuring 1.0 cm.

The **kidneys** were normal in size and contour with slight nonobstructive pinpoint mineralizations. The left kidney measured 3.4 cm. The right kidney measured 3.4 cm.

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 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself with mild enlargement and mild irregular contour.

Liver

The **liver** was normal in size and contour with fairly uniform parenchyma and slight increased portal markings. The gallbladder was mildly over distended with mild suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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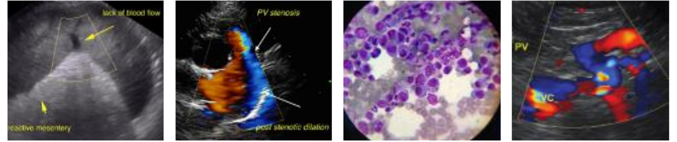
EDUCATIONAL TELECONSULTATION SERVICES™



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ULTRASONOGRAPHIC FINDINGS

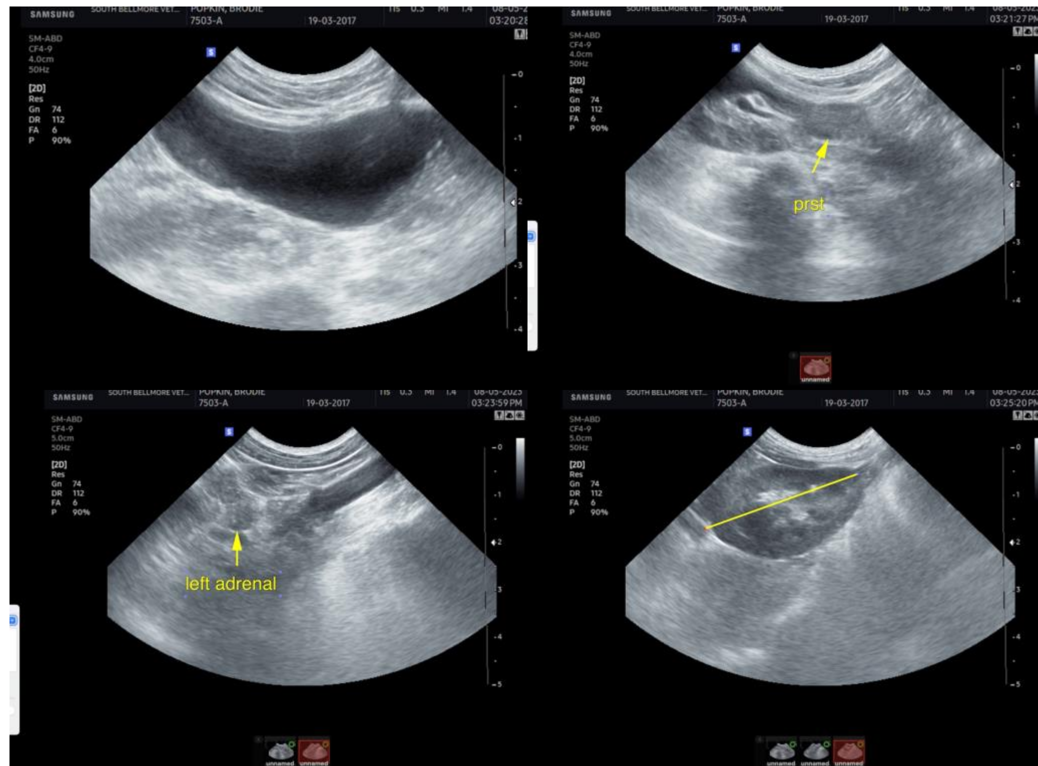
- Slightly irregular caudal pole of the spleen- This may be a positional or angular variability.
- Nonobstructive pinpoint mineralizations in the kidneys
- Slight increased portal markings in the liver
- Excessive gallbladder sludge
- Partially full stomach
- Structurally unremarkable abdomen otherwise

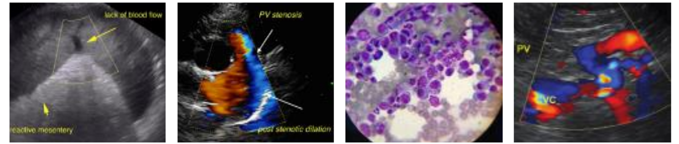
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy could be justified given the gallbladder presentation in this patient. Structurally, the adrenals appear normal. Treatment for recurrent UTI is recommended. Passing of small calculi may be an issue periodically in this patient.

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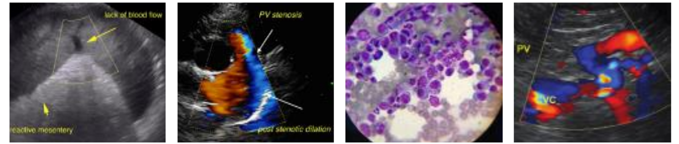
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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