



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Lucy Hodde

SPECIES
Canine

BREED
Labrador Mix

SEX
Spayed Female

AGE
14 years

WEIGHT
62 lbs

INTERPRETED BY
Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY
Dr. Bush

HOSPITAL NAME
Great Miami VC

REFERRING VET
Dr. Bush

INVOICE
99452

DATE
4/21/22

Has presented for urinary issues that started in January of this year. She was treated and the infection appeared resolved. She was seen again 2 weeks ago when she had many rods in her urine. She was treated with Ciprofloxacin and again appears to have resolved, but the bladder continues to appear irregular.

Abnormal PE/Chem/CBC/UA Results: BAR, panting, pot-bellied appearance. January of 2021 weighed 72 pounds, lost 10 pounds noted in December of 2021 and has stayed stable at 62 pounds since. Blood work done in July (when down 5 pounds) and January 2022 (when down to 62 lb) normal on both occasions. Discomfort on palpation of caudal abdomen/bladder noted at time of dx of infection (2 weeks ago) resolved. Current U/A USG 1.040, 1 WBC/HPF, 3 RBC/HPF, Protein 100. This U/A and previous U/A attached Urine culture submitted

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick. The bladder wall measures 0.48 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. In the first video there is an echogenic density coming from the trigone extending into the lumen of the bladder with a hyperechoic, homogenous appearance with an irregular shape that is not repeatable in any of the following images.

Left kidney is normal in size (6.5 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Right kidney is normal in size (6.9 cm) and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased echogenicity and mild loss of corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- 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.
- In the first video there is an echogenic density coming from the trigone extending into the lumen of the bladder with a hyperechoic, homogenous appearance with an irregular shape that is not repeatable in any of the following images. Rule outs include inflammatory debris, mucous cells, etc. potentially eliminated during the reported mid ultrasound voiding versus tissue which is considered less likely given the lack of repeatability.
- Age related kidney change – This finding is expected/consistent with age-related mild degenerative disease and should be interpreted clinically in combination with laboratory changes.



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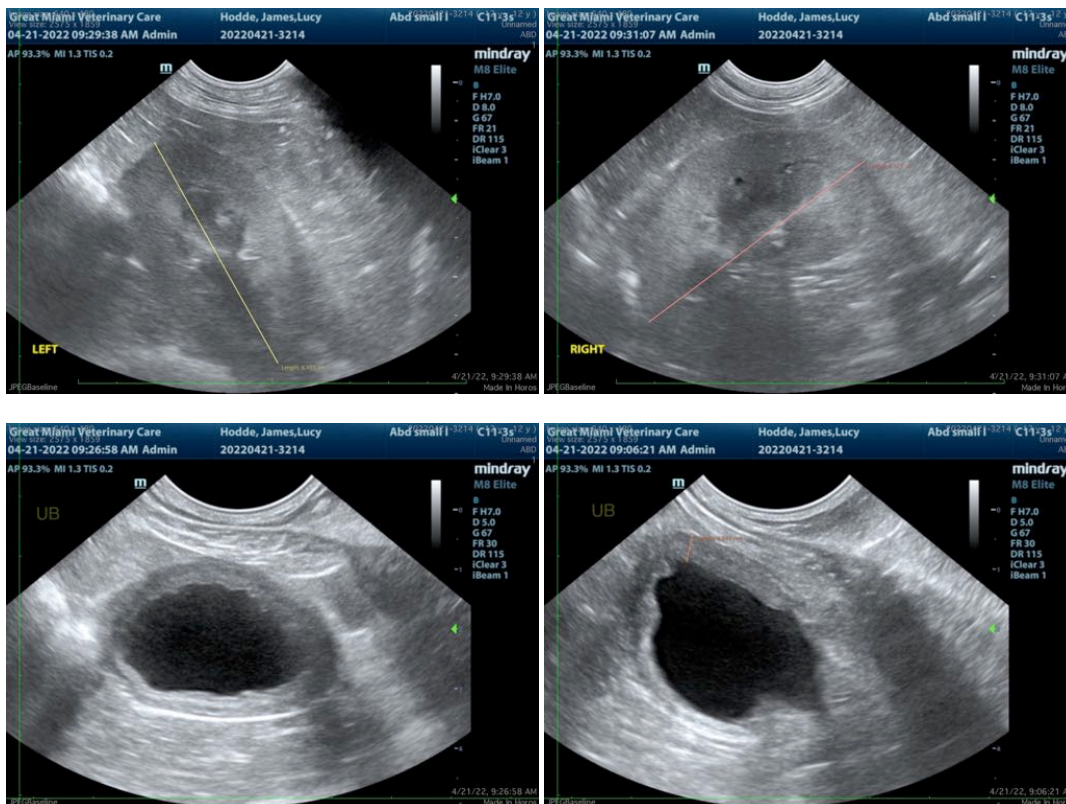
DATE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations for this patient include the reported pending urine culture and treating the presumed urinary tract infection as a complicated urinary tract infection based on culture results with a longer potentially 4-6 week course of antibiotics, given the immediate recurrence after the last antibiotics were discontinued including a mid treatment culture to assure that all bacteria are being cleared and ending with a final urine culture a week after finishing antibiotics to ensure that the infection has fully cleared. If this is a persistent urinary tract infection it should result in improvement. If this is a recurrent urinary tract infection and it returns after treatment as a complicated UTI recommendations include:

- Evaluating for underlying causes such as hyperadrenocorticism, if appropriate clinical signs are present or reevaluating the bladder at that time for a recurrence, change or progression in the echogenic density described in this report. If the density is present at that time after clearing the urinary tract infection, recommendations are to submit urine to look BRAF gene mutation which is associated with urinary bladder cancer.





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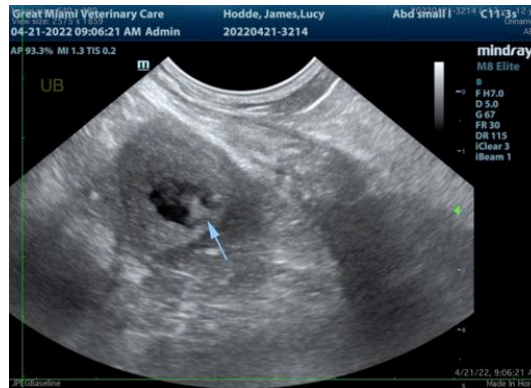
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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