

**DATE PRESENTING CLINICAL SIGNS**

6/23/23 History: UTI; urinating frequently.

PATIENT

River Conlisk

Current Medications: Clavacillin 375mg 1 BID, DL-Methionine 500mg 2.5 TID, Famotidine 20mg 1 BID.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: 3/10/23. See attached.

Sedation: IV sedation used.

SPECIES

Canine

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

BREED

Labrador Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Intact Female

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.

AGE

4/4/21

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 6.67 cm. The left kidney measured 6.67 cm.

WEIGHT

59 Pounds

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 right adrenal gland measured 3.28 cm x 0.68 cm at the caudal pole and 0.7 cm at the cranial pole. The left adrenal gland measured 2.47 cm x 0.6 cm at the caudal pole and 0.61 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

HOSPITAL NAME

Forest Hills Vet

REFERRING VET

Dr. Saad

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.

INVOICE

23028

Gastrointestinal

The **stomach** was persistently fluid filled, similar to the prior sonogram. Mild persistent intestinal thickening with a hypertrophied muscularis 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.

Other

Cystic right **ovary** was noted in this patient, measuring 2.44 cm x 1.5 cm. The uterus was persistently thickened, measuring 1.34 cm. An area of particular irregular thickening was noted, measuring 2.7 cm x 1.8 cm at the base of the bifurcation. Cystic left ovary was also noted, the largest cyst measured 1.18 cm x 1.0 cm. The overall size of the left ovary was 2.62 cm x 1.45 cm.

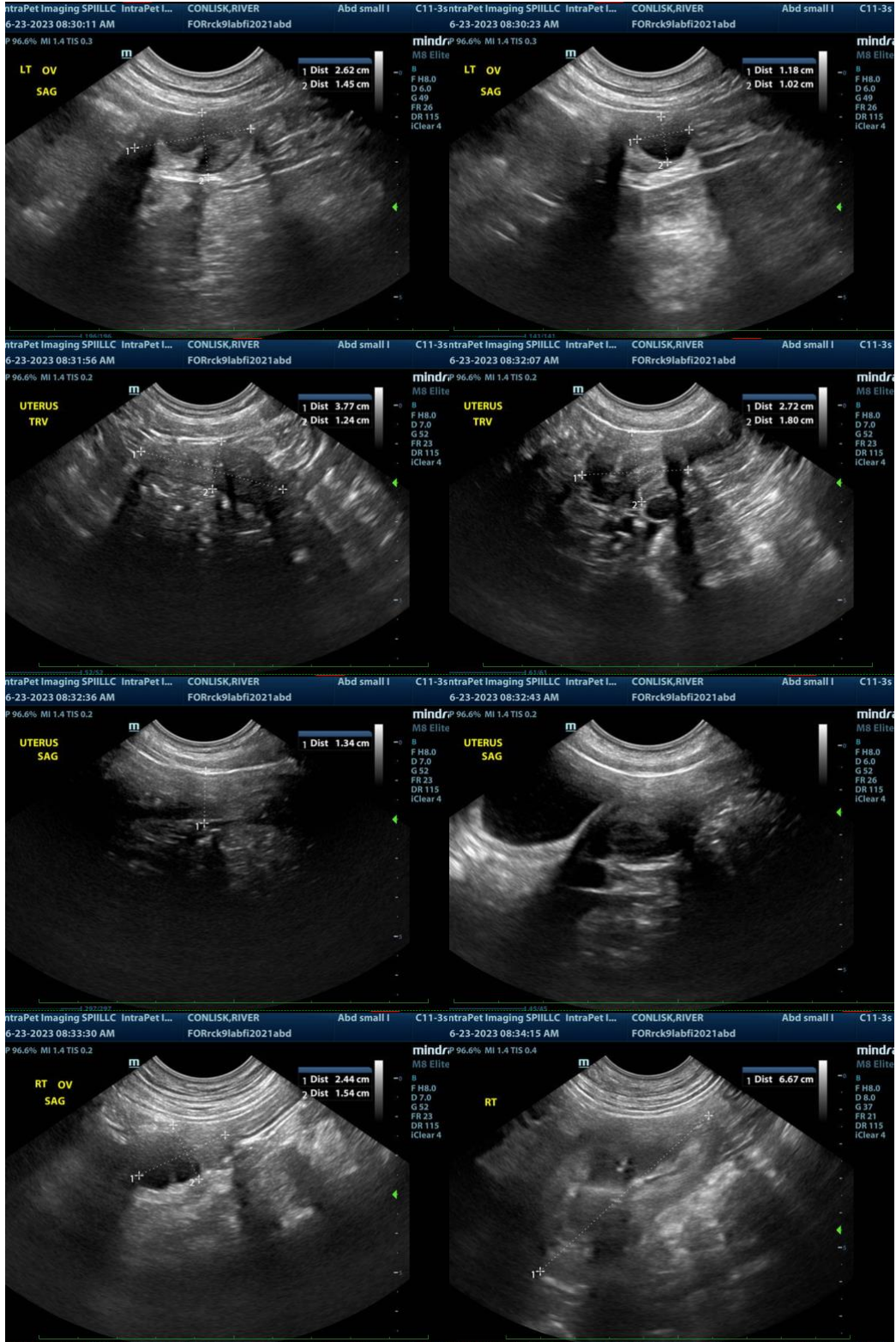
ULTRASONOGRAPHIC FINDINGS

- Persistent fluid filled stomach- delayed outflow/low grade gastritis is possible with inflammatory bowel type presentation.
- Thickened uterus with polycystic ovaries.
- Structurally the adrenals appear normal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I strongly recommend ovariectomy in this patient. Gastrointestinal biopsies could be performed at that time for long term management. PU/PD may be secondary to underlying E.coli infection within the uterus. No other causes of PU/PD appear to be present from a visceral standpoint, unless the patient is PD/PU, owing to underlying gastric irritation, and secondary wash out.







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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