



PATIENT

Kinchee Rios

PRESENTING CLINICAL SIGNS

History: Polyuria

UA WBC 4-10, RBC 4-10, bilirubinuria, urine specific gravity 1.027

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Pug

Urinary System

The **urinary bladder** presented severe, ventral, apical wall thickening with uniform muscularis hypertrophy. Suspended and dependent echogenic debris was noted throughout the bladder. The bladder wall measured 0.67 cm with moderate repletion.

SEX

Spayed Female

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.34 cm. The left kidney measured 4.39 cm.

AGE

13 Years

WEIGHT

18.4 lbs

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 2.19 x 0.53 cm at the caudal pole and 0.7 cm at the cranial pole. The left adrenal gland measured 1.42 x 0.44 cm at the caudal pole and 0.53 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

IMAGING PERFORMED BY

Denise Bruno, LVT,
RDMS

Spleen

The **spleen** revealed an expansive, hypoechoic nodule with capsular expansion and distorted architecture. The spleen measured 1.47 cm in width.

HOSPITAL NAME

Kenilworth AH

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. Occasional, hyperechoic nodule was noted. The largest of which measured 0.93 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder revealed a minor amount of debris.

REFERRING VET

Dr. Mansour

INVOICE

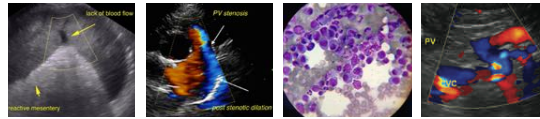
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Gastrointestinal

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.

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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

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ULTRASONOGRAPHIC FINDINGS

BREED

Pug

Splenic nodule/expansive nodule.

Severe chronic cystitis with urinary tract infection.

Undefined nodular hepatic changes.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I am concerned for round cell neoplasia or possible hemangiosarcoma. Ultrasound-guided FNA of the splenic nodule and liver nodules would be ideal for further definition. Urine culture and sensitivity and 6-8 week antibiotic therapy is likely necessary given the pyuria and the severity of the bladder wall thickening. IV fluid treatment to flush out the urinary bladder and initiate injectable antibiotics would also be appropriate given the degree of cystitis. Predisposing issues such as recessed vulva and urine pooling should also be investigated.

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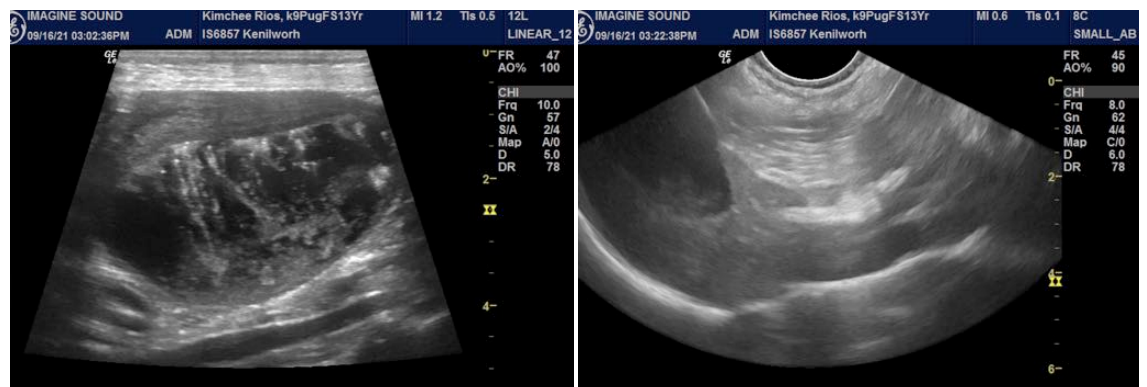
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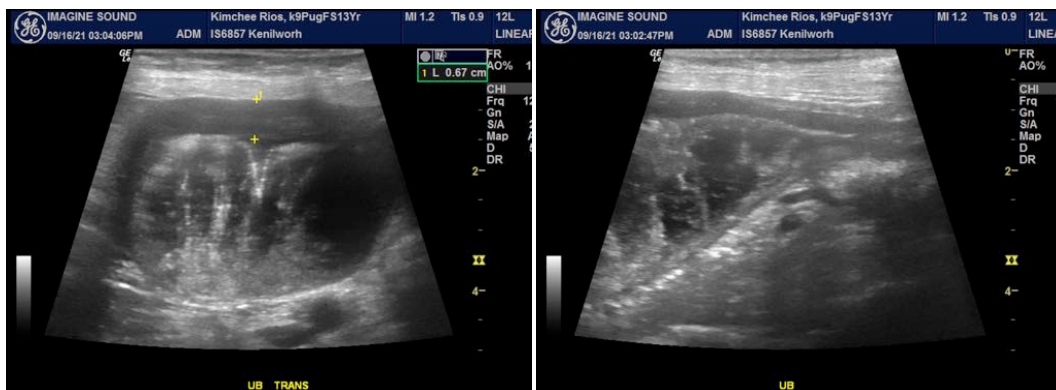
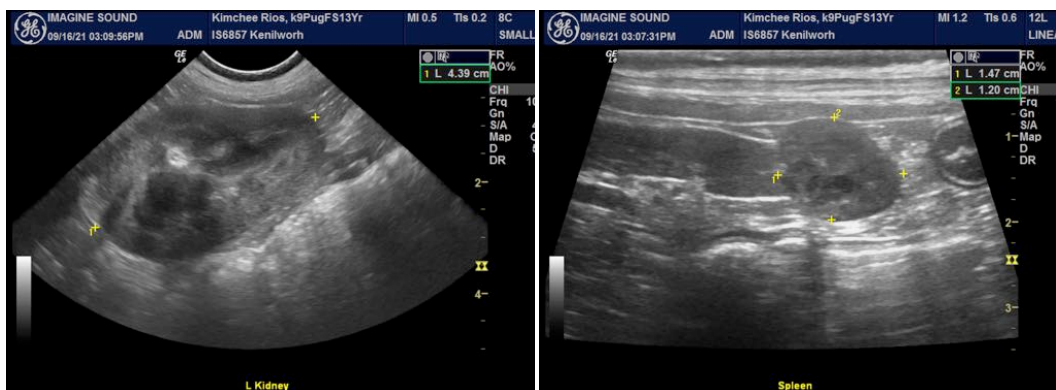
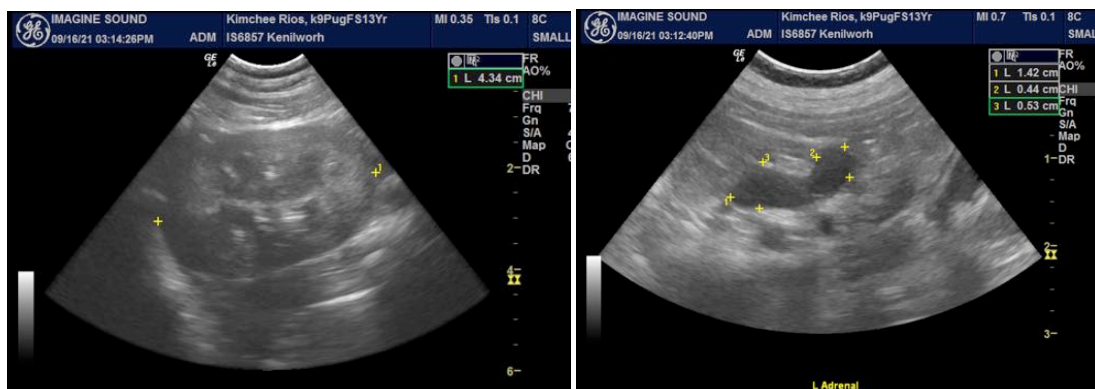
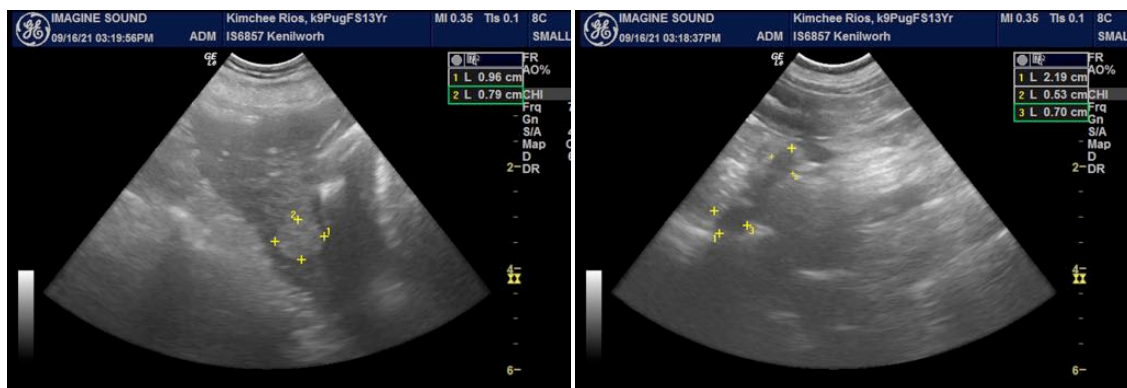
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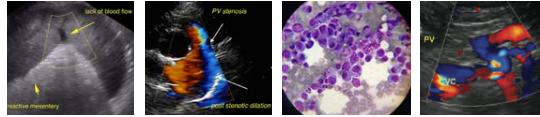
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the



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image/video clips provided.

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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

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SEX

Spayed Female

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