



PATIENT

Ellie Mae Coleman

SPECIES

Canine

BREED

Chihuahua

SEX

Spayed female

AGE

12 years

WEIGHT

3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Arpaia

HOSPITAL NAME

VCA McKenzie AH

REFERRING VET

Dr. Arpaia

INVOICE

76254

DATE

7/26/23

PRESENTING CLINICAL SIGNS

History: Mild seasonal atopy Periodontal disease Hx of UTI's - current bacteriuria with no symptoms
New liver enzyme elevation noted on pre-dental labs.

New liver enzyme elevation: CBC - WNL except platelets 659K suspect reactive thrombocytosis secondary to inflammation; Chemistry profile - Superchem: WNL except - AST 142 (15-66) - ALT 275 (12-118) - GGT 27 (1-12); PT/PTT - WNL/WNL; Urinalysis - USG 1.024 pH 7.5 urine chems: 1+ pro, 1+ o. blood urine sedi: WBC's 21-50/hpf, bacteria - rods > 100/hpf MA:2.2 (<2.5) NOTE: subclinical bacteriuria with hx of UTI's noted last January 2023

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minimal amount of urine with micropolypoid changes. This is consistent with cystitis pattern.

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. The capsules were acceptably uniform without significant irregularities. The left kidney revealed a 2.8 cm corticomedullary band and fibrotic pattern was noted. This may be related to protein loss. The left kidney revealed mild pyelectasia. Pinpoint mineralization was noted in both kidneys. The right kidney measured 2.7 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 left adrenal gland measured 1.04 x 0.33 cm at the caudal pole and 0.32 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 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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. Comet tail lung pattern was noted through the diaphragm.



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Gastrointestinal

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.

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

Minor renal pyelectasia, slight medullary rim sign and pinpoint calculi.

Gallbladder sludge, not to the level of mucocele formation.

Comet tail lung pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient may be passing small calculi periodically, yet no obstructive disease was noted at the time of the sonogram. The pyelectasia may be related to occult pyelonephritis given the patient's history. Urine culture and sensitivity as well as 4 week antibiotic therapy is likely necessary in this patient. Ursodiol therapy can be justified. Chest radiographs are recommended to assess for any alveolar disease. Recheck sonogram is recommended in 4-6 weeks prior to stopping antibiotics. I recommend to continue antibiotic therapy 1 week beyond negative sediment as well as negative culture.

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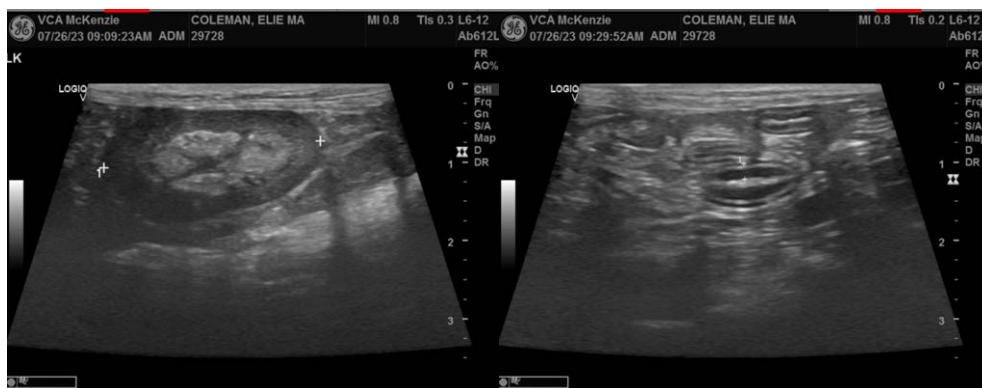
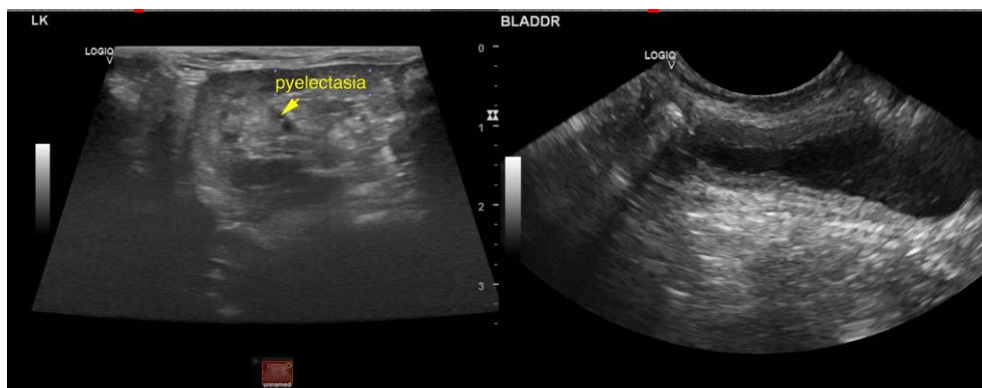
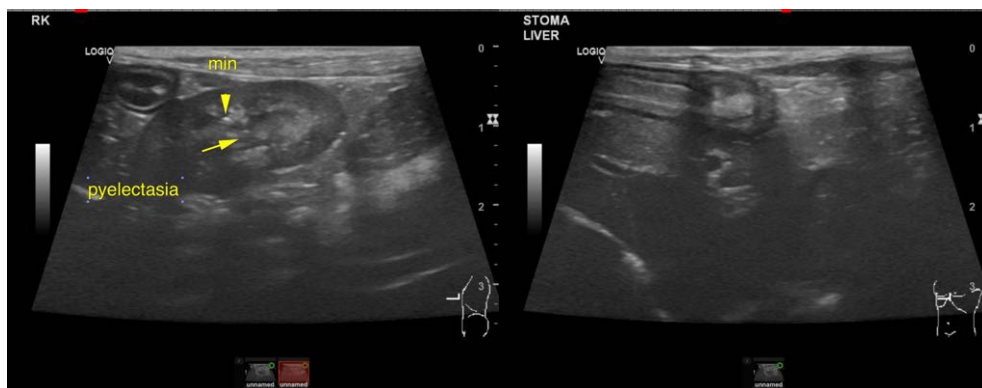
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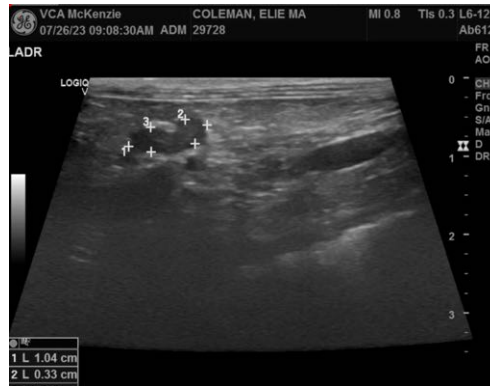
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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