

**DATE PRESENTING CLINICAL SIGNS**

5/20/22

Chronic intermittent hematuria and UTI. Prev AUS with sonopath in 2020 showed thickened bladder walls consistent with chronic cystitis. P recently presented with hematuria with no bacteria and quiet sediment aside from crystals. Urine culture had no growth. Brief ultrasound scan of bladder showed mass-like effect on ventral bladder wall. X-ray did not show evidence of stones. Hematuria improved on antibiotics. P also has a history of allergic dermatitis and has been on Temaril-P, apoquel, and cytopoint at various times in the past. Most recently P has been on low dose of Temaril-P.

PATIENT

Lady Hall

SPECIES

Canine

BREED

Chihuahua X

SEX

Spayed Female

AGE

4/1/12

WEIGHT

8.8 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**Stephanie Pearce
RDCS, RVT**HOSPITAL NAME**

Greenbrier Vet Clinic

REFERRING VET

Dr. Whitfield

INVOICE

37805

Current Medications: Clavamox 62.5 mg (~13.75mg/kg) q12 for 7 days; started 5/5/22. Apoquel 0.45 mg/kg SID; started 5/5/22. Will be pre-medicated with Gabapentin.
 Lab Results: UA - 1.049, pH 8.0, 2+ protein, 0-2 RBC and WBC, no bacteria, rare epithelial cells, 4+ ammonium phosphate crystals
 Urine culture - no growth. Last bloodwork completed in winter 2021 within normal limits.
 Date of Previous IntraPet Ultrasound: 11/10/20. See attached.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely 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. The bladder measures 0.25 cm thick.

The right kidney is normal in size (3.61 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 (3.45 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.

ULTRASONOGRAPHIC 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. The changes appear improved from the ultrasound in 2020.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given this patient's history of urinary tract infection, currently alkaline urine with struvite crystals and response to antibiotics, an infectious cause is suspected, despite a negative urine culture. Chronic urinary tract infections could be secondary to steroid use for the reported allergies. Considerations could include empirical therapy with longer term treatment of antibiotics for at least 4 weeks, followed by a final urine culture 1 week after finish antibiotics, versus ideally cystoscopy would be performed for deep tissue histopathology and deep tissue cultures to rule out an infection present deep in the wall not shedding into the urine.



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.

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