



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kaluna Piersma
History: Reoccurring bladder infections. Vaginal licking. Urinary infections seem to rectify when on antibiotics, but return soon after stopping. At this time, seems lethargic and is sleeping more. Was on Clavaseptin starting Dec 8/22 25mgBID for 14 days.

SPECIES

SPECIES Canine
Abnormal PE/Chem/CBC/UA Results: No rads. U/A shows increased levels of WBCs and RBCs. Culture and Sens results showed proteus mirabilis(sensitive to the Clavaseptin that she is on)

BREED

BREED Husky X Collie

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

SEX Spayed Female
Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.6 cm thick). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

AGE

AGE 10 Years
Left kidney is normal is size (5.64 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.

WEIGHT

WEIGHT 42 Pounds
Right kidney is normal is size (5.46 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

INTERPRETED BY

INTERPRETED BY Beth Johnson, DVM, DACVIM (SAIM)
Left adrenal gland is normal in size (2.43 cm long x 0.59 cm at cranial pole and 0.68 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Right adrenal gland is normal in size (1.86 cm long x 1.32 cm at cranial pole and 0.68 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Crystal Hill

Spleen

HOSPITAL NAME

HOSPITAL NAME Hillview VC
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.

REFERRING VET

Liver

REFERRING VET Dr. Stevenson
LIVER Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

INVOICE

INVOICE 20202
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.

DATE

Gastrointestinal

12/19/22



PATIENT

Kaluna Piersma

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

SPECIES

Canine

The visible small intestines are normal in wall thickness and layering. 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.

BREED

Husky X Collie

The visible colon is normal in wall thickness and layering. Contents are consistent with normal formed feces and gas.

SEX

Spayed Female

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

AGE

10 Years

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

42 Pounds

- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Beth Johnson, DVM,
DACVIM (SAIM)

This patient recurrent urinary tract infection, given the evidence of chronic cystitis, may be a persistent non-fully cleared infection versus a truly recurrent infection. Therefore, recommendations include treatment as a complicated urinary tract infection based on the recently obtained culture and sensitivity results. This includes a longer, i.e., 4–6-week course of therapy with a second culture 7-10 days after starting antibiotics, to look for evidence of any secondary bacteria, etc., as well as a final culture, a week to 10 days after finishing antibiotics to assure full clearance. If the infection returns at that time, further investigation for predisposing causes is recommended, including potentially, cystoscopy with deep tissue culture and histopathology. However, given this patients vaginal licking, the licking could be the predisposing cause of the urinary tract infection due to a perivulvular dermatitis, atopy, etc., or the results of a urinary tract infection and it's difficult to say which at this time. Therefore, other empirical therapeutic considerations, however, could include transition to a hydrolyzed protein diet, especially if there is evidence of pruritis elsewhere and/or potentially a probiotic, such as Fortiflora.

IMAGING PERFORMED BY

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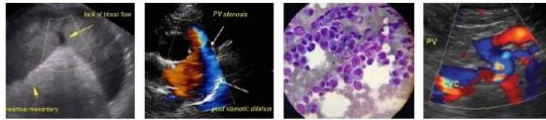
12/19/22



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.

Beth Johnson, DVM DACVIM



PATIENT

Beth.Johnson@SonoPath.com

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