



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Harley Walsh
SPECIES Canine
BREED Border Collie X

Pt has had frequent urination for about 2 weeks. Now having accidents. Will have a normal size Urination then have small ones even to the point of posturing and no urine is seen coming out. Pt also has had stress colitis with big changes. Now when we walk she can defecate 3-4 times and the last time sometimes is just mucous but is normal the next day until we walk again. PT is eating drinking normally. energy is normal Medications started after Ultrasound- Clavamox bid 3 days , rimadyl once to help inflammation, Cranberry supplement once daily, fortiflora
Abnormal PE/Chem/CBC/UA Results: U/A normal other than a PH of 7.0 Resting cortisol Pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

SEX Spayed Female
AGE 6 Years

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

WEIGHT

26.6 Pounds

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 right kidney measured 5.47 cm. The left kidney measured 5.57 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.54 cm x 0.29 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland measured 2.12 cm x 1.19 cm at the cranial pole and 0.46 cm at the caudal pole.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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.

HOSPITAL NAME

The Ark Vet Clinic

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.

REFERRING VET

Dr. Sangl

INVOICE

38154

DATE

6/1/22

Gastrointestinal



PATIENT

Harley Walsh

SPECIES

Canine

BREED

Border Collie X

SEX

Spayed Female

AGE

6 Years

WEIGHT

26.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark Vet Clinic

REFERRING VET

Dr. Sangl

INVOICE

38154

DATE

6/1/22

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. 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.

ULTRASONOGRAPHIC FINDINGS

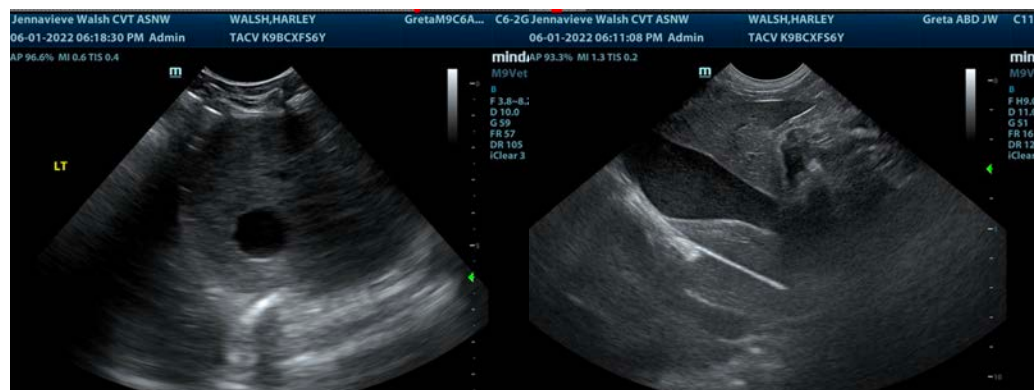
- Structurally unremarkable abdomen with full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology. Examination of the vaginal vestibule for predisposing issues such as recessed vulva, urine pooling, perivulvar dermatitis or similar recommended. I recommend a fresh fecal smear and fecal floatation analysis.

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.





PATIENT

Harley Walsh

SPECIES

Canine

BREED

Border Collie X

SEX

Spayed Female

AGE

6 Years

WEIGHT

26.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

The Ark Vet Clinic

REFERRING VET

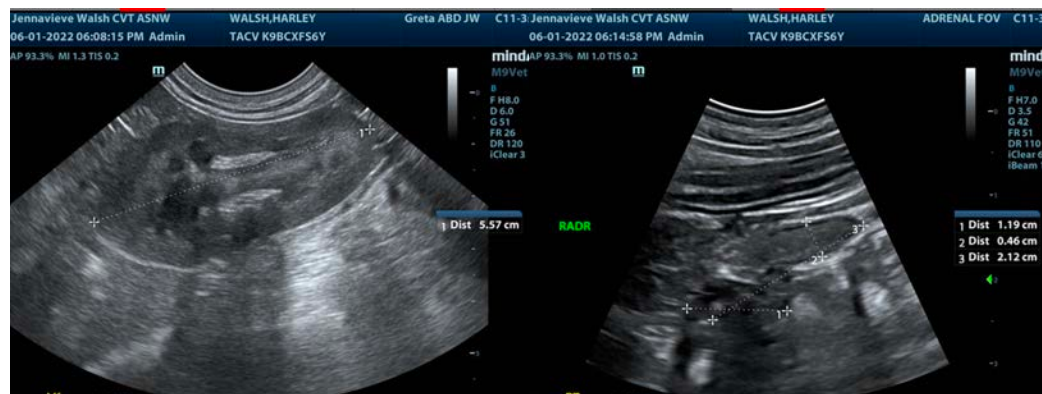
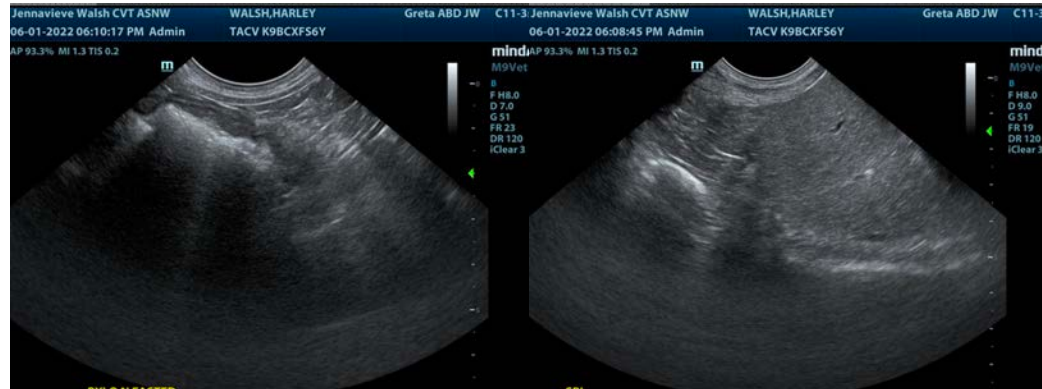
Dr. Sangl

INVOICE

38154

DATE

6/1/22



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

info@SonoPath.com