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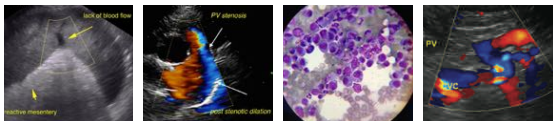

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Daphne Reinhardt

SPECIES

Canine

BREED

King Charles Cavalier Spaniel

SEX

Spayed Female

AGE

7 years

WEIGHT

29 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Zulauf

DATE

8/25/21

Invoice
91499

PRESENTING CLINICAL SIGNS

History: Mass in bladder appreciated by Dr. during cystocentesis on 8/19/21. P has been seen previously for bloody urine 6/21. Current Medications Clavamox 250mg- 1 tab BID x 14d Primary Question/Differential to Be Answered in This Exam Confirm mass and/or bladder stones

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The iliac trifurcation was unremarkable.

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 left kidney measured 4.63 cm. The right kidney measured 5.45 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 left adrenal gland measured 2.16 x 0.43 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measured 3.54 x 0.87 cm at the cranial pole and 0.93 cm at the caudal pole.

Spleen

The **spleen** revealed mixed hypoechoic nodule that measured 1.68 cm with capsular expansion. A separate splenic nodule was also noted and measured 0.5 cm.

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.

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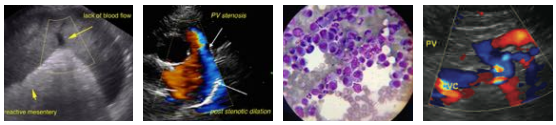

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Gastrointestinal

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.

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

Expansive and disruptive splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a high risk for splenic rupture. Hemangiosarcoma versus round cell neoplasia is less likely. Hyperplasia is possible; however, the capsular expansion and disrupted architecture is concerning. I recommend an echocardiogram as a screening to ensure there is no metastatic spread to the right auricle or pericardium. Three view chest radiographs followed by splenectomy are recommended. The cause of hematuria is not evident from a structural standpoint.

I recommend treatment for the urinary tract infection in this patient with urine culture and sensitivity. The blood is likely deriving from urinary tract infection. Examination of the vaginal vestibule is recommended to assess for predisposing issues. However, the splenic changes are precarious and the patient should undergo a splenectomy as soon as possible.

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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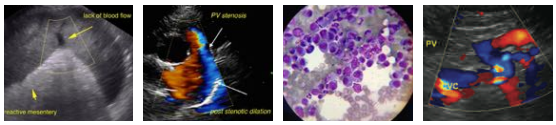

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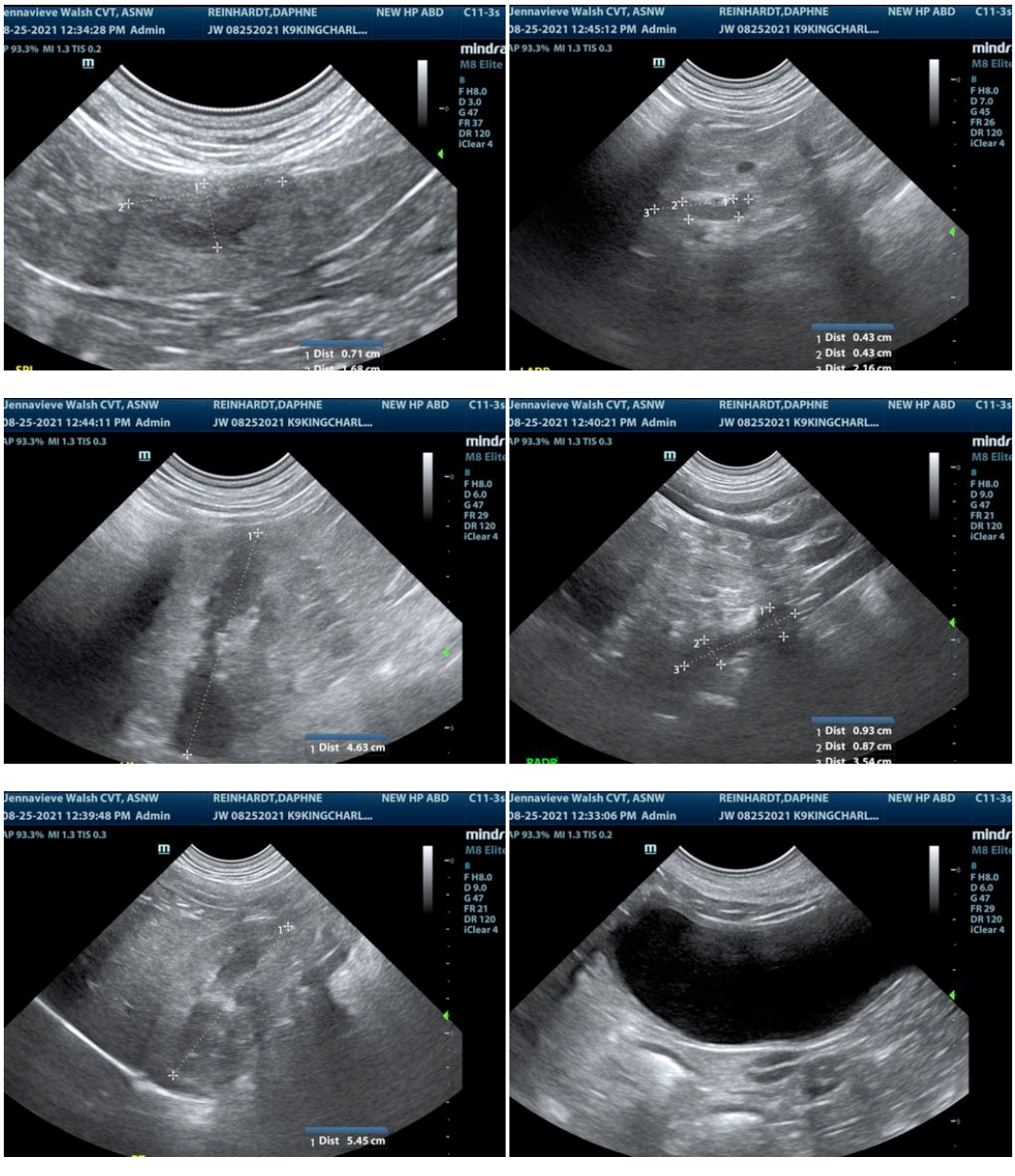

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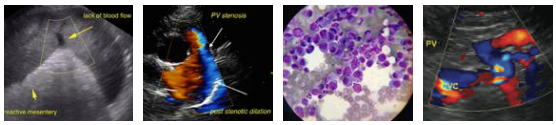

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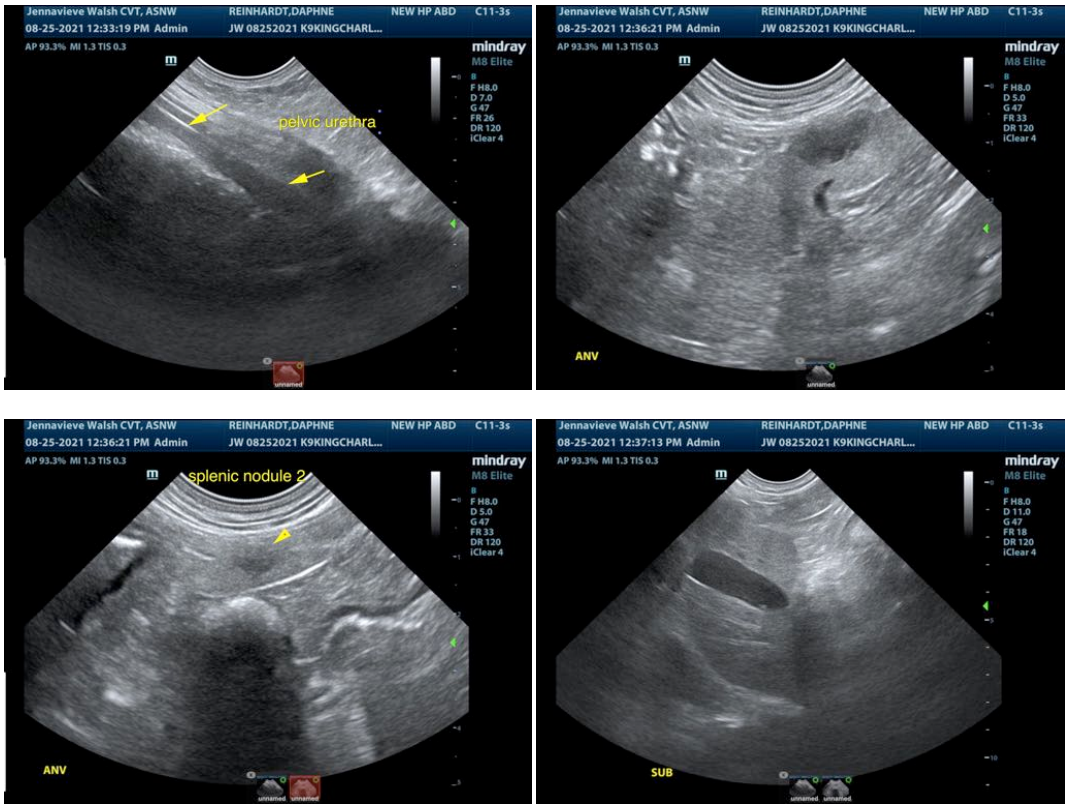

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com