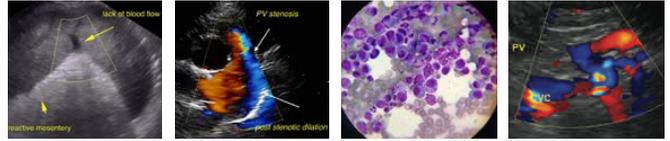


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Kady Zimmerman	History: Acute onset vomiting, anorexia and lethargy on Saturday. Ate very well and normal on Friday evening. No toxin or FB. On Apoquel for chronic, severe atopy. Symptomatic treatment with SQ fluids, Cerenia, Famotidine and Buprinex. Eating a little canned food now, but still lethargic and not herself.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ALT 263, cPLI Abnormal, rest WNL UA: SG 1.010, sediment: 7 WBC/HPF. Rest WNL. RADS (report): normal thorax, no evidence of GI obstruction or FB.
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>SEX</b>	The cystourethral junction revealed a polypoid lesion that measured 0.44 x 0.33 cm. The body of the <b>bladder</b> was unremarkable.
Welsh Terrier	
<b>AGE</b>	The <b>kidneys</b> 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 this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 4.24 cm with minor pyelectasia. The right kidney presented multiple calculi and pyelectasia. The largest calculus measured up to 0.26 cm. The right kidney measured 4.4 cm. Blood flow to the kidneys appeared to be adequate. The kidneys appear approximately 50% compromised.
16 years	
<b>WEIGHT</b>	
15.8 lbs	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The left <b>adrenal gland</b> was 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 0.68 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland was slightly heterogenous and mildly irregular measuring 1.0 cm at the cranial pole and 0.6 cm at the caudal pole.
<b>IMAGING PERFORMED BY</b>	
Dr. Ebersole	
<b>HOSPITAL NAME</b>	<b>Spleen</b>
Scanvet	The <b>spleen</b> 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.
<b>REFERRING VET</b>	
Dr. Walsh	
<b>INVOICE</b>	<b>Liver</b>
91056	The <b>liver</b> 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. The gallbladder presented some dependent debris with essentially normal
<b>DATE</b>	
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**PATIENT**  
Kady Zimmerman

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

**SPECIES**

Canine

**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.

**BREED**

Canine

**SEX**

**Pancreas**

Welsh Terrier

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**AGE**

16 years

**WEIGHT**

15.8 lbs

**ULTRASONOGRAPHIC FINDINGS**

Cystourethral junction polyp. Hyperplasia versus emerging carcinoma.  
Mild to moderate degenerative renal changes with pyelectasia and calculi.  
Mildly irregular right adrenal gland.  
Age related pancreatic changes.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the suspected embedded infection in the kidneys, secondary medullary washout may be playing a role in the isosthenuria. Given the presence of calculi the patient may have benign polypoid hyperplasia owing to periodic passage of calculi. No obstructive disease was noted at this time. The pyelectasia may be permanent owing to scarring from stone passage. Recheck sonogram is recommended in 3-4 weeks after treatment for urinary tract infection. Blood pressure measurements are also indicated.

**REFERRING VET**

Dr. Walsh

Some pancreatic and minor hepatic remodeling was noted, yet appears to be stable. Supportive care for gastrointestinal upset should prove effective.

**Canine Chronic UTI Protocol**

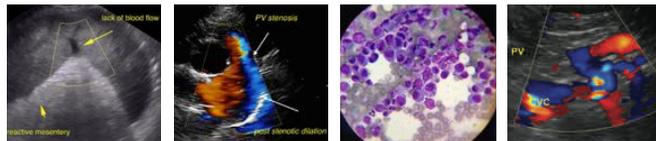
**INVOICE**

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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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**PATIENT**

Kady Zimmerman

**SPECIES**

Canine

**BREED**

Canine

**SEX**

Welsh Terrier

**AGE**

16 years

**WEIGHT**

15.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

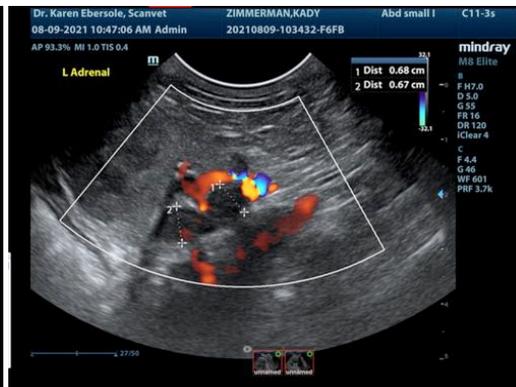
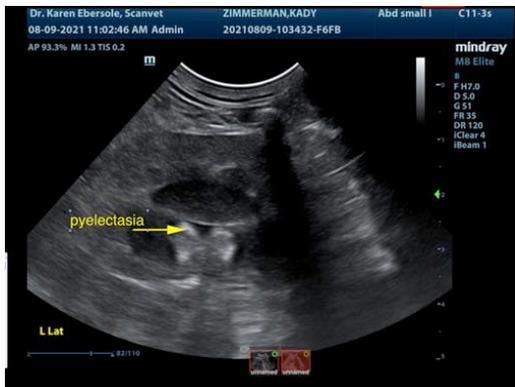
Dr. Walsh

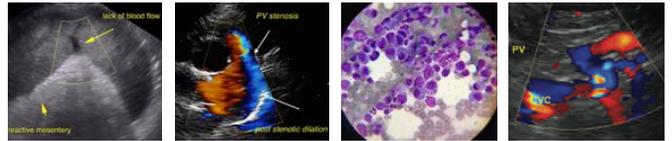
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**PATIENT**

Kady Zimmerman

**SPECIES**

Canine

**BREED**

Canine

**SEX**

Welsh Terrier

**AGE**

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**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

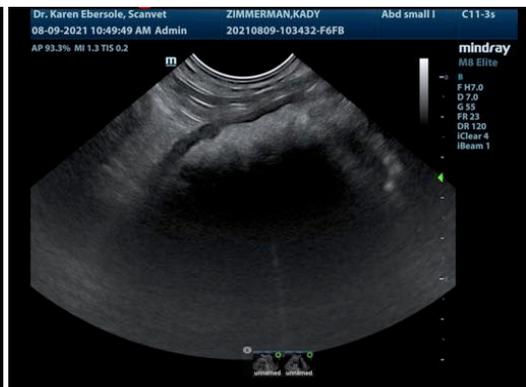
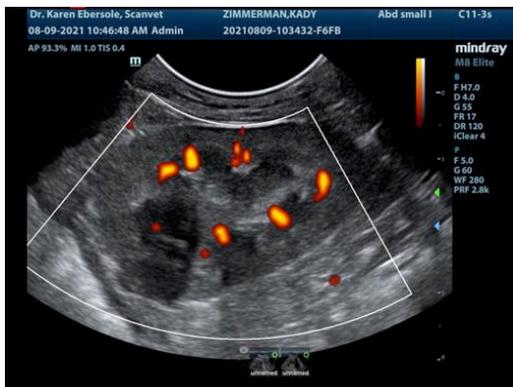
Dr. Walsh

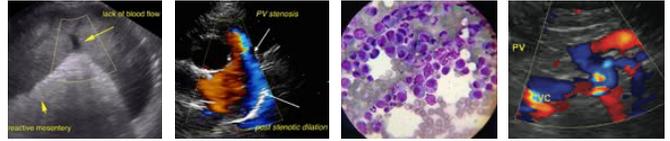
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**PATIENT**

Kady Zimmerman

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.

**SPECIES**

Canine

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
info@SonoPath.com

**BREED**

Canine

**SEX**

Welsh Terrier

**AGE**

16 years

**WEIGHT**

15.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Ebersole

**HOSPITAL NAME**

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