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Clinical Sonography & Telecytology
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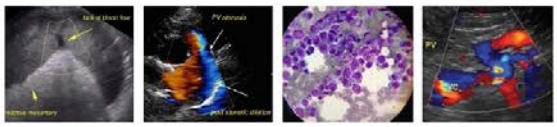


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT
Nova Wildfang

SPECIES
Canine

BREED
Golden Retriever

SEX
Spayed Female

AGE
6 Years

WEIGHT
32 kg

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Crystal Hill

HOSPITAL NAME
Governors Road AH

REFERRING VET
Dr. Dogar

INVOICE
46665

DATE
4/13/23

PRESENTING CLINICAL SIGNS

PE - BAR, normal abdominal palpation, hooded vulva. Noting recurrent UTIs with resistance. Finished Sulfadiazine/Trimethoprim 400mg/80mg and now starting Simplicef.

Abnormal PE/Chem/CBC/UA Results: U/A shows struvite crystals, most recent Culture pos for E. Coli, previous culture poss for Proteus Mirabilis. No rads.

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.

The right kidney is normal in size (6.57 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 (6.65 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 (1.79 cm long x 1.47 cm at the cranial pole and 0.75 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 (2.42 m long x 0.50 cm at the cranial pole and 0.50 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.

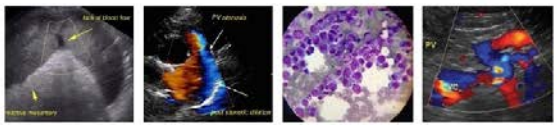
Liver

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.



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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.

There is no apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

- Relatively unremarkable/normal abdomen without an ultrasonographically visible explanation for the patient's reported recurrent urinary tract infections.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not already done, treat this infection based on culture and sensitivity results as a complicated urinary tract infection, meaning a longer-term treatment (4-6 weeks), including a follow up culture a week to 10 days after starting antibiotics to ensure no change in resistance, no secondary bugs, etc., as well as a final culture a week to 10 days after finishing antibiotics to ensure the infection has fully cleared. If, at that time, after a treating a persistent complicated infection, the infection returns and is truly recurrent, further evaluation for underlying causes is recommended, beginning with a general metabolic health screen in the form of a CBC/Chem panel and electrolytes.

Additionally, given the reported hooded vulva, if this patient is overweight, weight management could be instituted, and potentially surgical correction of the hood vulva.

In the meantime, if tolerated, transition to a urinary health diet/crystal stone prevention diet could be considered.

Ultimately, if clinical signs persist, referral for consultation with a veterinary internist or advanced imaging such as a contrast CT scan or even cystoscopy may ultimately be warranted.

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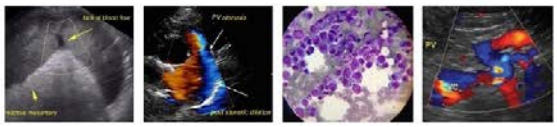

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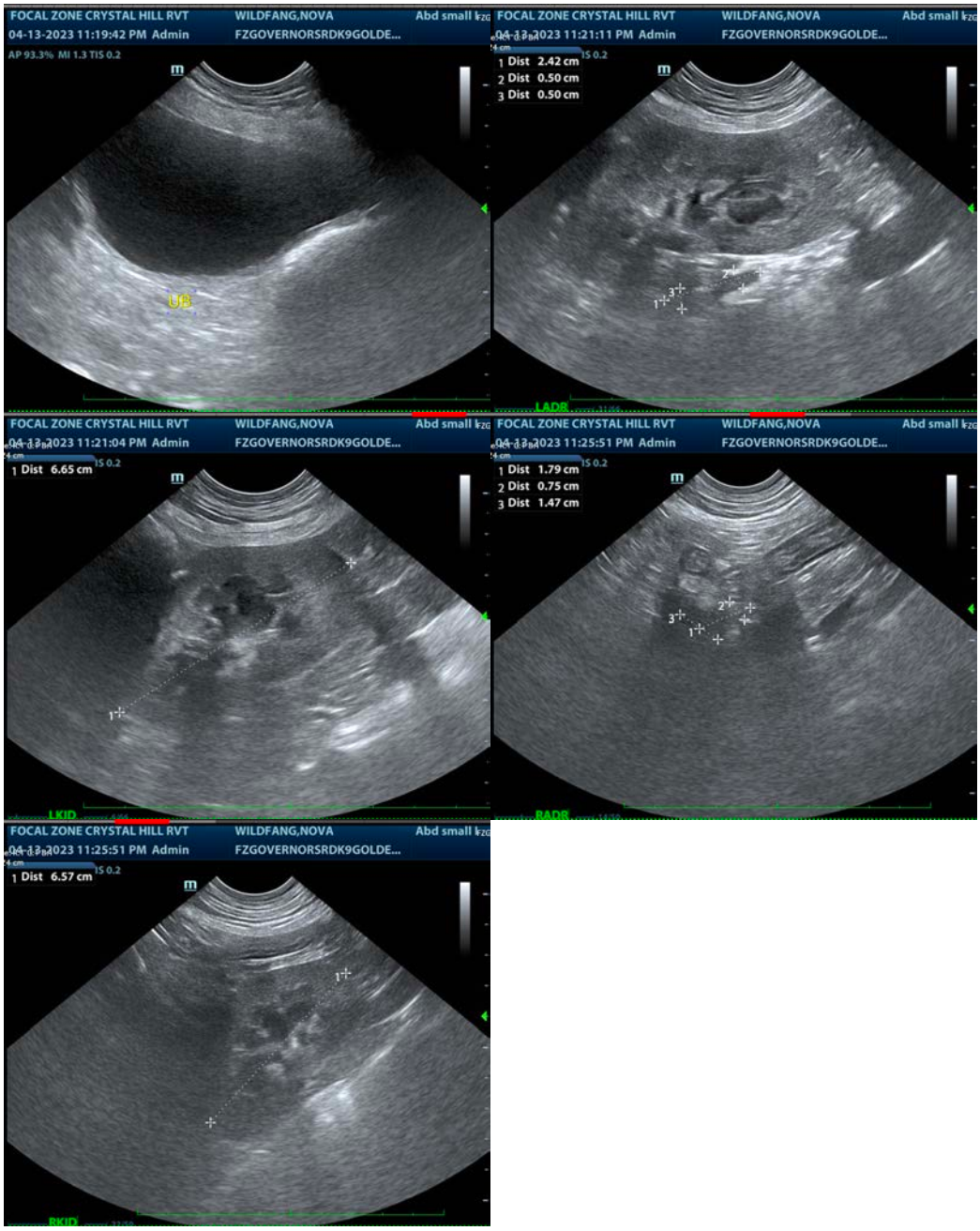

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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