



**PATIENT**

Bea Romlein

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

18.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Newton VH

**REFERRING VET**

Dr. Kim

**INVOICE**

42429

**DATE**

1/30/23

**PRESENTING CLINICAL SIGNS**

History: Anorexic for ~one week, ate in hospital with supportive care. Vomiting resolved with Cerenia. Temp 98.4 on intake Friday 1/27. Hx CMVD and Aortic body tumor, managed by cardiologist (SP report attached from 3/2022). Current meds: Pimobendan, Benazepril, Carprofen, Clavamox, Provable, Oculenis ophthalmic, Terramycin.

Abnormal PE/Chem/CBC/UA Results: wbc 5.83 (6 L); neut 2.99 (3.6 L); mono 0.11 (0.14L); bun 7.1 (9L) U/A: rbc 40-60; wbc 5-10; CaOx, Struvites, cocci 2+; USG 1.050

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization was noted in the kidneys. The right kidney measured 4.18 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 1.75 x 0.97 cm at the cranial pole and 0.5 cm at the caudal pole. The left adrenal gland measured 1.78 x 0.43 cm at the cranial pole and 0.56 cm at the caudal pole.

**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.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. A minor, hypoechoic, right cranial nodule was noted and was non-disruptive measuring 1.3 cm. Some age-related parenchymal remodeling was noted but likely not



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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 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.

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**Gastrointestinal**

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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.

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**ULTRASONOGRAPHIC FINDINGS**

Unremarkable abdomen.

Minor degenerative hepatic and renal changes with non-obstructive, minor pinpoint nephrolithiasis.

Hepatic nodule, non-disruptive and likely benign, but could be reevaluated in a month for any growth.

Minor apical bladder thickening.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urinary work-up is warranted in this patient. There was no evidence of significant disease. Given the pyuria in this patient urine culture and treatment for UTI is indicated.

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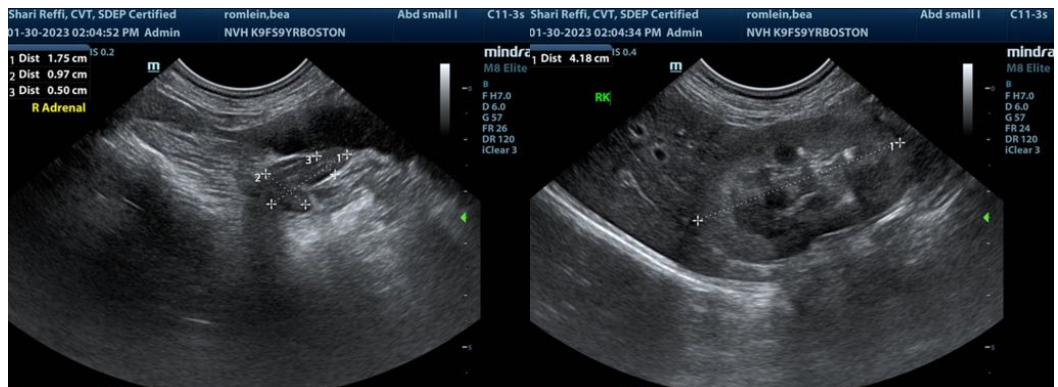
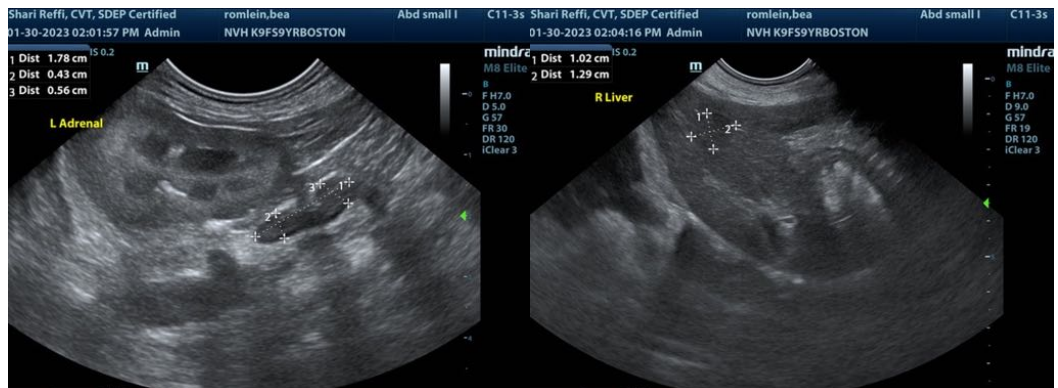
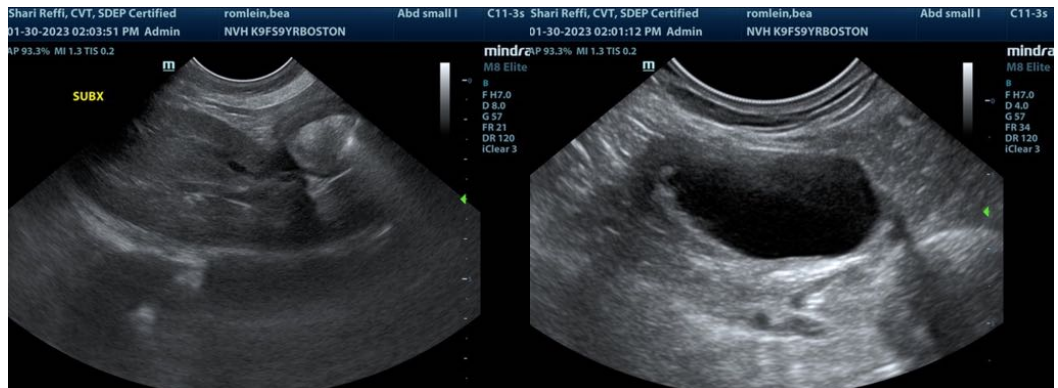
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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