

PATIENT PRESENTING CLINICAL SIGNS

Zoe Bronson
History: Zoe Bronson 12 YO FS Norwegian Elkhound mix 51# Three UTIs over past 9 months, most recent one in 2/22. Treated with Amoxi/ Clav acid x 10 days, UTI symptoms recurred after ABs were finished. Cultured E.coli, sensitive to all ABs tested. Pt has history of Lyme disease which was successfully treated 1 year ago. Recent blood panel was unremarkable, abdominal radiographs also unremarkable. Rule out bladder neoplasia or radiolucent calculi

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Norwegian Elkhound mix

The urinary bladder is moderately distended. The wall is mildly thickened in the region of the apex (up to 0.39 cm) with a slightly irregular mucosal surface in this region. The wall tapers to a normal thickness at it extends toward the urinary bladder neck. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

SEX

Female, spayed

The left kidney is normal size (6.30 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

12 Years

The right kidney is normal size (6.80 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

51 Pounds

Adrenal Glands

The left adrenal gland is normal size (0.69 cm at cranial pole) (0.67 cm at caudal pole); 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.

The right adrenal gland is normal size (0.92 cm at cranial pole) (0.68 cm at caudal pole) (3.25 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.

INTERPRETED BY

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(Small Animal Internal
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IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

Incline VH

The spleen is normal in size (1.69 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. Moger

Liver

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

INVOICE

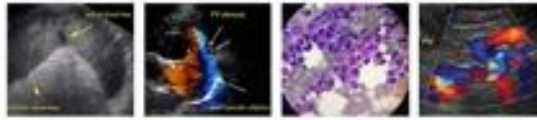
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Gastrointestinal

DATE

4/18/22

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The



PATIENT
 Zoe Bronson

pyloric outflow tract is patent. 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.

SPECIES
 Canine

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.

BREED

Free Abdomen

Norwegian Elkhound mix

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

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ULTRASONOGRAPHIC FINDINGS

- The urinary bladder wall changes in the region of the apex are suggestive of mild cystitis.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Minor bilateral age-related renal changes.

*An obvious cause for the patient's recurring urinary tract infections is not identified in this study.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- A prolonged antibiotic course (i.e., 3-4 weeks) may be warranted. Consider a urine culture and sensitivity halfway through the treatment regimen and again 5-7 days after the last dose of antibiotics.
- Also consider initiation of a cranberry supplement (i.e., Cranadin).
- Evaluation of the external genitalia for predisposing factors should also be considered along with the use of baby wipes following each voiding and bowel movement.

HOSPITAL NAME

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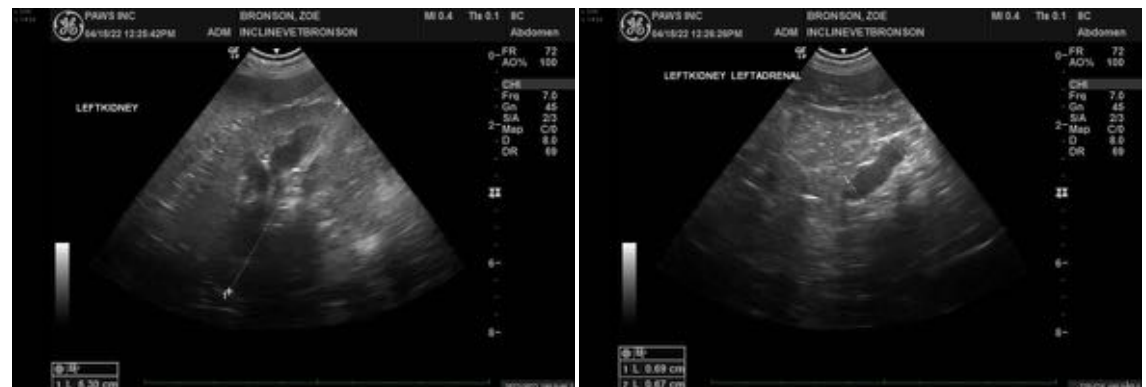
Dr. Moger

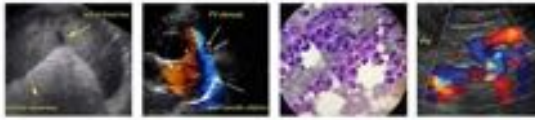
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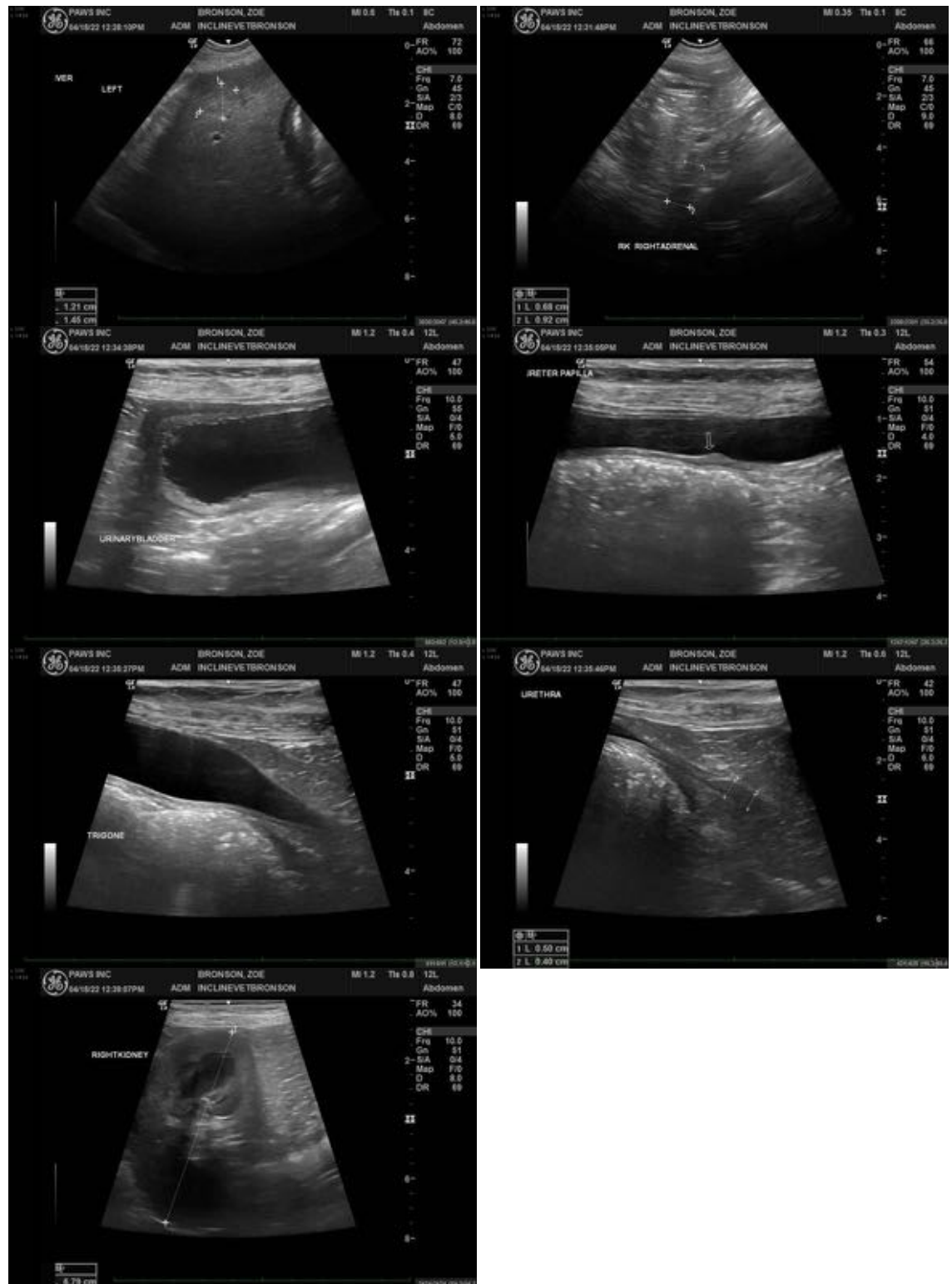
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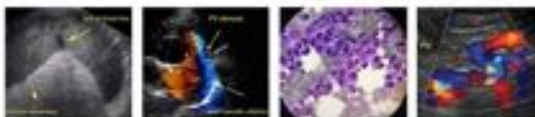
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The information and recommendations provided are based on the images presented by the referring



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veterinarian/sonographer. 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.

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