



PATIENT

Maddie Conklin

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

14 Years

WEIGHT

31 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

Eastham VH

REFERRING VET

Jay Jakubowski, DVM

INVOICE

12833

DATE

8/27/21

PRESENTING CLINICAL SIGNS

History: UTI symptoms persist after treatment. Urgency and occasionally hematuria. UA - elevated WBC and RBC/struvite crystals, no bacteria seen. Clavamox 250 mg, 1 BID x 14 days - if effective and depending on U/S findings may refill to go 30 days. Radiographs negative for calculi

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The apical **bladder** wall revealed minor polypoid thickening. The pelvic urethra was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.56 cm. The right kidney measured 5.45 cm. Slight pinpoint mineralization noted. Cortical mineralization noted, may be related to an emerging cushingoid event.

Adrenal Glands

The **right adrenal gland** was slightly swollen. The right adrenal gland measured 0.65 cm at the cranial pole and 0.59 cm at the caudal pole.

The **left adrenal gland** was moderately swollen, measuring 0.85 cm at the cranial pole and 0.71 cm at the caudal pole.

Spleen

Caudal folding of the **spleen** was noted, yet uniform- no evident pathology.

Liver

The **liver** was uniformly swollen with minor coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. 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. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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



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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.

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ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes, non-specific with cortical mineralization
- Mild bilateral adrenal hypertrophy
- Benign hepatopathy
- Splenic fold

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

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If urine specific gravity is <1.020 and the patient appears Cushingoid, work up for PDH indicated. Underlying chronic cystitis likely. However, there are chronic changes with the apical bladder wall. Examination of the vaginal vestibule for predisposing issues such as urine pooling or recessed vulva would be indicated.

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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.

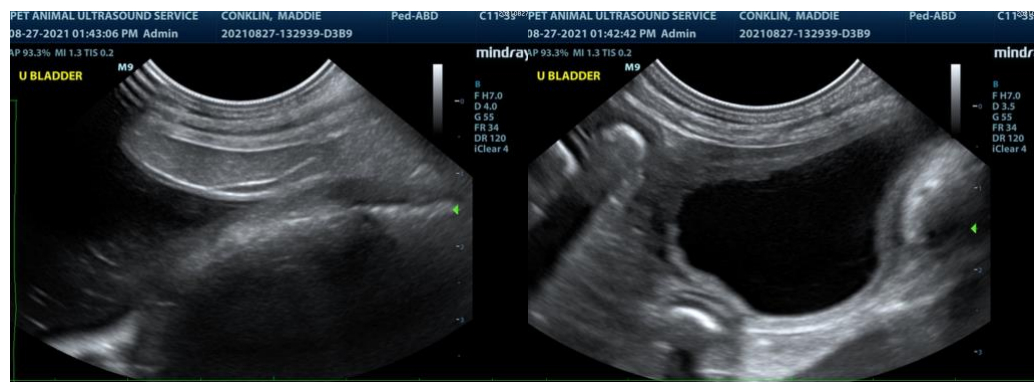
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Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third 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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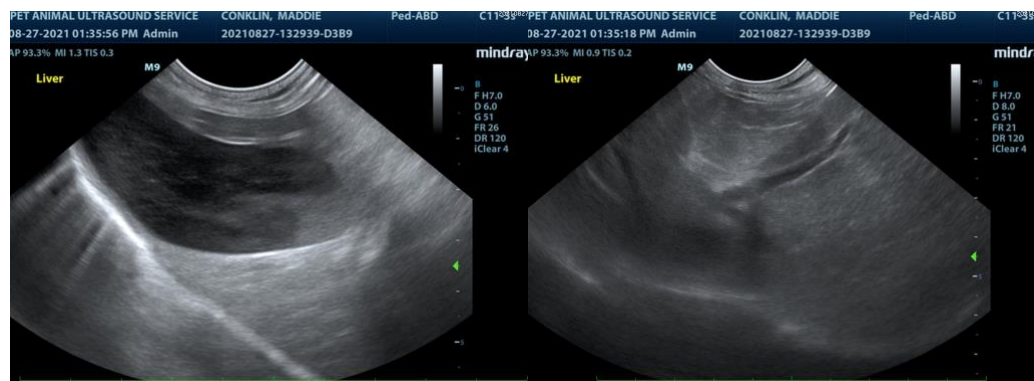


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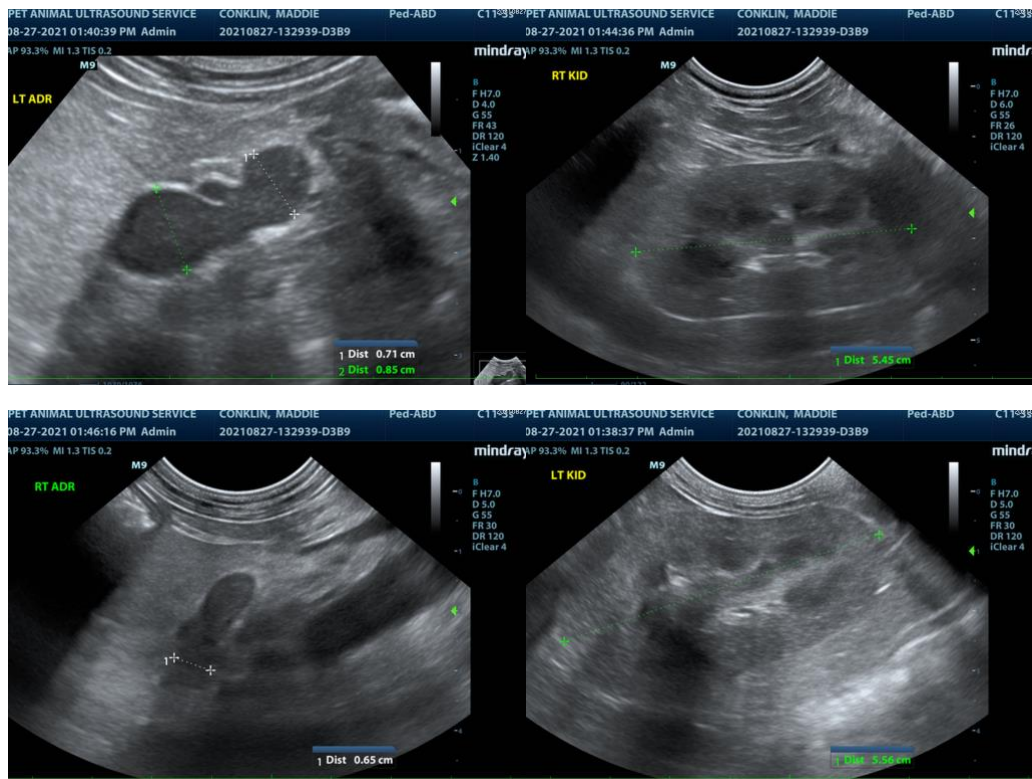
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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