



PATIENT PRESENTING CLINICAL SIGNS

Cody Mogstad

SPECIES

Canine

BREED

Husky

SEX

Spayed Female

AGE

8 Years

WEIGHT

82.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

38365

DATE

6/3/22

P has history of uroliths and urinary incontinence- controlled on Incurin. C brought P in for increased panting, radiographs showed a suspected splenic lesion, gastric FB (rock?).
Abnormal PE/Chem/CBC/UA Results: 5/20/22 CBC - Wnl except lymphocytes 608 (690-4500); Chemistry profile - Superchem: wnl except - ALP 5180 (5-131)-- previously 2271 March 2021 - triglycerides 377 (29-291); Heartworm test - Neg; Thyroid hormones - TT4- 2.3 (0.8-3.5); Urinalysis - USG 1.011 pH 5 urine chems: trace pro, 1+ o .blood urine sedi: WBC 21-50/hpf, rod bacteria >100/hpf MA: 5 (<2.5) Current Medications Incurin, Amoxicillin (UTI)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented significant apical ventral and apical dorsal polypoid changes and well thickening with a large amount of dependent debris. No evidence of calculi or masses. However, underlying transitional cell carcinoma could not be completely ruled out, given the apical wall thickening.

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 7.16 cm. The right kidney measured 8.0 cm.

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 3.83 cm x 1.99 cm at the cranial pole and 0.87 cm at the caudal pole. The left adrenal gland measured 3.32 cm x 0.81 cm at the caudal pole and 0.72 cm at the cranial pole.

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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. Minor lobar biliary mineralization noted, non-obstructive.



PATIENT *Gastrointestinal*

Cody Mogstad 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.

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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

- Severe chronic cystitis bladder pattern with dependent debris
- Benign vacuolar hepatopathy liver pattern with remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for predisposing issues such as recessed vulva or urine pooling should be considered. IV fluid and IV antibiotics should be considered in this patient to diurese the urinary bladder and maximize antibiotic concentration over a 48-72 hour period. 6-8 week antibiotic therapy warranted to treat for UTI, given the chronic bladder changes. Cytospin of the urine to assess for transitional cells would be appropriate and/or cystoscopy. No evidence of gastric foreign bodies or splenic lesions. Recheck sonogram of the urinary bladder after 4-6 weeks of antibiotic therapy to assess progress.

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.

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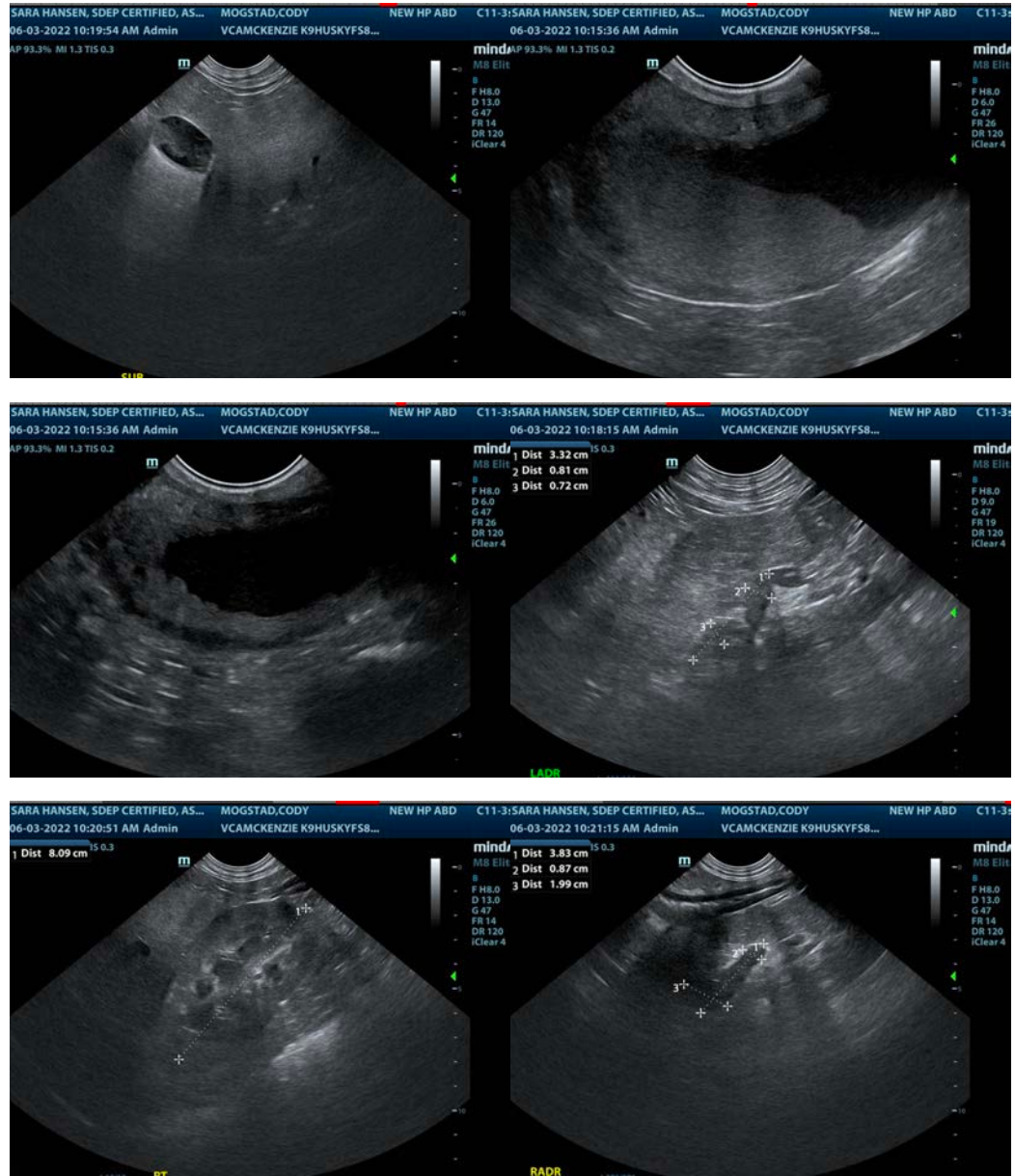
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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