



**PATIENT**

Rainy Blanc

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Female

**AGE**

9 Years

**WEIGHT**

7.6

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Gabriela Bronstein,  
DVM

**HOSPITAL NAME**

Scottsdale VC

**REFERRING VET**

Gabriela Bronstein,  
DVM

**INVOICE**

23385

**DATE**

7/15/23

**PRESENTING CLINICAL SIGNS**

History: O notes that P was recently diagnosed with severe UTI at rDVM on Tuesday. Bloodwork ran at rDVM but we are currently waiting on records. Significant weight loss over the past 2 months with a decreased appetite. Vomited 3 times in the 12 hours prior to exam and last few hours O notes that P has been excessively licking rectum. P currently taking orbax and mirtazapine prescribed Tuesday.

Abnormal PE/Chem/CBC/UA Results: None completed

\*16 still jpeg images submitted. Please submit in dicom format and video format, ideally. The evaluation is based on still images.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Minor echogenic debris was noted and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and contour with pyelectasia of the right kidney with echogenic debris. The left kidney measured 3.7 cm. The right kidney measured 4.2 cm. The urethra was not visualized.

**Adrenal Glands**

Both **adrenal glands** revealed no evident pathology.

**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**

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by



**PATIENT**

Rainy Blanc

intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change. Intestinal wall thickness measured up to 0.28 cm. Soft stool was noted in the colon.

**SPECIES**

Feline

***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.

**BREED**

DMH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Female

- Structurally unremarkable abdomen
- Minor right renal pyelectasia
- Minor echogenic debris in the urinary bladder
- Minor intestinal thickening

**AGE**

9 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pyelectasia in the right kidney may be owing to scarring or residual infection/low grade pyelonephritis.

**WEIGHT**

7.6

**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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Gabriela Bronstein,  
DVM

**HOSPITAL NAME**

Scottsdale VC

**REFERRING VET**

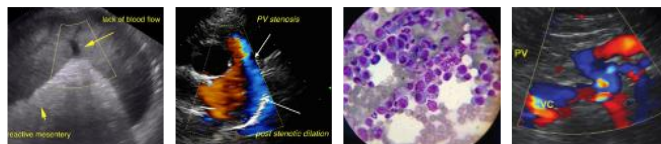
Gabriela Bronstein,  
DVM

**INVOICE**

23385

**DATE**

7/15/23



**PATIENT**

Rainy Blanc

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Female

**AGE**

9 Years

**WEIGHT**

7.6

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Gabriela Bronstein,  
DVM

**HOSPITAL NAME**

Scottsdale VC

**REFERRING VET**

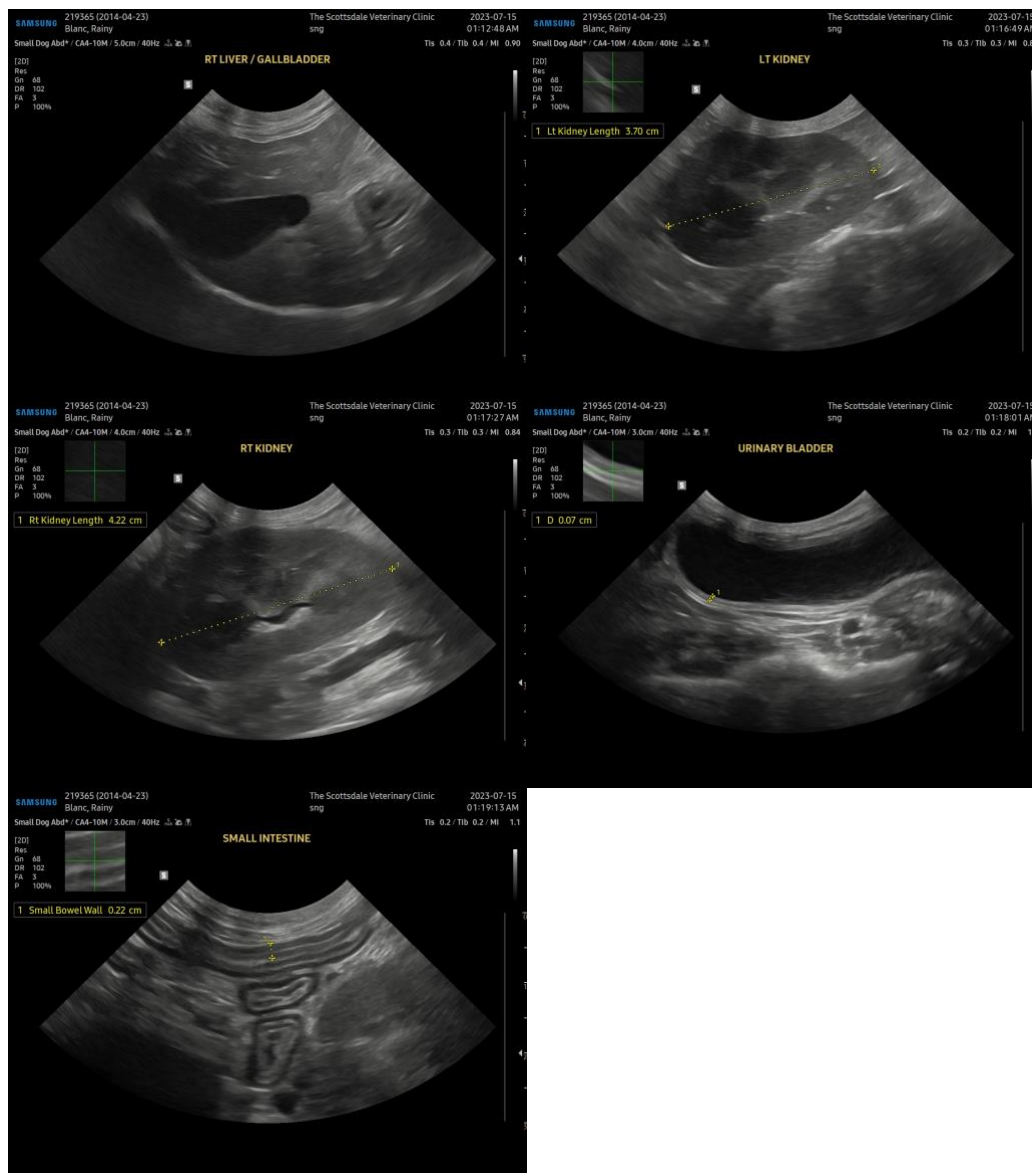
Gabriela Bronstein,  
DVM

**INVOICE**

23385

**DATE**

7/15/23



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  
info@SonoPath.com