

**PATIENT PRESENTING CLINICAL SIGNS**

Kiwi Johnston

History: Recurrent UTI symptoms- initially seen for hematuria and pollakiuria on 9/1- she was treated with Clavamox and symptoms then reoccurred on 9/15; urine culture on 9/15 revealed E coli, patient was restarted on Clavamox for 7 days and symptoms then reoccurred again on 9/26; within 24 hours of starting Cefpodoxime patient's symptoms resolved

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: USG 1018, 1014, and 1027 on UAs performed over last month  
Current Medications cefpodoxime 50 mg SID X 7 d, fortiflora and planning to start d-mannose

**BREED**

Corgi

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Intact female

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. A moderate amount of dependent debris was noted. There is no evidence of calculi. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal. Both ureters were visualized at the level of the cystourethral junction and measured approximately 1-1.5 mm each. However, complete definitive entry into normal ureteral papilla was not possible.

**AGE**

12 weeks

The uterus was identified.

**WEIGHT**

9.5 lbs

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.67 cm. The right kidney measured 5.58 cm.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**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 1.37 x 0.32 cm at the caudal pole and 0.26 cm at the cranial pole. The right adrenal gland measured 1.86 x 0.98 cm at the cranial pole and 0.57 cm at the caudal pole.

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Salem AH

**Spleen**

The **spleen** 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.

**REFERRING VET**

Dr. Tremper

**DATE**

9/29/22

**Invoice**

39700



**PATIENT**

**Liver**

Kiwi Johnston

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Intact female

**AGE**

12 weeks

**WEIGHT**

9.5 lbs

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**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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**ULTRASONOGRAPHIC FINDINGS**

Bladder debris.

Prominent ureters.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I suspect very small ectopic ureters. CT with contrast is indicated. The uterus was identified as was the pelvic urethra; however, the ureters appear to be slightly dilated (primarily the left ureter). This may be owing to infection; however, ectopy is a possibility. In these cases either a CT with contrast or contrast urogram would be indicated or waiting 6-8 weeks as ectopic ureters tend to increase in size with the age of the patient.



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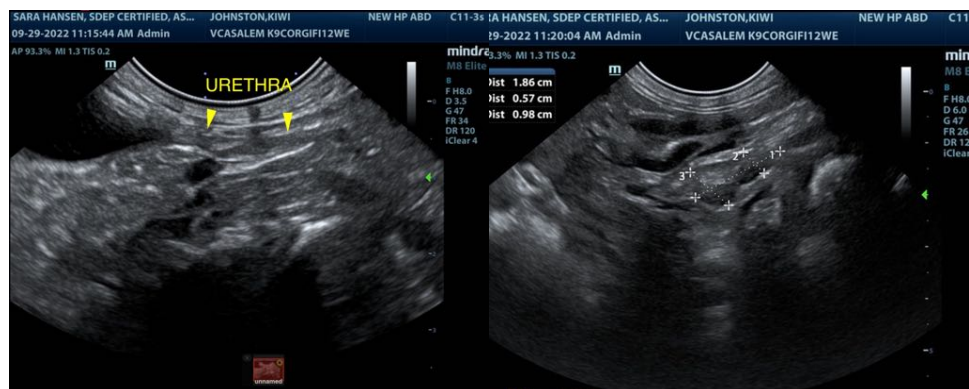
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Kiwi Johnston

**SPECIES**

Canine

**BREED**

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**SEX**

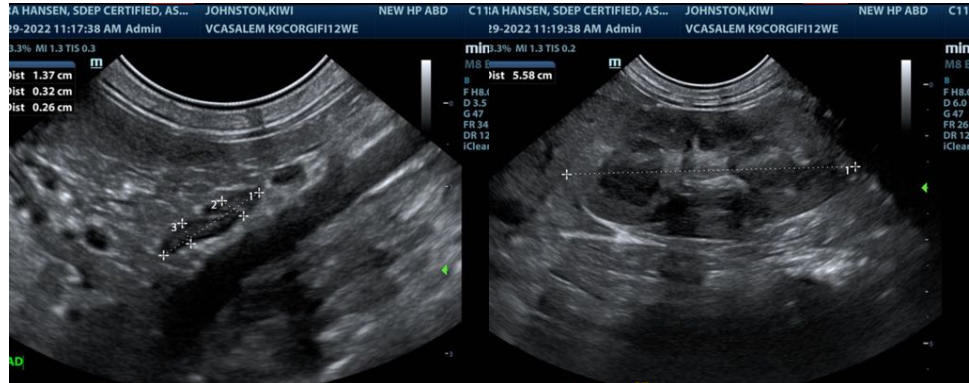
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

Sara Hansen

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**

**HOSPITAL NAME**

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