

**DATE PRESENTING CLINICAL SIGNS**

6/17/22

06-12-2022 Notes: Was here in may for same issue - urine culture dx with e.coli - was prescribed simplicef and carprofen Was noted to be having issues with UTI since april Today: was urinating where she was laying and was not moving away from it - urine apparently had no smell and no obvious blood.

**PATIENT**

Dixie Lipscomb

Current Medications: Enrofloxacin, gabapentin.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED**

American Pit Bull Terrier

**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.

**SEX**

Spayed Female

The **right kidney** revealed uniform parenchyma. Pelvic and corticomedullary calculi were noted, measuring up to 0.56 cm, nonobstructive at the time of the sonogram. The right kidney measured 6.3 cm.

**AGE**

3/28/17

The **left kidney** 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 7.14 cm. Pinpoint mineralizations were noted.

**WEIGHT**

99.2 Pounds

**Adrenal Glands****INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

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 right adrenal gland measured 3.45 cm x 0.81 cm at the caudal pole and 0.96 cm at the cranial pole. The left adrenal gland measured 3.38 cm x 0.92 cm at the caudal pole and 0.82 cm at the cranial pole.

**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

**Spleen**

An isoechoic (2.04 cm) mid body nodule was noted in the **spleen**. FNA is indicated.

**HOSPITAL NAME**

Animal Emergency Hospital

**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. Nacke-Horney

**Gastrointestinal****INVOICE**

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

16169

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.

### **Free Abdomen**

A rapid view of the **heart** revealed no evident pathology in the right auricle or pericardium.

## **ULTRASONOGRAPHIC FINDINGS**

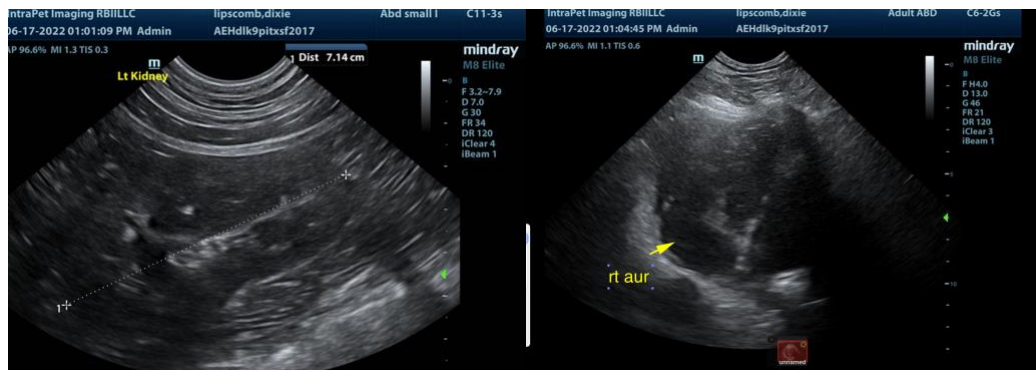
- Structurally normal urinary tract
- Renal mineralization- the patient may be passing calculi periodically, contributing to the clinical signs
- Focal splenic nodule, hyperplasia, granulomatous change, emerging round cell neoplasia or hemangiosarcoma are all possible

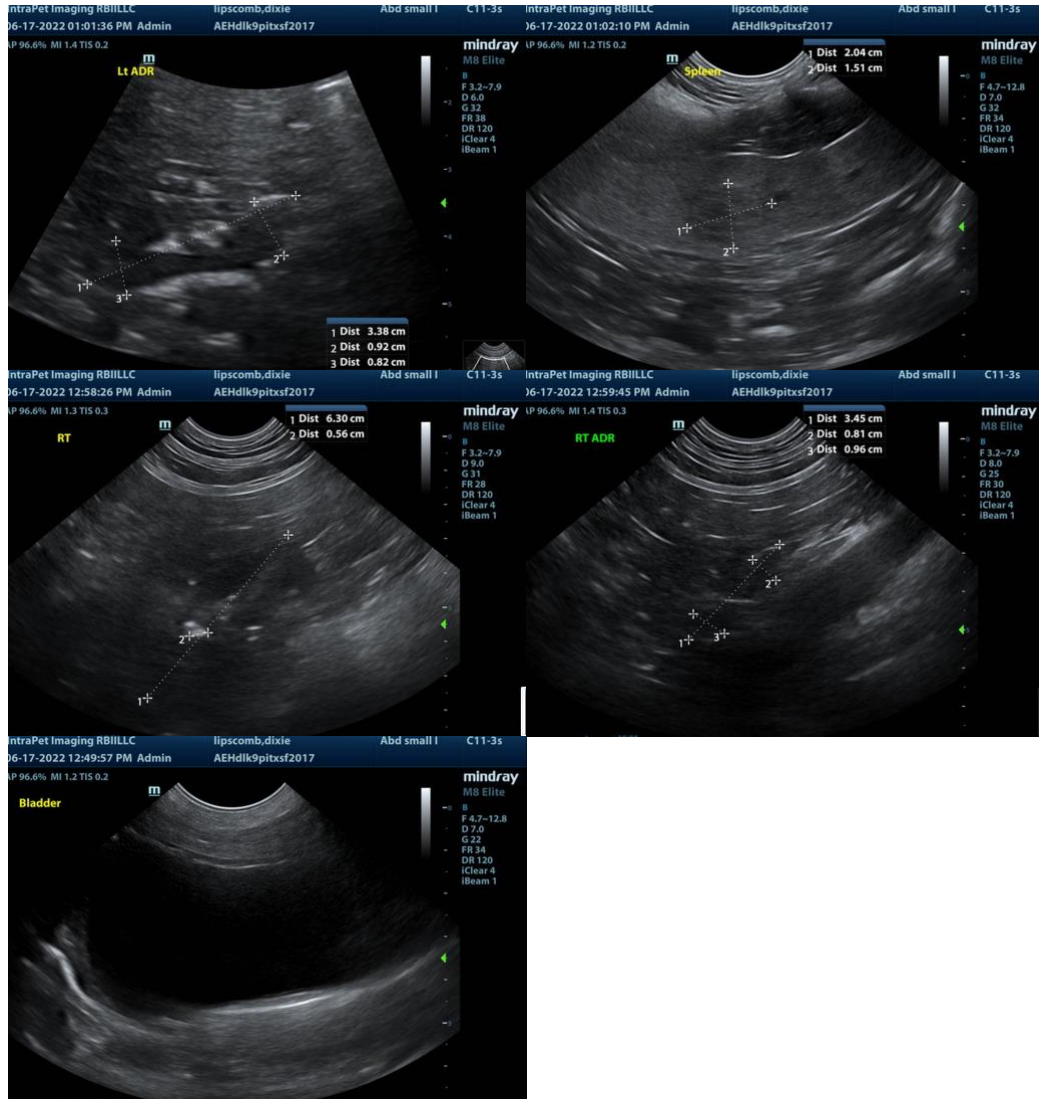
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The splenic nodule should be monitored. FNA of the splenic nodule indicated and a 4-week follow up ultrasound is recommended to check for progression. Direct splenectomy could be justified in this patient. Three-view chest radiographs are warranted to assess for metastatic disease.

### **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.





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.

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