



PATIENT

Fiona Cunningham

SPECIES

Canine

BREED

Doberman Pinscher

SEX

FS

AGE

4 years

WEIGHT

127 pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Ramapo Valley
Animal Hospital

REFERRING VET

Dr. Katara

INVOICE

10545ag

DATE

05/09/2022

PRESENTING CLINICAL SIGNS

History: Patient with history of epispioplasty in 2020 and history of incontinence, presents worsening incontinence and urinary accidents in the home. Blood and RBCs on U/A, urine culture pending. Current meds: levothyroxine 1 mg BID, PPA 50mgs 2 tabs in a.m., 1 tab at noon, and 1 tab at night. Abnormal PE/Chem/CBC/UA Results: 2/19/22: ALT 162. U/A: blood 1+, RBC 4-10, protein 1+.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was overdistended at the time of the sonogram, The urethra presented normal in structure and tone. The ureters were not visible which is normal. Anechoic urine with a minor amount of suspended debris was present. No evidence of inflammatory or neoplastic changes were 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 7.95 cm in length. The right kidney measured 6.96 cm in length.

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 2.69 cm in length by 0.76 cm caudal pole width by 0.65 cm cranial pole width. The right adrenal gland measured 2.02 cm in length by 0.52 cm caudal pole width by 0.9 cm cranial pole width.

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 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.

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

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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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ULTRASONOGRAPHIC FINDINGS

SEX

- Overdistended bladder-possible occult incontinence as a predisposing issue to recurrent UTI
- Structurally unremarkable urinary tract and abdomen.

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

4 years

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. Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. 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.* **Phenylpropanolamine** (PPA) (1-4 mg/kg BID.TD) can be initiated for long-term management if occult or overt incontinence is a concern.

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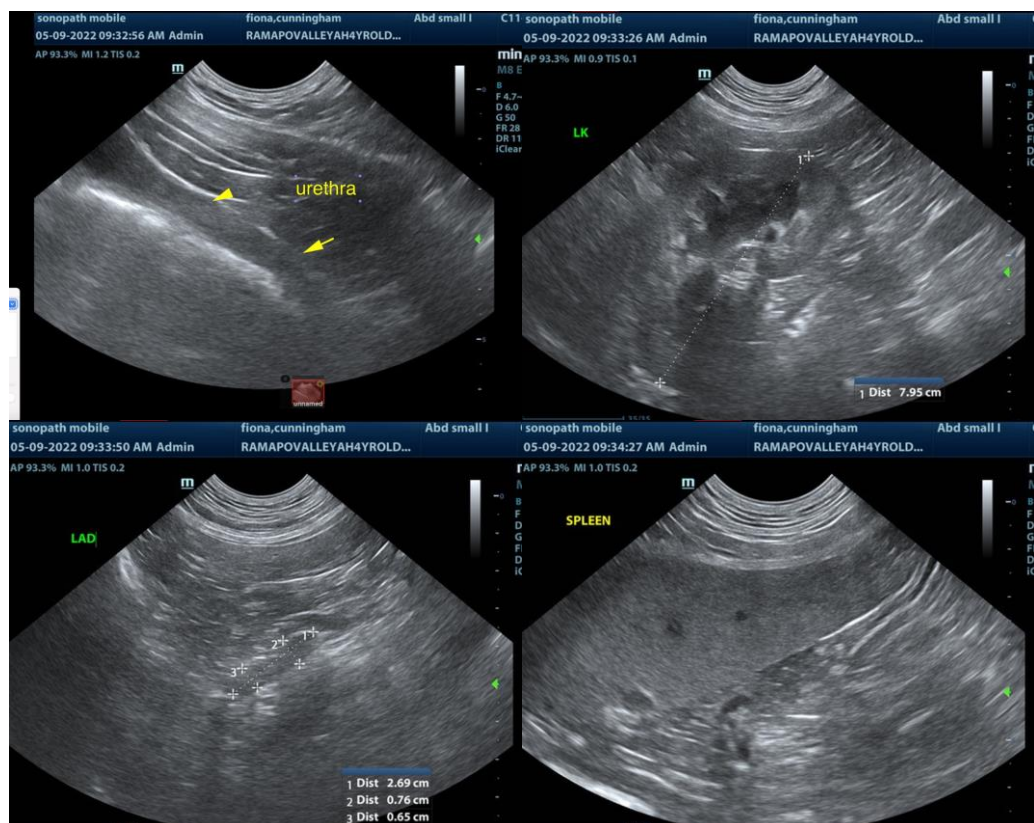
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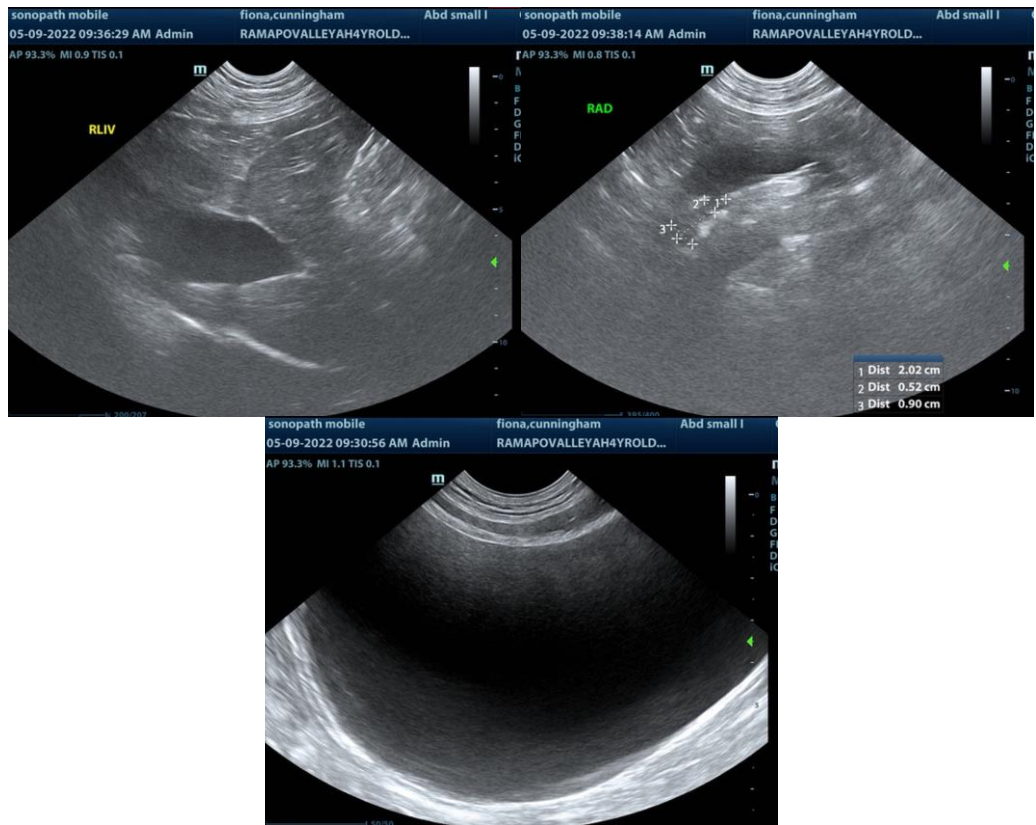
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Kelly Vazquez

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

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