



PATIENT PRESENTING CLINICAL SIGNS

Kora Giblin Patient presents for evaluation of bladder calculus (struvite crystals) and any possible abnormalities or complicating factors prior to cystotomy. Current meds: Amoxicillin and Phenobarbital.
Abnormal PE/Chem/CBC/UA Results: U/A: pH 8.0, protein +1, occult blood 2+, RBC 21-50, WBC 21-50, struvite 4-10 HPF, cocci >100/HPF, USG 1.041.

Canine ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED Urinary bladder is moderately distended with anechoic contents. No masses or inflammatory changes. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. There are calculi exhibiting strong distal acoustic shadowing measuring approximately 1.5 cm in diameter present along the gravity dependent inner wall of the urinary bladder lumen.

Mixed

SEX

Spayed Female

Right kidney is normal in size (4.12 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

3 Years

Left kidney is normal in size (3.81 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

WEIGHT

17 Pounds

Right adrenal gland is normal in size (1.1 cm long x 0.55 cm at cranial pole and 0.40 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal gland is normal in size (1.02 cm long x 0.25 cm at cranial pole and 0.43 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

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.

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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.

REFERRING VET

Dr. John Shokoff

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.

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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 mildly distended with echogenic non-shadowing luminal contents and gas consistent

DATE

9/16/21



PATIENT with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

Kora Giblin

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 mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

SPECIES

Canine

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

Mixed

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.

SEX

Spayed Female

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

AGE

3 Years

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder calculi - Calculi exhibiting distal acoustic shadowing are present along the gravity dependent inner wall of the lumen urinary bladder.

WEIGHT

17 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the struvite crystalluria, the alkaline pH and the concurrent urinary tract infection (all consistent with this being a struvite stone), recommendations include a non-sterile struvite stone dissolution protocol. This protocol includes antibiotics based on culture and sensitivity results and a dissolution diet. Recheck urinalysis and urine culture are recommended 1 week into therapy to make sure the culture is negative and the pH is appropriate. Recheck urinalysis and urine culture and survey radiographs of stones are recommended every 4 weeks to monitor stone size until the stones are dissolved.

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Continue therapy including the antibiotics for at least 2-4 weeks post-radiographic resolution. Recheck urinalysis and urine culture are recommended 1 week after finishing therapy. Average stone dissolution takes approximately 3 months. Post therapy, transition back to an appropriate maintenance dog food (as some dissolution are not appropriate long-term maintenance diets) and prevent future stone formation by preventing recurrent UTIs. If dissolution is unsuccessful, follow up cystotomy with stone analysis could be considered.

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Canine

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AGE

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REFERRING VET

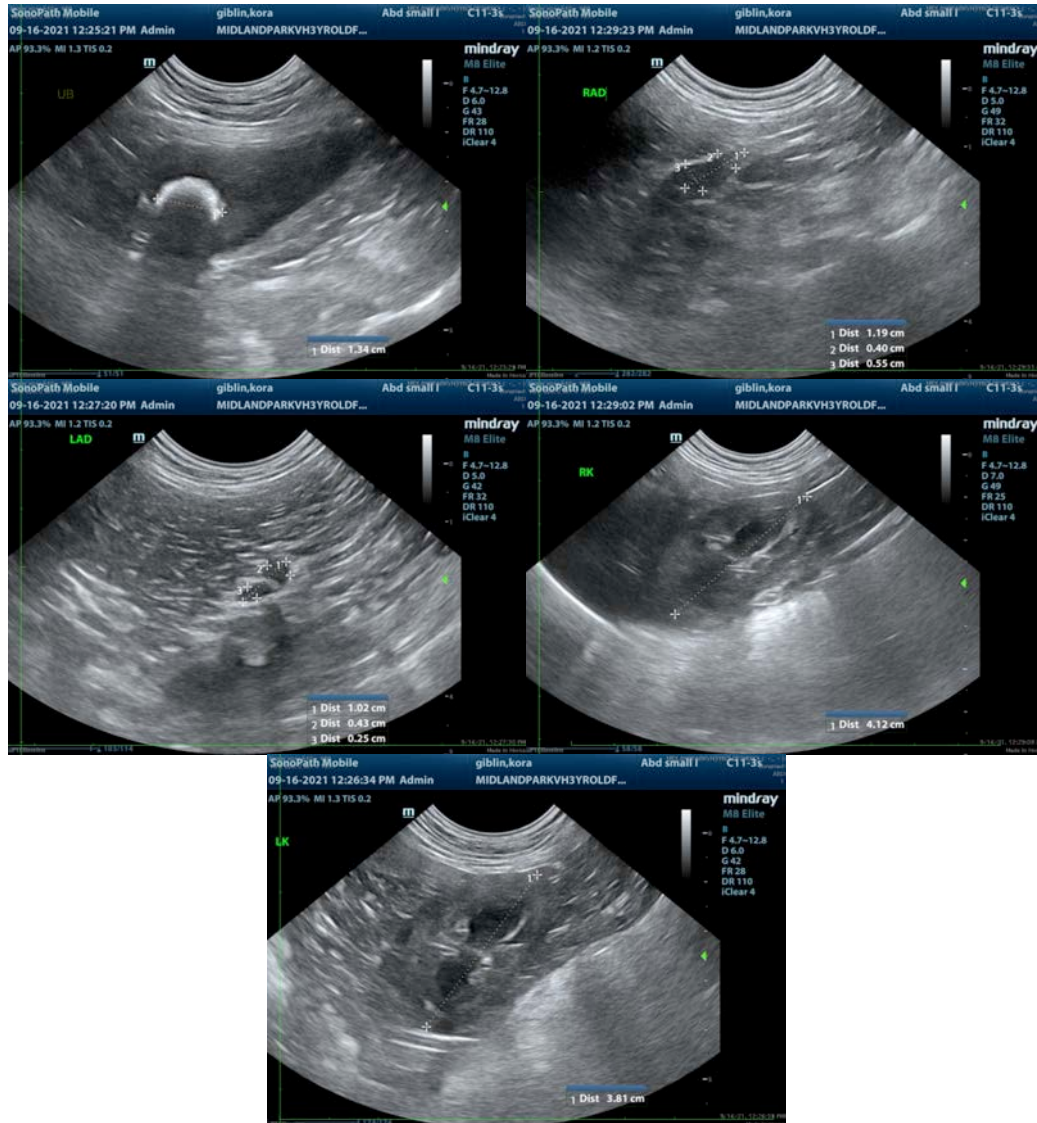
Dr. John Shokoff

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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
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