

**DATE PRESENTING CLINICAL SIGNS**

10/6/2021

On and off urinary tract infection since May 2021. Dog has three legs and is overweight. Responds readily to amoxi/clavulate but then signs return. Unable to get cysto samples. Bladder radiographs showed no signs of stones 8-2021. Was last treated with amoxi/clavulate on 8-24-2021- for three weeks. Culture of urine after off antibiotics for 1 week (free catch) grew proteus 100k on 9-22-2021. No signs of urinary tract infections signs per owner at this time.

PATIENT

Wobbly Rose

Lab Results & Radiographs: Attached and Above.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Sedation not required.
 Stat Report: Stat report not requested by DVM.

SPECIES

Canine

BREED

Pointer

SEX

Female, spayed

AGE

2018

WEIGHT

39 lbs.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is mildly distended. The wall in the region of the apex is severely thickened (up to 1.13 cm), irregular and heterogeneous with a few foci of mineralization. The wall tapers to a normal thickness as it extends toward the urinary bladder neck. A 0.49 cm cystic calculus is observed. A scant amount of echogenic debris is observed within the lumen. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (5.06 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. A few tiny nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal size (6.28 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. 1-2 small nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

INTERPRETED BY

Andrea Nicastro, DVM,
 Diplomate ACVIM
 (Small Animal Internal
 Medicine)

Adrenal Glands

The left adrenal gland is normal size (0.39 cm at cranial pole) (0.50 cm at caudal pole) (1.75 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

HOSPITAL NAME

PetVet of Clarksville

The region of the right adrenal gland is evaluated. No obvious pathology is observed. To better evaluate the right adrenal gland, sedation would be needed.

Spleen

The spleen is normal in size (1.54 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

REFERRING VET

Dr. Martof

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

12296

Gastrointestinal

The gastric lumen is distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal

layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

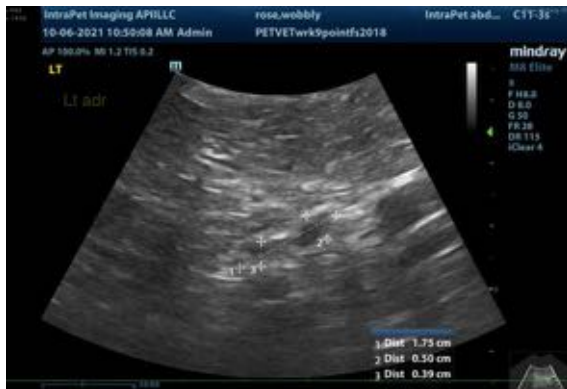
ULTRASONOGRAPHIC FINDINGS

- Cystic calculus with bladder wall changes consistent with cystitis (although the wall thickness may be somewhat exaggerated due to lack of full repletion).
- Bilateral nephrolithiasis, non-obstructive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A cystotomy with stone removal, analysis and culture is recommended. Alternatively, medical dissolution of the stones can be considered with a prescription renal diet and broad-spectrum antibiotic therapy. If there is no improvement in stone size after 4 weeks of therapy, a cystotomy should be reconsidered. If the stone size is reduced, continue therapy until complete dissolution has been achieved.
- Given the young age of the patient, pre and post prandial serum bile acids are recommended to assess for hepatic dysfunction, which can be associated with ammonium urate stones.







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.

Andrea Nicastro, DVM, Diplomate ACVIM (*Small Animal Internal Medicine*)
Andrea.nicastro@sonopath.com