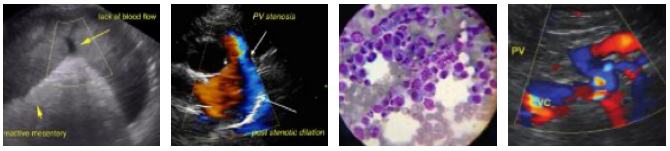
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Dora Zhikova

SPECIES
Canine

BREED
Boxer

SEX
Female, intact

AGE
7 Months

WEIGHT
50.7 lbs.

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

IMAGING PERFORMED BY
Kelly Vazquez , CVT

HOSPITAL NAME
Ringwood AH

REFERRING VET
Dr. Wilkes

INVOICE
14447

DATE
1/16/23

PRESENTING CLINICAL SIGNS

History: History of intermittent diarrhea and klebsiella UTI with increased resistance after treatment with Cefo and Clavamox. Rule out congenital issue such as ectopic ureters. Current med: Cefpodoxime 200mgs.
Abnormal PE/Chem/CBC/UA Results: U/A: pH 7., 30-50 WBC, marked rods and cocci; culture > 100k klebsiella pneumoniae.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.55 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal size (6.63 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.44 cm at caudal pole) (1.93 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.

The right adrenal gland is normal size (1.23 cm at cranial pole) (0.65 cm at caudal pole) (2.22 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.

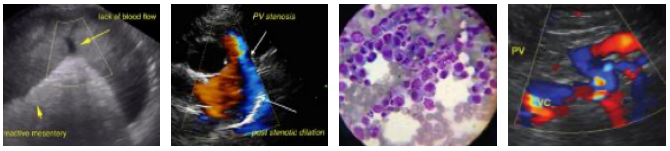
Spleen

The spleen is normal in size (1.88 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.

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.

Gastrointestinal



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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 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.

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. A few prominent mesenteric lymph nodes are visualized, the largest measuring 1.87 cm in length. The nodes are normal in shape and echogenicity.

Other

The uterine body is visible and is normal in size (0.99 cm in width). No obvious pathology is seen.

ULTRASONOGRAPHIC FINDINGS

- The abdominal lymphadenopathy could be consistent with immunologic immaturity, reactive lymphadenitis or lymphoid hyperplasia. Infiltrative neoplasia is possible but considered unlikely.

*An obvious cause for the patient's urinary tract infections is not identified in this study. Considerations include underlying pyelonephritis, anatomic malformation (i.e., recessed vulva), vaginal pathology (i.e., foreign body, polyp, other), microscopic defect in the urinary bladder glycosaminoglycan layer, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Baseline lab work including a CBC and chemistry panel, is recommended to assess metabolic function, if not already performed.
- Thorough evaluation of the external genitalia is recommended to assess for anatomic defects, etc.
- A more prolonged antibiotic course (i.e., 3-4 weeks) may be warranted with a urine culture midway through the treatment regimen to assess for the development of resistance.
- If the patient is exhibiting signs of ectopic ureters (i.e., urine dribbling, urine scalding) consider a contrast abdominal CT scan +/- cystotomy to further asses for this congenital defect.
- Regarding the patient's diarrhea, consider the following:
    1. Fecal evaluation for ova and Giardia, if not already performed.
    2. Fecal PCR infectious disease panel.
    3. Prophylactic deworming with Fenbendazole.

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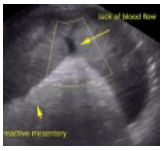
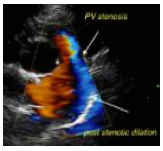
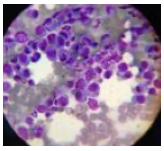
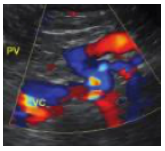

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4. GI panel including serum cobalamin, folate, TLI and PLI.
5. Resting cortisol level to screen for hypoadrenocorticism.
6. 6-week limited antigen or hydrolyzed protein diet trial.
7. +/- GI biopsies.
8. Also consider initiation of a probiotic as well as a fiber supplement.






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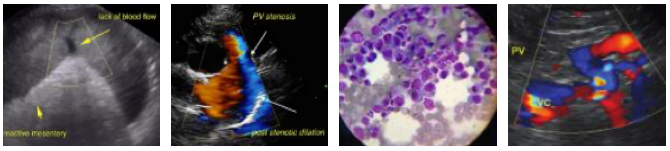

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com