



PATIENT

Angel Rothstein
Helderman

SPECIES

Canine

BREED

Boxer

SEX

Intact female

AGE

8 months

WEIGHT

46 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Bergen County VC

REFERRING VET

Dr. Moore

INVOICE

92017

DATE

9/27/21

PRESENTING CLINICAL SIGNS

History: Recurrent UTIs, history of vulvoplasty. Current meds: Amoxicillin 400mgs BID, Tylan Powder, vetriscience bladder strength cranidin.
Abnormal PE/Chem/CBC/UA Results: SDMA 20, BUN 24, creat. 0.4,

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed micropolypoid changes in the ventral apical wall. Anechoic urine was noted.

The ovaries were normal and measured 1.33 x 0.79 cm. The uterus was mildly thickened in this patient at 1.4 cm. However, the lumen was empty.

The **kidneys** revealed slightly increased cortical echogenicity and somewhat nebulous corticomedullary definition. This is a non-specific presentation. Low-grade nephritis may be playing a role. There is a mild potential for low-grade renal dysplasia. The right kidney measured 5.49 cm. The left kidney measured 5.74 cm.

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 1.74 x 0.88 cm at the caudal pole and 1.11 cm at the cranial pole. The left adrenal gland measured 1.98 x 0.43 cm at the caudal pole and 0.47 cm at the cranial pole.

Spleen

The **spleen** was slightly enlarged with minor micronodular changes, likely reactive state.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Minor fluid filled **gastric** lumen was present. The small intestine and colon were unremarkable. The mesenteric lymph nodes were reactive and measured 2.24 x 0.68 cm.



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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.

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ULTRASONOGRAPHIC FINDINGS

BREED

Chronic cystitis bladder pattern.

Boxer

Enlarged spleen with micronodular changes.

Fluid filled gastric lumen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

8 months

I recommend a fresh fecal smear and fecal floatation analysis. No evidence of ectopic ureters. Ovariohysterectomy should be considered in this patient if the patient is not to be utilized for breeding as the uterine thickening may be related to low-grade infection. Urethral tone appeared adequate. Vaginal inspection for possible urine pooling or other predisposing issues should be considered despite the vulvoplasty. There was no obvious evidence of renal dysplasia; however, given the breed and the azotemia and SDMA there is a potential for low-grade renal dysplasia. If the renal values continue to elevate after treatment for UTI then renal biopsy would be indicated.

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Canine Chronic UTI Protocol

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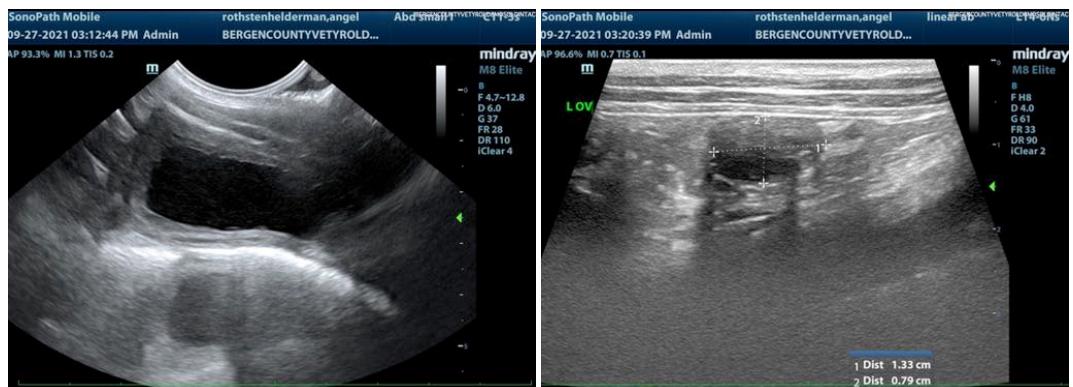
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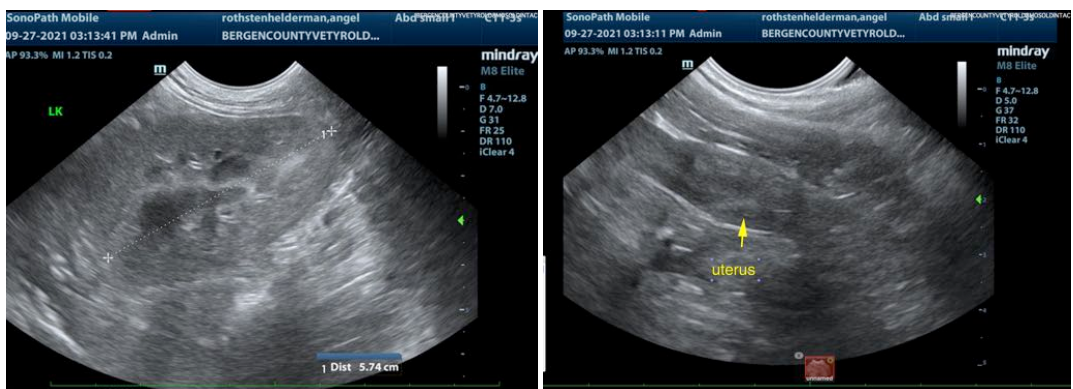
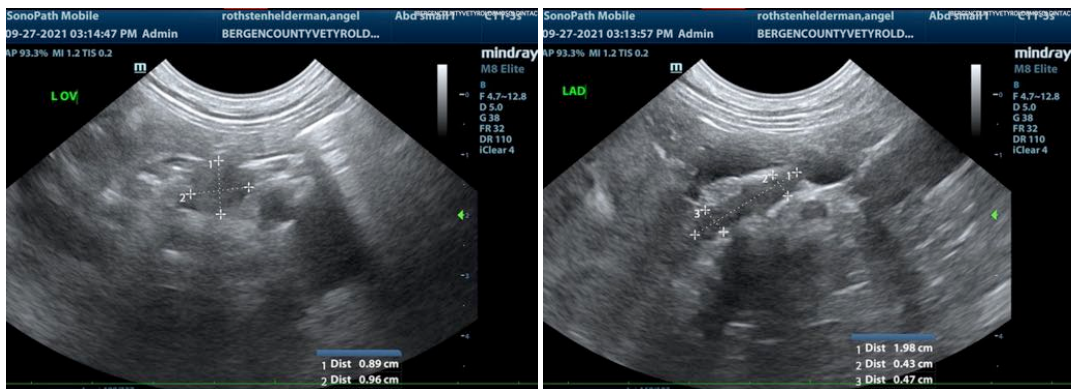
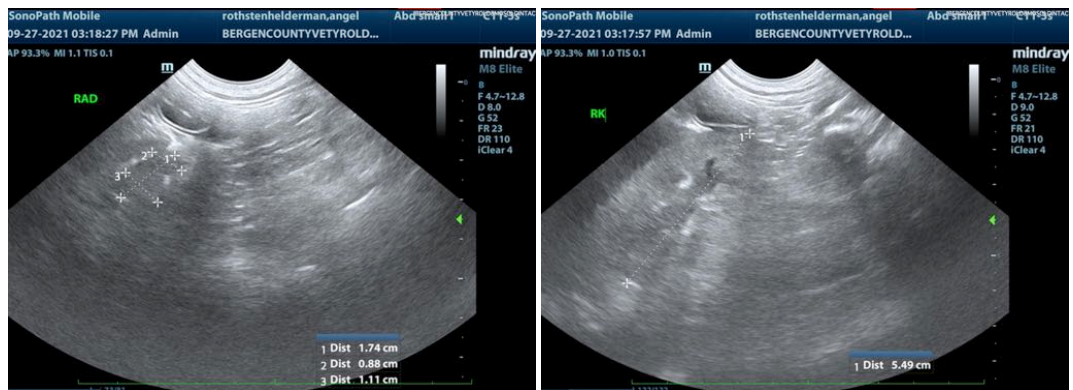
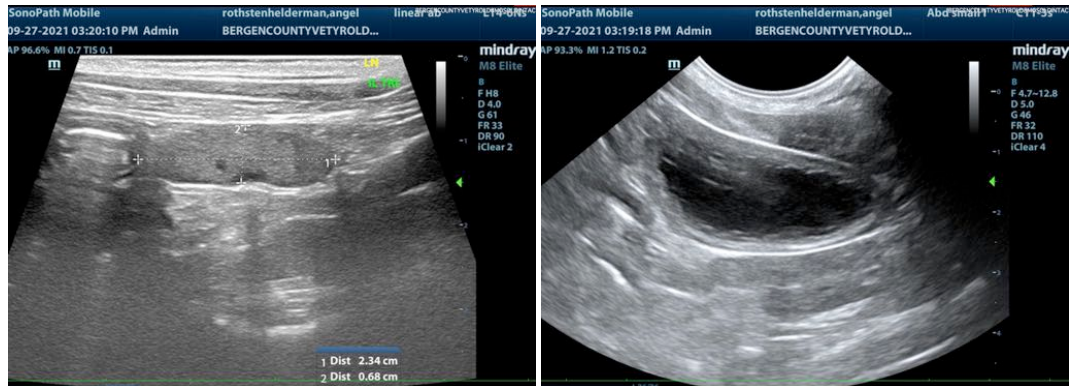
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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