



PATIENT

Josie Neumann

PRESENTING CLINICAL SIGNS

Chronic E. Coli > 100 K , minimal susceptibility and non-responsive to Ab Has tried Nitrofurantoin and baytril (both were susceptible) but neither cleared it. Has been clinical with squatting frequently.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC/Chem pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Greater Swiss Mountain Dog

Urinary System

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.

Right kidney is normal in size (6.5 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.

SEX

Female

Left kidney is normal in size (6.4 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.

AGE

22 Weeks

Adrenal Glands

Right adrenal gland is normal in size (2.5 cm long x 0.97 cm thick), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

WEIGHT

50 Pounds

Left adrenal gland is normal in size (0.44 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

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.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Liver

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.

HOSPITAL NAME

Ho-Ho-Kus VH

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.

REFERRING VET

Dr. Gannon

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.

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

Pancreas

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.

BREED

Greater Swiss Mountain Dog

Free Abdomen

There is no evidence of peritoneal effusion. Mild mesenteric lymphadenopathy is noted, which is considered normal/appropriate in a puppy of this age.

SEX

Female

The ovaries are visualized. The uterus is not visualized.

ULTRASONOGRAPHIC FINDINGS

AGE

22 Weeks

- 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

50 Pounds

Recommendations include assessing a full CBC and serum Chem with electrolytes (as is reportedly pending), and if not already obtained, performing a urine culture with a cystocentesis sample to rule out possible contamination from the reproductive tract that can occur with a free catch sample. If this is determined to be a true urinary tract infection based on a cystocentesis sample, then treatment as a complicated urinary tract infection is warranted, which include treatment with an antibiotic based on susceptibility followed by a recheck culture 5-7 days after starting antibiotics to be sure that the infection is cleared. Treatment for at least 2-3 weeks and as long as 4-6 weeks with opinions currently differing on appropriate treatment duration for complicated urinary tract infections, followed by a final culture one week after finishing antibiotics to be sure the infection has fully cleared.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Ho-Ho-Kus VH

Differentials for these recurrent/persistent urinary tract infections include an anatomical abnormality such as recessed vulva or ectopic ureters not visualized via ultrasound, and/or concurrent condition such as puppy vaginitis causing recurrent ascending infections.

REFERRING VET

Dr. Gannon

Recommendations include examination/assessment of potential puppy vaginitis, and if present, addition of a thorough hygiene routine to keep the area clean and minimize ascending infections as well as a probiotic such as Fortiflora would be recommended. If puppy vaginitis is not believed to be contributing, referral for cystoscopy and/or abdominal CT scan with contrast to look for ectopic ureters is recommended.

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HOSPITAL NAME

Ho-Ho-Kus VH

REFERRING VET

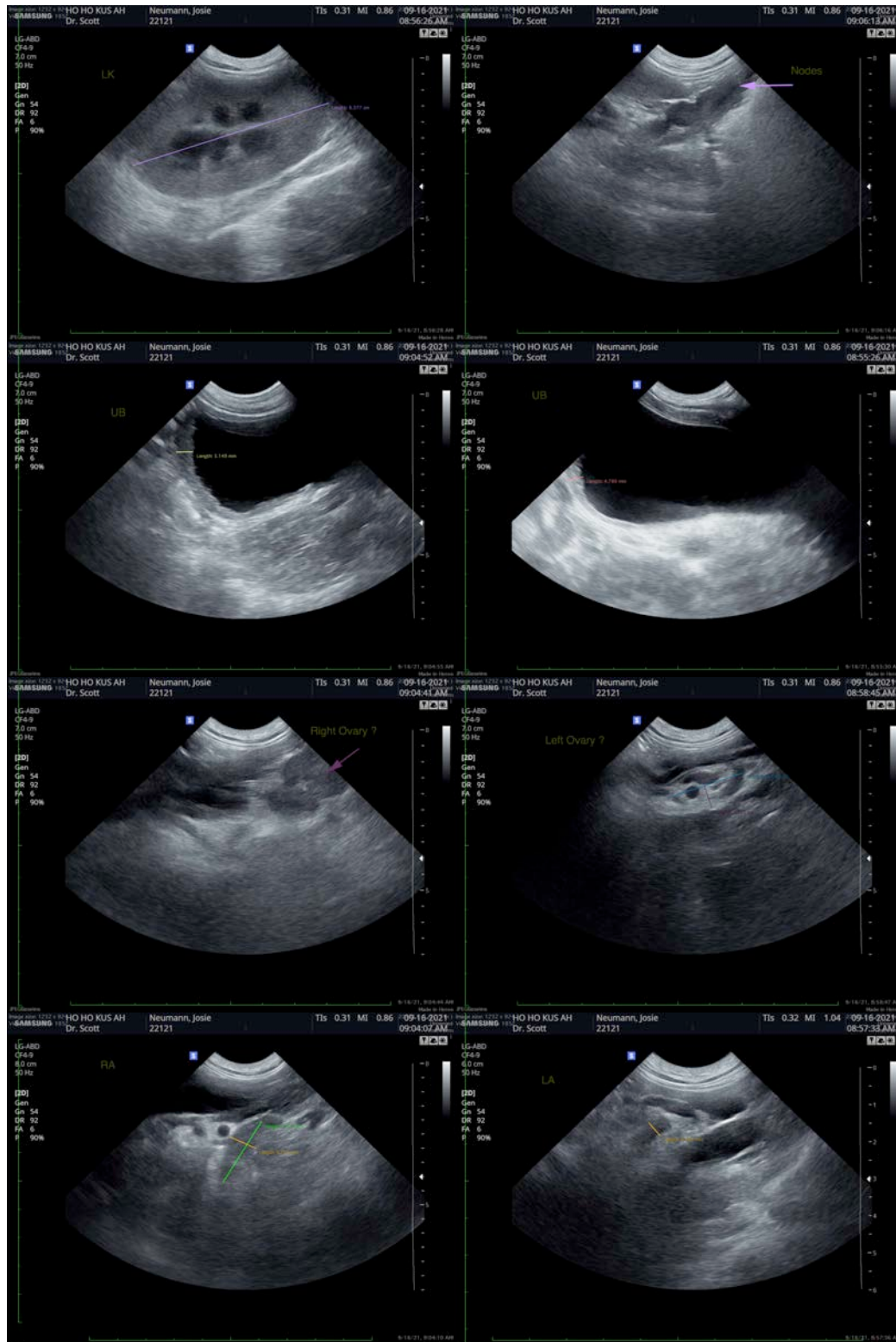
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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