



PATIENT PRESENTING CLINICAL SIGNS

Oakley Sweeney Clinically doing well at home ALP levels increasing.

SPECIES Abnormal PE/Chem/CBC/UA Results: Few Fatty masses trunk, Chem 27 ALT 161 u/L mild increase, ALKP 1385 U/L increased from 557 U/L Rest Chem WNL, CBC WNL T4 1.7ug/dL UA USG: 1.019 Protein 2+ ,Bacteria 26-50 HPF, UPC 1

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mini Schnauzer **Urinary System**

SEX The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The urinary bladder revealed a slight calculus, measuring 2.0 mm, nonobstructive- these are likely oxalate calculi given the sonographic appearance.

Spayed Female

AGE

9 Years The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Slight mineralization was noted in the kidneys. The left kidney measured 4.36 cm. The right kidney measured 4.68 cm.

WEIGHT

14.1 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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 1.9 cm x 0.45 cm at the caudal pole and 0.72 cm at the cranial pole. The left adrenal gland measured 1.7 cm x 0.58 cm at the caudal pole and 0.48 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. John Ammeraal

HOSPITAL NAME

Sova Animal Hospital

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.

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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or



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past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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 nonobstructive pinpoint nephrolithiasis in the kidney
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for UTI is warranted over the next 3-4 weeks, then reassessment of the urinary tract, primarily to the bladder, to assess if the concretion is still present, as eliminating the UTI may help also dissolve the minor concretion/calculus.

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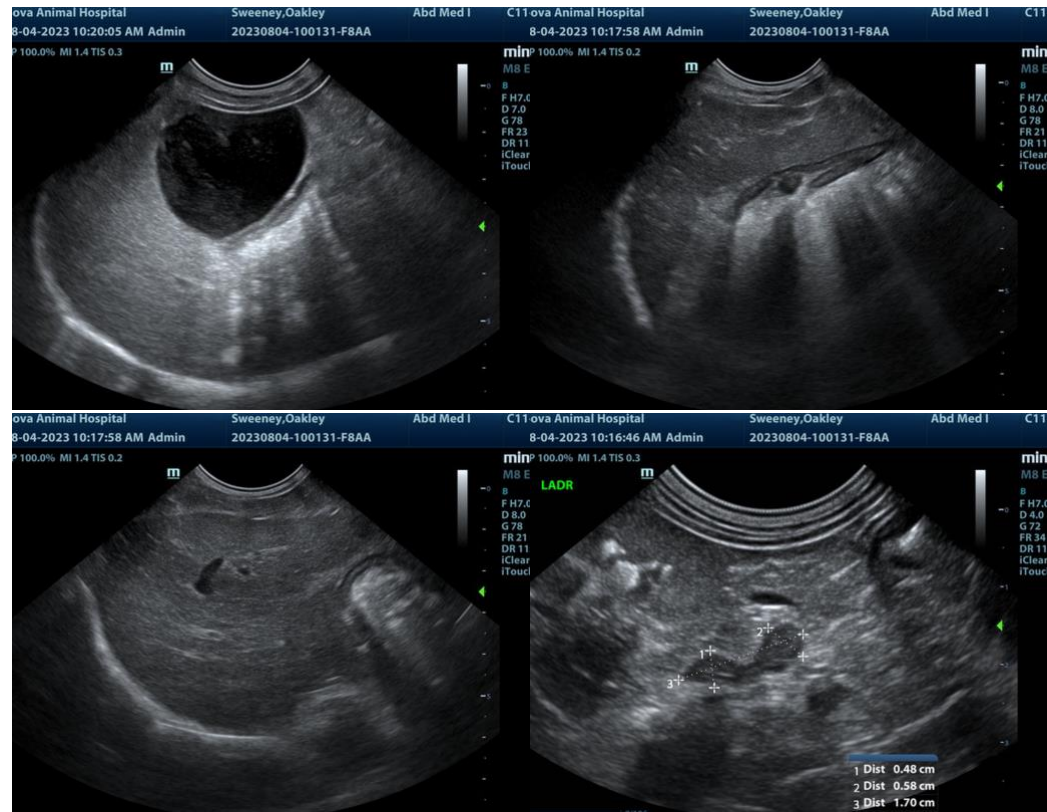
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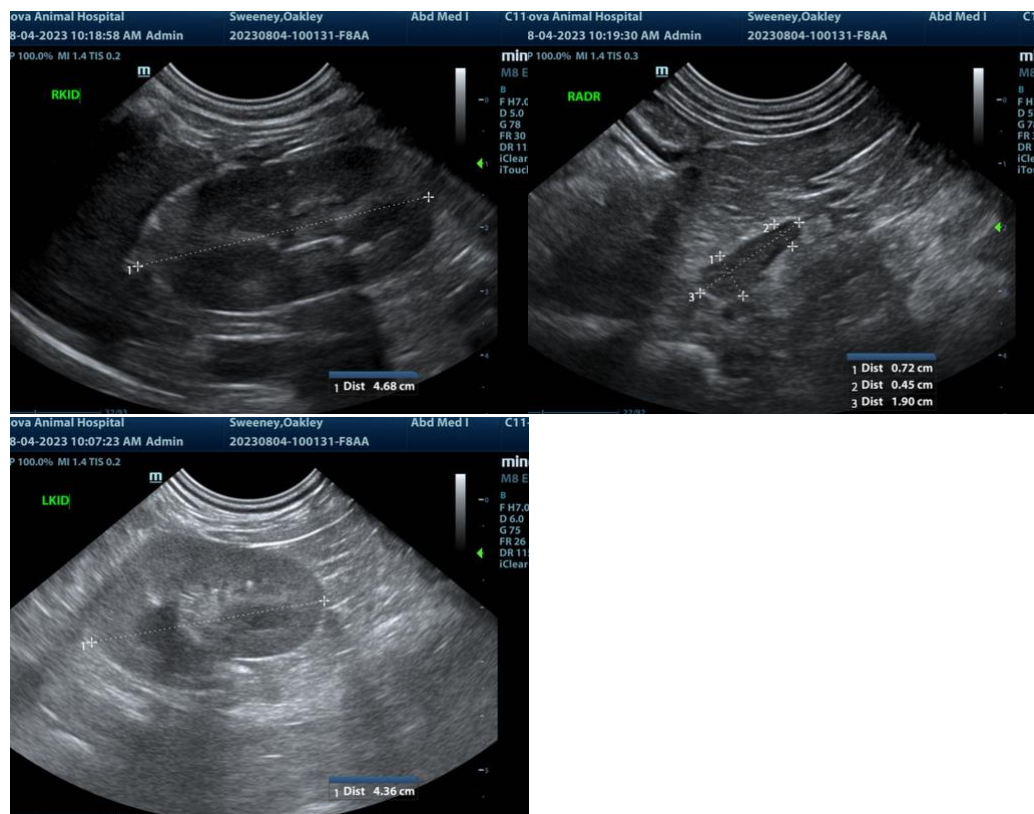
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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