



PATIENT

PRESENTING CLINICAL SIGNS

Loosie Saga Anderson

History: Patient given short term GA for scan. History of recurrent UTIs

SPECIES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

The urethra revealed poor tone, the dilation measuring 0.21 cm. The bladder wall was slightly thickened measuring 0.31 cm at moderate repletion. 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.

SharPei

SEX

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 5.52 cm in length. The right kidney measured 5.21 cm in length.

FS

AGE

Adrenal Glands

5 yr

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 0.41 cm caudal pole width by 0.41 cm cranial pole width. The right adrenal gland measured 0.53 cm caudal pole width by 0.47 cm cranial pole width.

WEIGHT

26 kg

Spleen

INTERPRETED BY

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.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Liver

Dr. Belan

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 moderate gallbladder sludge. A minor gallbladder polyp was noted. 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.

HOSPITAL NAME

Glamorgan AH

REFERRING VET

Gastrointestinal

Dr. Hill

The gastrointestinal tract presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this

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patient at 24 hour NPO status to further review the non-visible regions of stomach primarily as well as assess any delayed outflow issue.

SPECIES

Canine

Examination of the gastrointestinal tract revealed an 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

BREED

SharPei

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat.

Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

SEX

FS

AGE

5 yr

ULTRASONOGRAPHIC FINDINGS

- Poor urethral tone and urinary bladder wall thickening
- Minor excessive gallbladder debris-Urosdiol therapy could be considered
- Unremarkable abdomen otherwise

WEIGHT

26 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Given the recurrent UTI history and the subjective poor urethral tone, enhancement of urethral tone with phenylpropanolamine as well as treatment for UTIs and assessment for predisposing issues such as urine pooling in the vaginal vault and recessed vulva is recommended. This is likely a multifactorial issue given the recurrent UTIs.

IMAGING PERFORMED BY

Dr. Belan

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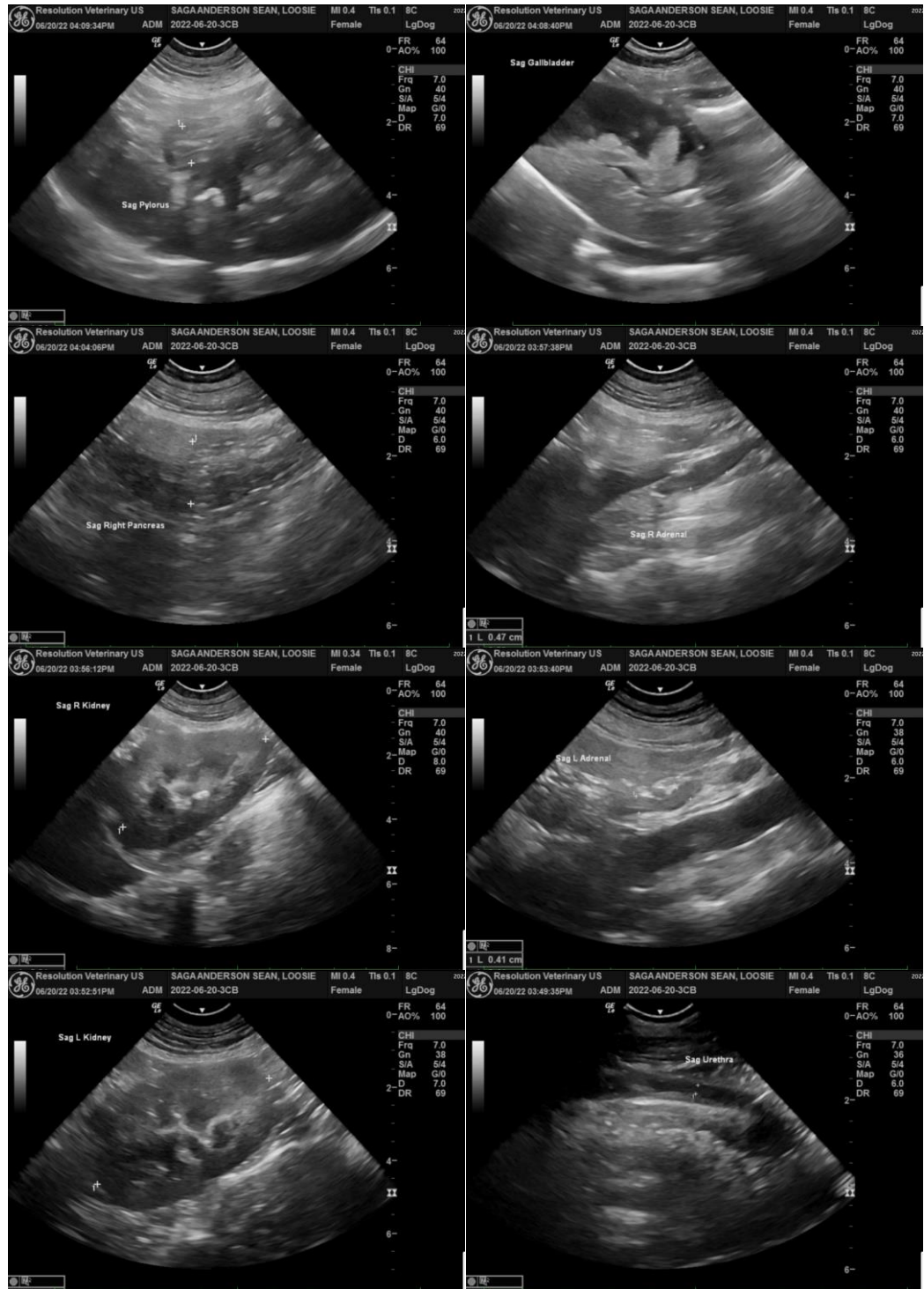
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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