

**PATIENT**

Saige Defrane

SPECIES

Canine

BREED

Australian Shepherd

SEX

Intact Female

AGE

6 Months

WEIGHT

44.2 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Richards

INVOICE

45399

DATE

2/21/23

PRESENTING CLINICAL SIGNS

Current Medications: Cefpodoxime 100mg for skin, Douxo Pyo wipes to clean vulva Trazodone Patient History: Recurrent UTI symptoms, pustules around vulva/recurrent vaginitis Hx of mild bacterial growth on cultures, mild pyuria. Clinical signs seem to improve a little after course of amoxi, but return a month later. Struvite crystals seen at one visit but resolved after diet change (O was feeding adult food, changed to Royal Canin Puppy). Most recent free catch UA shows mild hematuria, moderate pyuria, mild bacteriuria (cocci). Have discussed importance of checking cysto vs free catch as some changes may be related to vaginitis. BW done at another hospital prior to P being seen here - small panel was unremarkable ***Plan to do U/S guided cysto today while P is sedate - have been unable to safely do this at past visits due to behavior

Abnormal PE/Chem/CBC/UA Results: Pustules around vulva, recurrent UTI symptoms. Most recent exam done 2/15/23: P did vomit small amount of bile and maple helicopter seeds seen when excited for exam/pulling on lead to get to assistant Patient is nonpainful on abdominal palpation, does not appear nauseous Juvenile vulva, NEW- several moderately raised, red pustules noted around vulva folds- worse on R side. Skin looks worse compared to last exam, O does not feel that P licks a lot, but unclear while crated Improved- P did not urinate today in exam room (urinated several times at last visit). No accidents in home. Do not feel P is incontinent, but cannot rule out ectopic ureters or other congenital causes for recurrent issues. No palpable bladder stone and less likely with age, but rec ruling out with imaging. Clarified on freq of urination- P does ask to go outside a lot (every hour), but unclear if this is truly due to needing to urinate vs wanting to run/play/be outside/get treat reward etc. O mentioned that P is able to hold urine overnight or if left in crate when they go out.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. There is no visible evidence of ectopic ureters, and at least one of the ureteral papillae is observed to be entering in the normal anatomic location.

The right kidney is normal in size (6.61 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.

The left kidney is normal in size (6.42 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.

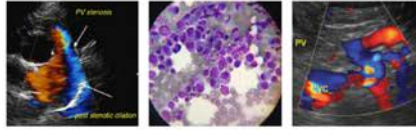
Adrenal Glands

The right adrenal gland is normal in size (0.39 cm at the cranial pole and 0.47 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.31 cm at the cranial pole and 0.36 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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.

**PATIENT**

Saige Defrane

SPECIES

Canine

BREED

Australian Shepherd

SEX

Intact Female

AGE

6 Months

WEIGHT

44.2 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Richards

INVOICE

45399

DATE

2/21/23

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 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.

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.

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.

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

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.

Free Abdomen

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

The mesenteric and medial iliac 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.

Both ovaries are visualized without evident ovarian pathology.

ULTRASONOGRAPHIC FINDINGS

- **Reactive mesenteric and medial iliac lymph nodes** – This is most likely a normal puppy variant versus a true pathologic change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As is reportedly already planned, a sterile cystocentesis obtained urine sample is recommended to rule out changes associated with the urinary tract versus puppy vaginitis, after which a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

In the meantime, try to avoid oral antibiotics if possible and treat the perivulvar pyoderma topically if possible. Additionally, a probiotic such as fortiflora versus other could be considered. If there is any allergic component to the skin licking believed to be clinically relevant, a diet transition to a hydrolyzed protein diet could also be considered to see if that helps to improve clinical signs, knowing that some patients response better to one brand over another, so sometimes several trials are necessary.

IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



PATIENT

Saige Defrane

SPECIES

Canine

BREED

Australian Shepherd

SEX

Intact Female

AGE

6 Months

WEIGHT

44.2 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

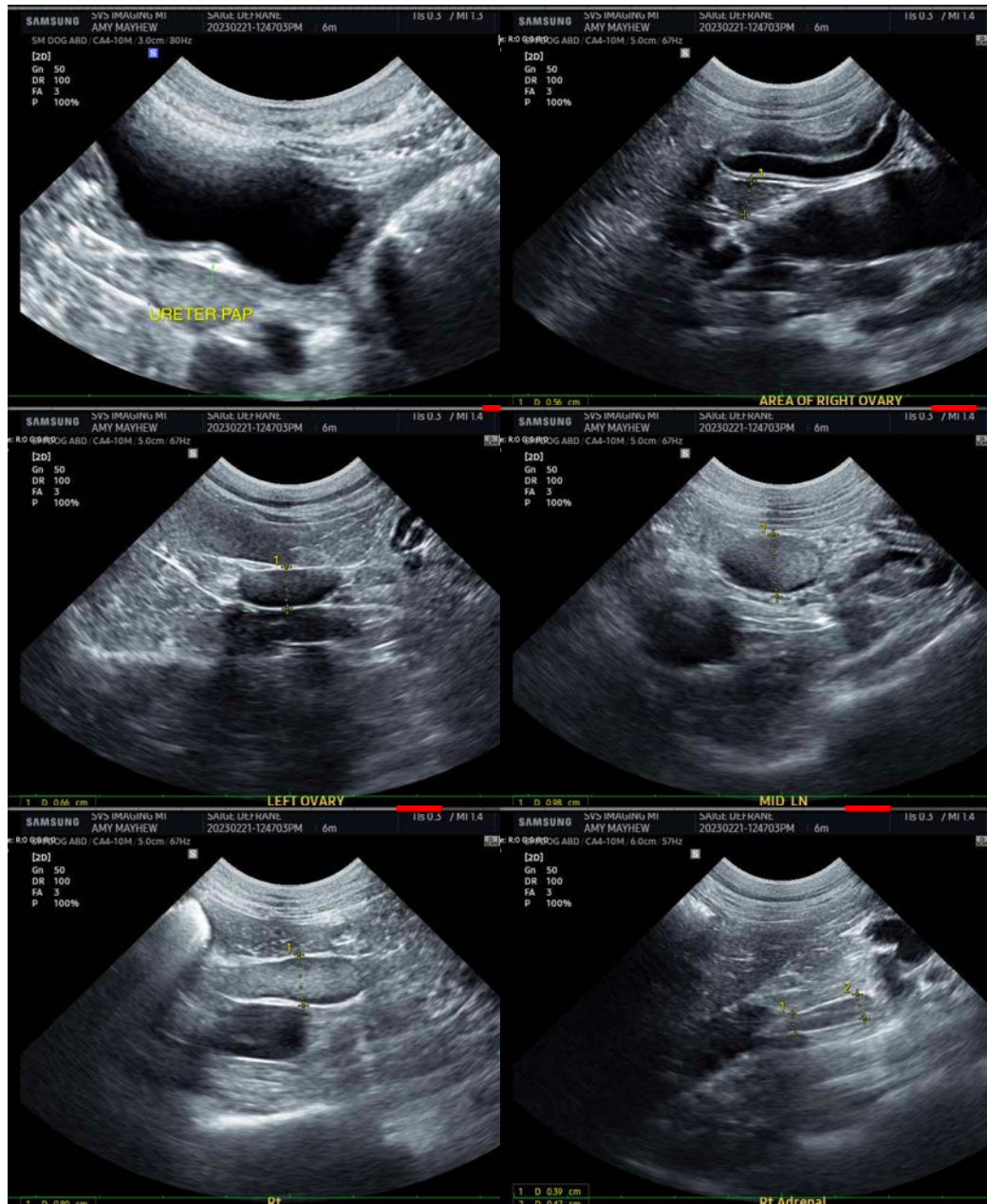
Dr. Richards

INVOICE

45399

DATE

2/21/23



IMAGING PERFORMED BY

SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Saige Defrane

SPECIES

Canine

BREED

Australian Shepherd

SEX

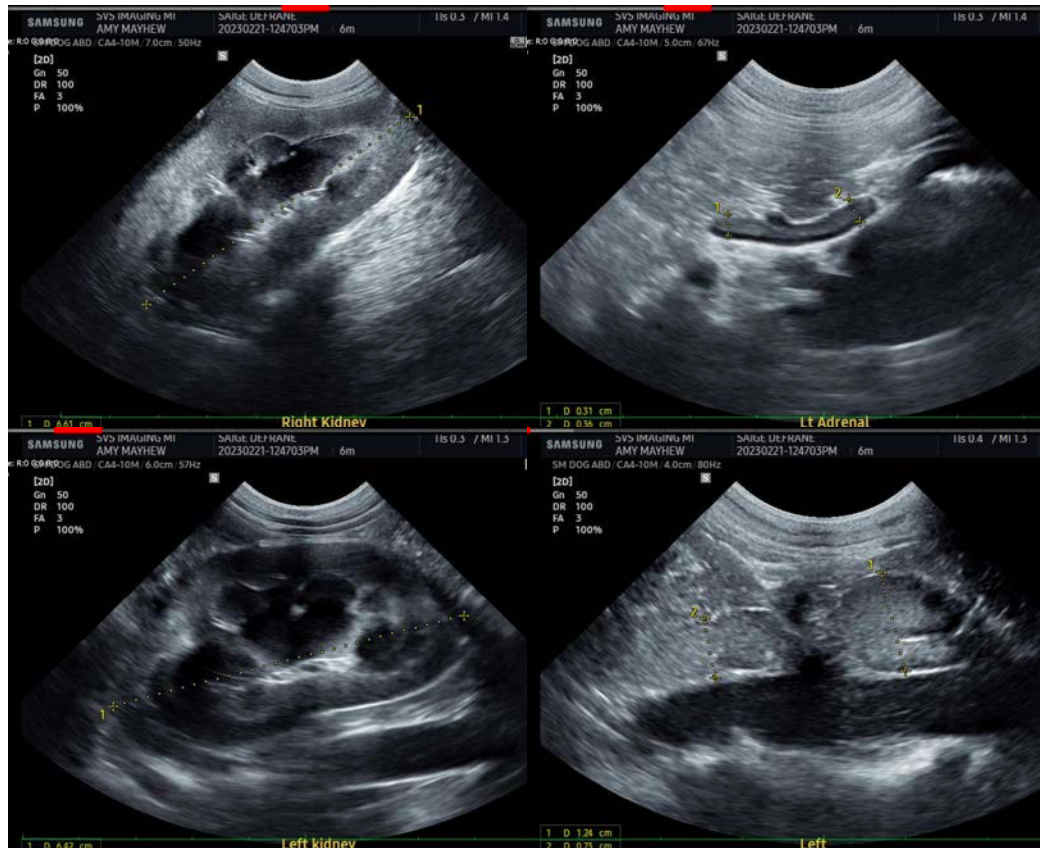
Intact Female

AGE

6 Months

WEIGHT

44.2 Pounds



INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Richards

INVOICE

45399

DATE

2/21/23

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