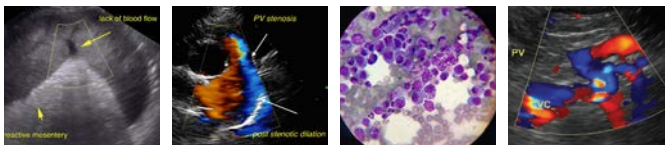
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT
Sadie Thompson

SPECIES
Canine

BREED
Australian Shepherd

SEX
Spayed Female

AGE
1 Year

WEIGHT
40.5 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Michelle Roche

HOSPITAL NAME
Fredon AH

REFERRING VET
Dr. Michelle Roche

INVOICE
40031

DATE
8/2/22

PRESENTING CLINICAL SIGNS

Urine accidents- stranguria, o sees blood on occasion. Dog routinely improves on antibiotics (has had multiple courses, amoxicillin, clavamox, baytril) but always recurs. Two negative urine cultures even when symptomatic.
Abnormal PE/Chem/CBC/UA Results: exam unremarkable UA >1.040, ph7, UBG 17 umol/L, WBC 4/hpf, rbc <1/hpf, CaOx: 1-5/hpf, struvite 6-20/hpf

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 (4.43 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 (4.86 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 (0.99 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.47 cm thick), 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

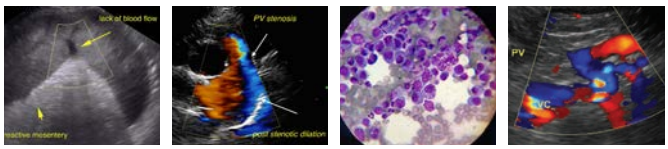
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal 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.

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



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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

- Unremarkable/normal abdomen without any visible explanation for the patient's recurrent lower urinary tract signs

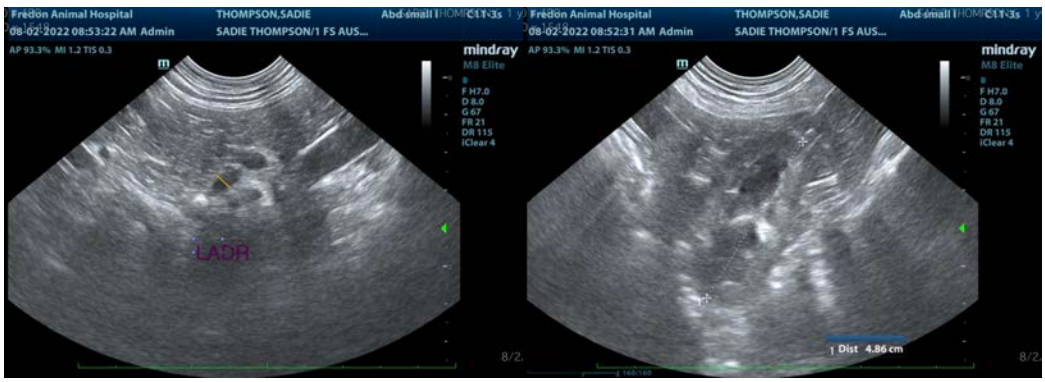
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a CBC/Chem panel and electrolytes, if not recently evaluated, to look for potential underlying causes for recurrent lower urinary tract signs.

If the reported negative urine cultures have been within a week or so of discontinuing antibiotics, then a culture while clinical signs are present at least a week to 10 days off of antibiotics is recommended to rule out false negative secondary to antibiotics. If a urinary tract is diagnosed based on culture, recommendations are to treat as a complicated urinary tract infection, including a 4-6 week course of antibiotics, including a recheck culture a week to 10 days into therapy to be sure no secondary pathogens are present at that time, and a final follow up culture a week to 10 days after finishing antibiotics to ensure full clearance and no return of the infection.

If these lower urinary tract signs cannot be attributed to an infection, then given the mild reported crystalluria, a diet transition to a bladder health diet such as Royal Canin S/O or similar could be considered.

Ultimately, if clinical signs persist, cystoscopy may be warranted for deep tissue culture and histopath.



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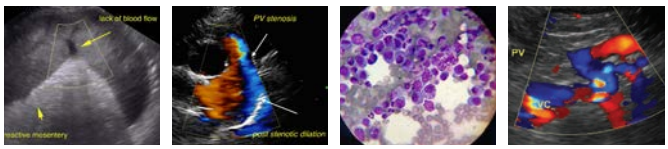

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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