



PATIENT

Lightning Cartner

SPECIES

Canine

BREED

Rhodesian Mix

SEX

Spayed female

AGE

6 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Reyes

HOSPITAL NAME

Mobile Vet Ultrasound

REFERRING VET

Dr. Correa

INVOICE

31945

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: Pet presented for second opinion on dark color urination around June 13. Prior to that, pet has not been seen by a vet since she was spayed at the age of 3. Pet was prescribed Amox/Clav based on free catch urine that showed RBC and WBC: >100 and urine improved for about 5 days, but returned to be dark in color. No stranguria, pollakiuria or PU/PD. Then pet was switched to Baytril with no improvement. Urine culture was negative. Pet is doing well otherwise, but urine remains dark in color (dark coffee ground like)

Abnormal PE/Chem/CBC/UA Results: CBC and chem NSF including T Bil. and HCT UA: from 06/30, cystocentesis SG: 1.053 Bil: 1+ Blood: 2+ pH: 6.0 Protein: 2+ WBC: 10-15 RBC: > 100 bacteria: rare cocci HW: neg, 4Dx neg

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. A minor amount of debris was noted in the bladder. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

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. Both kidneys measured 7.2 cm.

Adrenal Glands

The left **adrenal gland** was visualized obliquely and measured approximately 0.5 cm. The right adrenal gland was visualized obliquely and measured approximately 0.7 cm.

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 was 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.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A trace amount of chyme was noted in the stomach. 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

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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.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

Structurally unremarkable abdomen.

6 years

Normal urinary tract.

WEIGHT

60 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history UTI is likely, coagulopathy is possible. Urine culture and sensitivity, 3 week antibiotic protocol based on culture results and coagulation panel is all indicated. Assessment of the vaginal vestibule for predisposing issues such as recessed vulva and urine pooling.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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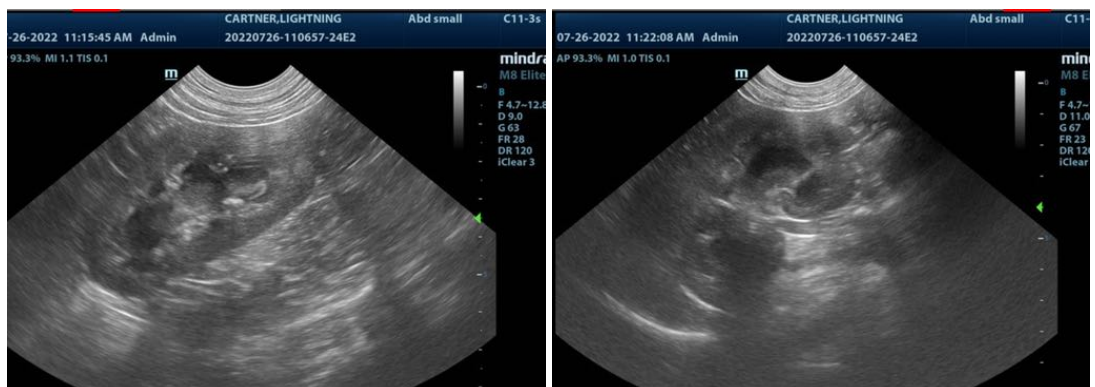
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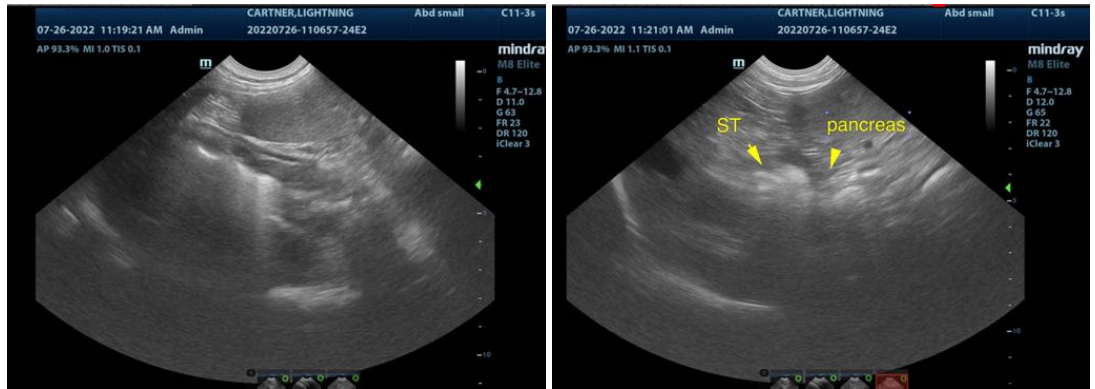
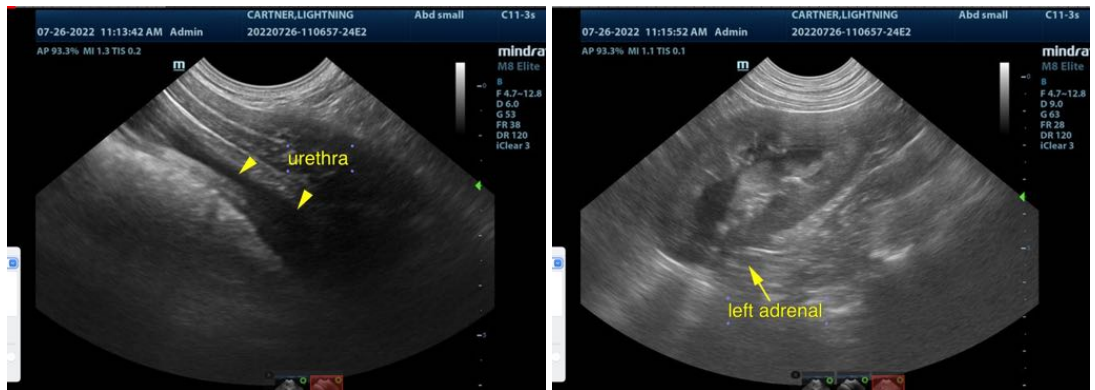
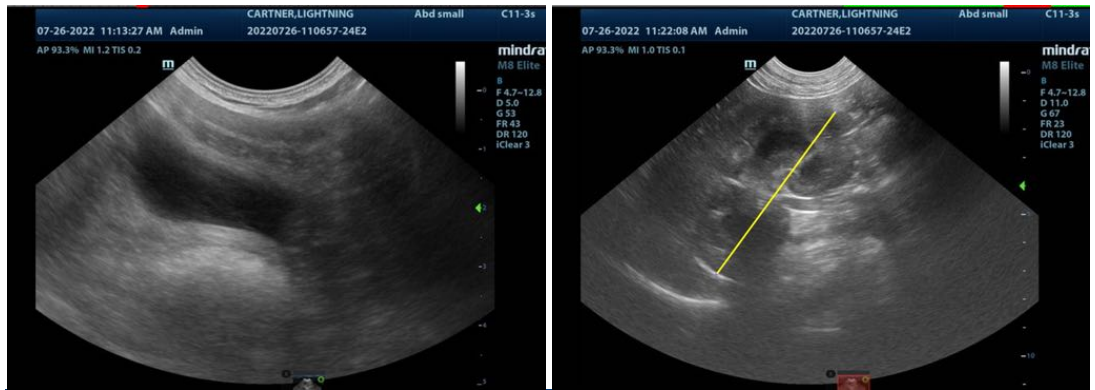
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Rhodesian Mix

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info@SonoPath.com

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