



PATIENT

Ellie Santana

SPECIES

Canine

BREED

Rottweiler

SEX

FS

AGE

7 months

WEIGHT

67 pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Prescott

HOSPITAL NAME

Rondout Valley
Veterinary Associates

REFERRING VET

Dr. Prescott

INVOICE

10809ag

DATE

06/13/2022

PRESENTING CLINICAL SIGNS

History: PPH: Chronic UTI's Chronic Vaginitis; poor orthopedic conformation. Recent history of vomiting (2 days) diarrhea x 1 week. Possible hookworm larva on fecal but no eggs. Neg fecal PCR. Treated with panacur and metro with no improvement. Diarrhea is large bowel, watery.
Abnormal PE/Chem/CBC/UA Results: Eosinophilia, Basophilia, mild non-regenerative anemia. Phos 8.0.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present moderate mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 7.12 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The left adrenal gland measured 1.87 cm in length by 0.34 cm caudal pole width by 0.43 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.

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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Free Abdomen

The mesenteric lymph nodes presented abnormal length to width ratio with distorted, swollen, irregular contour measuring up to 1.7 cm. Parenchymal detail was indiscernible. This is most consistent with lymphoproliferative disease such as lymphoma/round cell neoplasia, metastatic disease, or an aggressive inflammatory process. FNA, cytology and culture are warranted.

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A slight amount of free fluid was noted between the mesenteric lymph nodes.

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ULTRASONOGRAPHIC FINDINGS

- Mesenteric lymphadenopathy-reactive lymph nodes vs emerging round cell neoplasia
- Urinary debris consistent with chronic UTI

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A FNA of the lymph nodes with cytology and C/S is recommended.

Addressing predisposing issues such as recessed vulva, peri vulva vaginitis and urine pooling is indicated.

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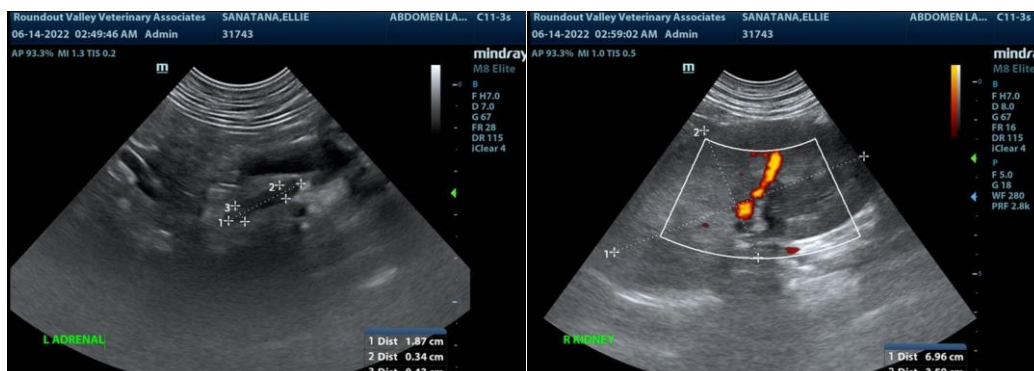
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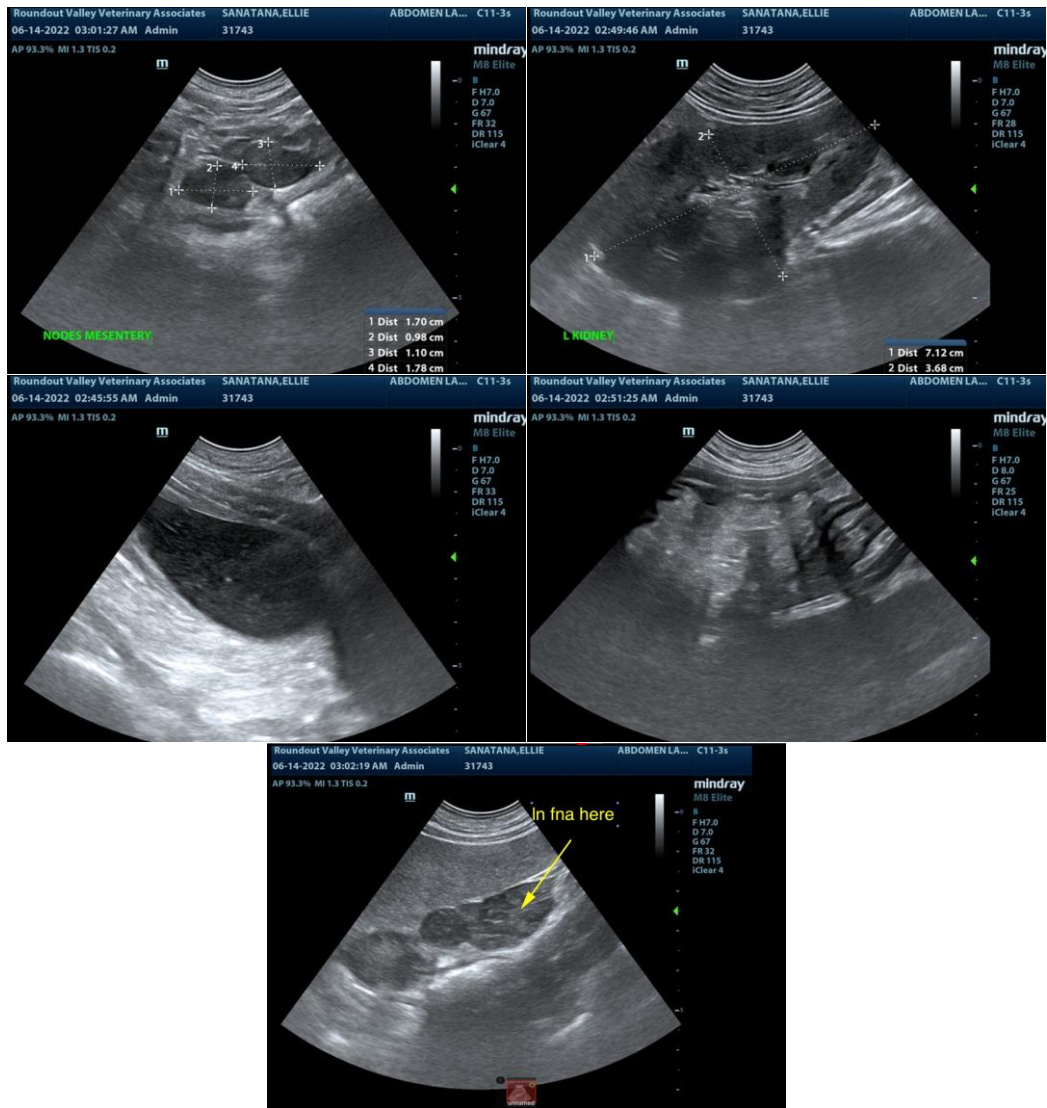
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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