



PATIENT

Georgia Thomas

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

18 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Laura de Cordon

INVOICE

40200

DATE

8/5/22

PRESENTING CLINICAL SIGNS

Around 4pm pt could not get up well and was knuckling on the hind left leg. Unable to stand even with assistance. Vomited 2x in the evening. Started having some HL weakness few weeks ago. Reg vet rx'd galliprant around 7:30pm, that did not improve pts condition. Pt had a decreased appetite. Kidney function is declining H/O pancreatitis treated about 6 weeks ago. Diet switched to K/D. Recheck BW past Tues; renal values improved but still elevated.

Abnormal PE/Chem/CBC/UA Results: CBC: Mild lymphopenia, anemia Hct 27% Chem: Creat 2.0, phos 6.3, ALP 201 UA- RBC 8 / L WBC 72 / L Squa Epithelial <1 / L Non Squa Epi <1 / L Bacteria Cocci Present TNTC Bacteria Rods Present TNTC

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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. Occasional cortical cyst noted in both kidneys. The left kidney measured 4.7 cm. The right kidney measured 6.83 cm. Corticomedullary mineralization noted. Degenerative changes were considered moderate, yet not end stage.

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 0.50 cm.

Spleen

The **spleen** was folded upon itself cranially and mildly enlarged, fairly uniform. Slight heterogeneous parenchymal changes noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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. Minor gallbladder polyps present. Mild gallbladder debris noted, not pathological.

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.



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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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Bladder debris and moderate chronic renal changes
- Geriatric abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

I believe that UTI is likely the primary issue in this patient. Urine culture, 72-hour IV fluid protocol, GI protectants all warranted. 4-6 weeks antibiotics therapy may be necessary. Blood pressure measurements indicated. The kidneys appear approximately 50-60% compromised. If the neurological signs continue, then CT of the spine and skull may be appropriate.

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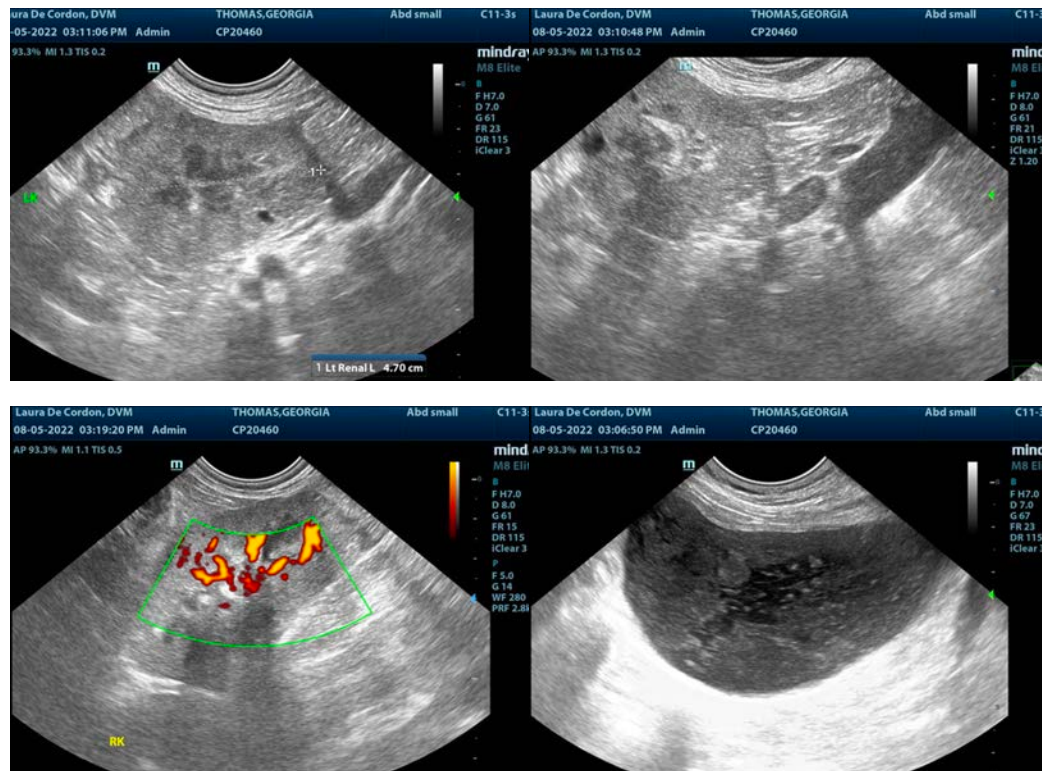
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com

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