

PATIENT PRESENTING CLINICAL SIGNS

Stryder Southworth chronic UTI- treated with amoxicillin but returned once off ABs. Hematuria- some history of straining to urinate-

SPECIES Abnormal PE/Chem/CBC/UA Results: LABS attached (UA, Chem and CBC)

Canine **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

Terrier X
SEX The urinary bladder is adequately distended with primarily anechoic contents and large amount of echogenic and some crystalline or non-shadowing debris. The apical urinary bladder wall is diffusely thick, measuring 0.70 cm. The mucosa is hyperechoic and irregular. There is a hyperechoic interface along the ventral bladder wall with reverberation artifact, consistent with emphysematous cystitis. There is what appears to be mineral sand/debris accumulated along the dependent wall, just proximal to the prostate, measuring 1.0 cm long at the base, extending 0.30 cm into the lumen of the urethra. No visible vascularity is noted. However, a tissue nodule cannot be definitively ruled out.

Neutered Male

AGE

5 Years Prostate is normal in size, echotexture and echogenicity for a neutered male.

WEIGHT

66 Pounds

The right kidney is normal in size (6.79 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

The left kidney is normal in size (6.93 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

IMAGING BY

The right adrenal gland is normal in size (0.98 cm at the cranial pole and 0.84 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Loetitia Saint-Jacques,
LVT

The left adrenal gland is normal in size (0.71 cm at the cranial pole and 0.74 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Peavine AH

Spleen

REFERRING VET

Dr. David Baggett

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

INVOICE

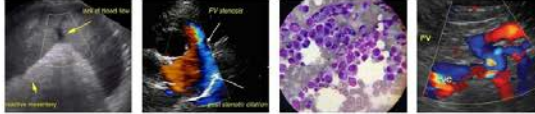
43485

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly

DATE

12/14/22



PATIENT

Stryder Southworth

coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

SPECIES

Canine

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

Terrier X

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

SEX

Neutered Male

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

AGE

5 Years

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

WEIGHT

66 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

The sublumbar lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

Enhanced hyperechoic mesenteric fat is seen just cranial to the urinary bladder wall.

IMAGING BY

Loetitia Saint-Jacques,
LVT

ULTRASONOGRAPHIC FINDINGS

- Emphysematous cystitis with concurrent mineral/sand debris
- **Reactive sublumbar lymph nodes** – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

HOSPITAL NAME

Peavine AH

REFERRING VET

Dr. David Baggett

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

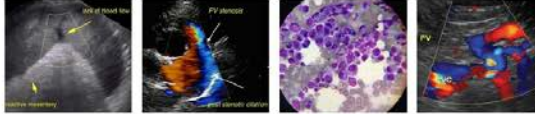
This recurrent urinary tract infection may truly be a recurrent urinary tract infection, or it may be a persistent urinary tract infection that has not fully cleared. Therefore, recommendations are to begin antibiotics based on culture and sensitivity results and treat long-term as a complicated urinary tract infection, including a 4-6 week course of antibiotics based on culture and sensitivity results, followed by a 2nd culture a week to 10 days into therapy to ensure that there is no presence of secondary bugs, etc., as well as a final urine culture a week to 10 days after finishing

INVOICE

43485

DATE

12/14/22



Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com 530-786-8340

PATIENT

Stryder Southworth

antibiotics to ensure that the infection has fully cleared. Given the emphysematous nature of this cystitis, ultrasound monitoring could also be used to help confirm that there is full visible resolution of the described pathology prior to discontinuing antibiotics.

SPECIES

Canine

If after that treatment course the infection comes back, then further recommendations would be made regarding working up a truly recurrent urinary tract infection, beginning with looking for signs of immunosuppression, cystoscopy for urethra and bladder sampling, etc.

BREED

Terrier X

SEX

Neutered Male

AGE

5 Years

WEIGHT

66 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Peavine AH

REFERRING VET

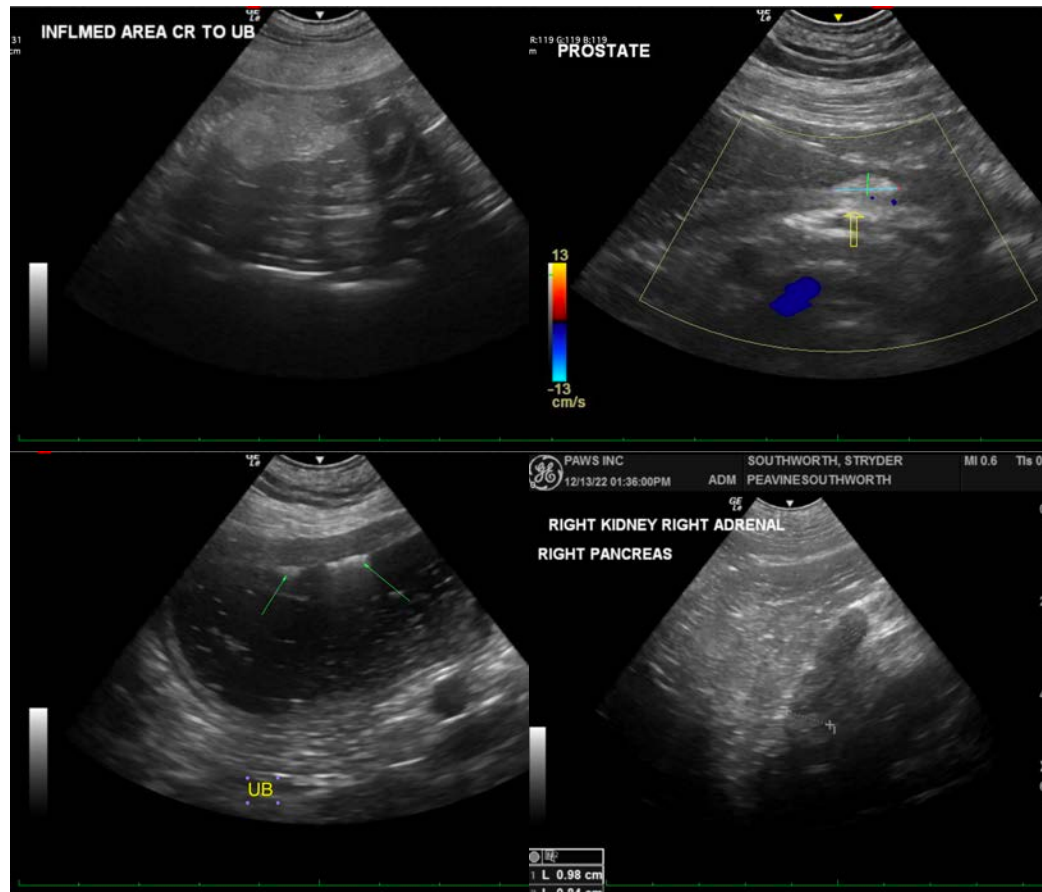
Dr. David Baggett

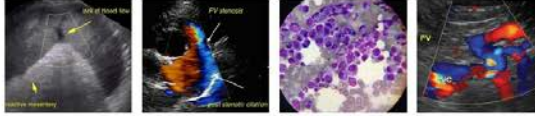
INVOICE

43485

DATE

12/14/22





Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com 530-786-8340

PATIENT

Stryder Southworth

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

5 Years

WEIGHT

66 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Peavine AH

REFERRING VET

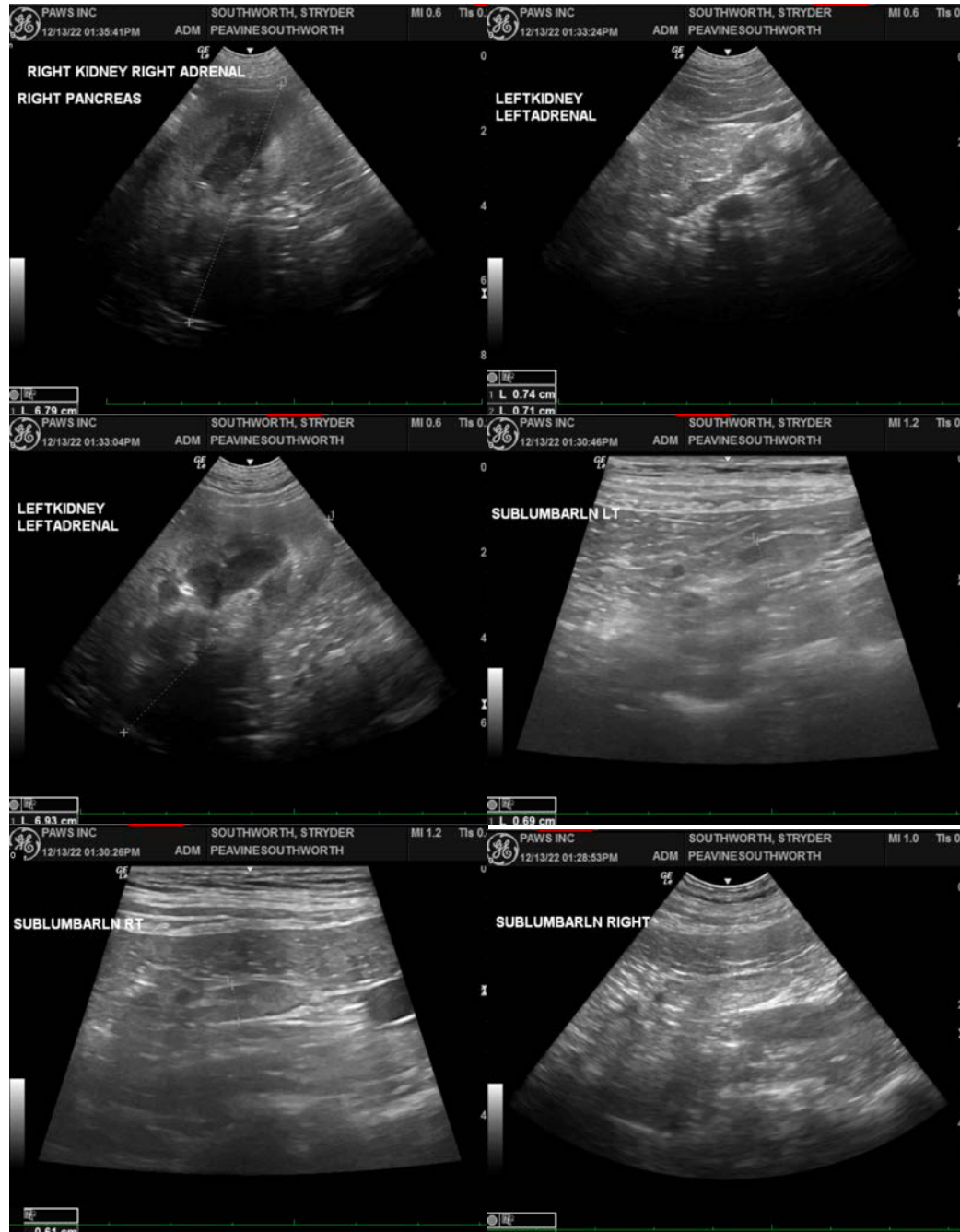
Dr. David Baggett

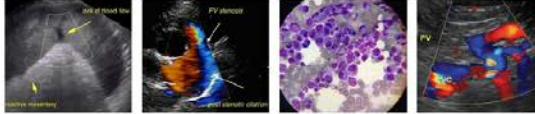
INVOICE

43485

DATE

12/14/22





Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com 530-786-8340

PATIENT

Stryder Southworth

SPECIES

Canine

BREED

Terrier X

SEX

Neutered Male

AGE

5 Years

WEIGHT

66 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING BY

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

Peavine AH

REFERRING VET

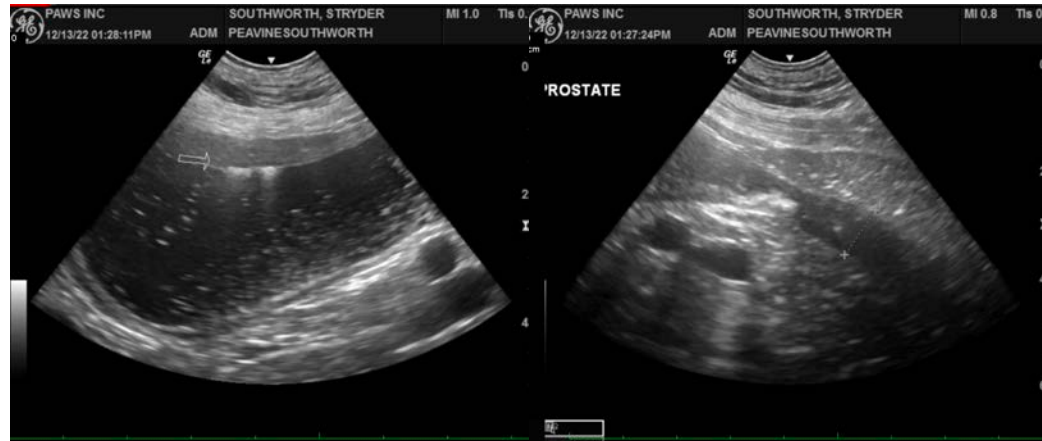
Dr. David Baggett

INVOICE

43485

DATE

12/14/22



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com