



PATIENT	PRESENTING CLINICAL SIGNS
Molly Old Dog Haven	History: January 2021 pet had cystotomy with single large struvite stone. Also has OHE and multiple benign mammary masses removed. Recurrent UTIs since that time with resistant E coli present. R/O recurrence of stones, pyelonephritis, urinary bladder polyps, neoplasia, other. Pet had convenia injection 9/4/21
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results:
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Terrier Mix	Urinary System
SEX	Urinary bladder is moderately distended with anechoic contents. It has normal uniform wall thickness (< 0.2 cm). No masses or cystoliths are observed.
Spayed Female	Left kidney is normal is size (4.1 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. Renal pelvis is dilated (pyelectasia), measuring (0.44 cm). No visible obstruction is observed, but cannot be ruled out.
AGE	Right kidney is normal is size (4.6 cm), shape and echogenicity. It has smooth peripheral margination and appropriate corticomedullary distinction. Renal pelvis is dilated (pyelectasia), measuring (0.41 cm). No visible obstruction is observed but cannot be ruled out.
13 Years 8 Months	
WEIGHT	Adrenal Glands
36 Pounds	Left adrenal gland is normal in size (2.2 cm long X 0.41 cm at cranial pole and 0.61 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable.
INTERPRETED BY	Right adrenal gland caudal pole is normal in size (X0.71 cm at caudal pole). The full right adrenal gland cannot be well visualized due to gas, but there are no obvious abnormalities in the area.
Beth Johnson, DVM DACVIM	Spleen
IMAGING PERFORMED BY	Spleen is subjectively enlarged in size with normal smooth margins. Parenchyma contains multifocal poorly defined hypoechoic nodules of varying sizes that do not disrupt the splenic capsule. Splenic vasculature appears normal.
HOSPITAL NAME	Liver
All Creatures AH of SH	Liver is subjectively normal in size. Margins are sharp and smooth. It has normal homogenous echotexture and normal echogenicity. No focal lesions are observed. Visible vasculature appears normal. Gallbladder is mildly distended with anechoic contents. The wall is smooth without visible thickening. There is no evidence of common bile duct dilation.
REFERRING VET	Gastrointestinal
Katy Green, DVM	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. No appreciable lymphadenopathy.
INVOICE	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
13085	
DATE	
9/16/21	



PATIENT

contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

Molly Old Dog Haven

Colon is normal in wall thickness (< 0.2 cm) and layering.

SPECIES

Pancreas

Canine

Pancreas has normal homogenous echotexture and is normal in echogenicity and smooth margination. There is no evidence of peripancreatic inflammation.

BREED

Free Abdomen

Terrier Mix

Lymph nodes are normal with no observed enlargement.

SEX

Other

Spayed Female

A fluid filled structure, measuring 1.0 cm x 2.5 cm in size approximately in the area of the uterine stump is present. The fluid has anechoic debris suspended within it as is seen with cellular fluid.

AGE

ULTRASONOGRAPHIC FINDINGS

13 Years 8 Months

- Bilateral pyelectasia- Differentials for pyelectasia include pyelonephritis, diuresis, congenital malformation or ureteral or lower urinary tract obstruction
- Nodular spleen-Splenic nodules may represent benign lesions such as cysts, hematomas, abscesses, nodular hyperplasia or extramedullary hematopoiesis, but infiltrative neoplasia can mimic benign lesions and cannot be ruled out
- A fluid filled/dilated uterine stump

WEIGHT

36 Pounds

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Beth Johnson, DVM
DACVIM

Given the appearance for the spleen, include a fine needle aspirate of the spleen, if patient's coagulation status is appropriate as well as thoracic radiographs, if not already performed, to further assess cardiopulmonary status and rule out metastatic disease. However, neither lesion is considered related to the recurrent urinary tract infections. The fluid filled uterine stump is concerning as a potential source of infection and is likely contributing to the recurrent urinary tract infections. Given the bilateral pyelectasia, pyelonephritis also cannot be ruled out, therefore, options include long term treatment of suspected pyelonephritis with antibiotic chosen based on culture and sensitivity. Follow up culture a week into therapy to be sure the infection is cleared while on antibiotics and a follow up culture after finishing a course of antibiotics at least 3 weeks and up to 6 weeks in duration to be sure that the infection has fully cleared. If the infection fully clears, the uterine stump could be reexamined for evidence of resolution, however, this medical management is considered unlikely to resolve the fluid filled uterine stump and a more definitive treatment recommendation is cystoscopy/vaginostomy to further explore the area or surgery to remove the uterine stump.

IMAGING PERFORMED BY

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SPECIES

Canine

BREED

Terrier Mix

SEX

Spayed Female

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REFERRING VET

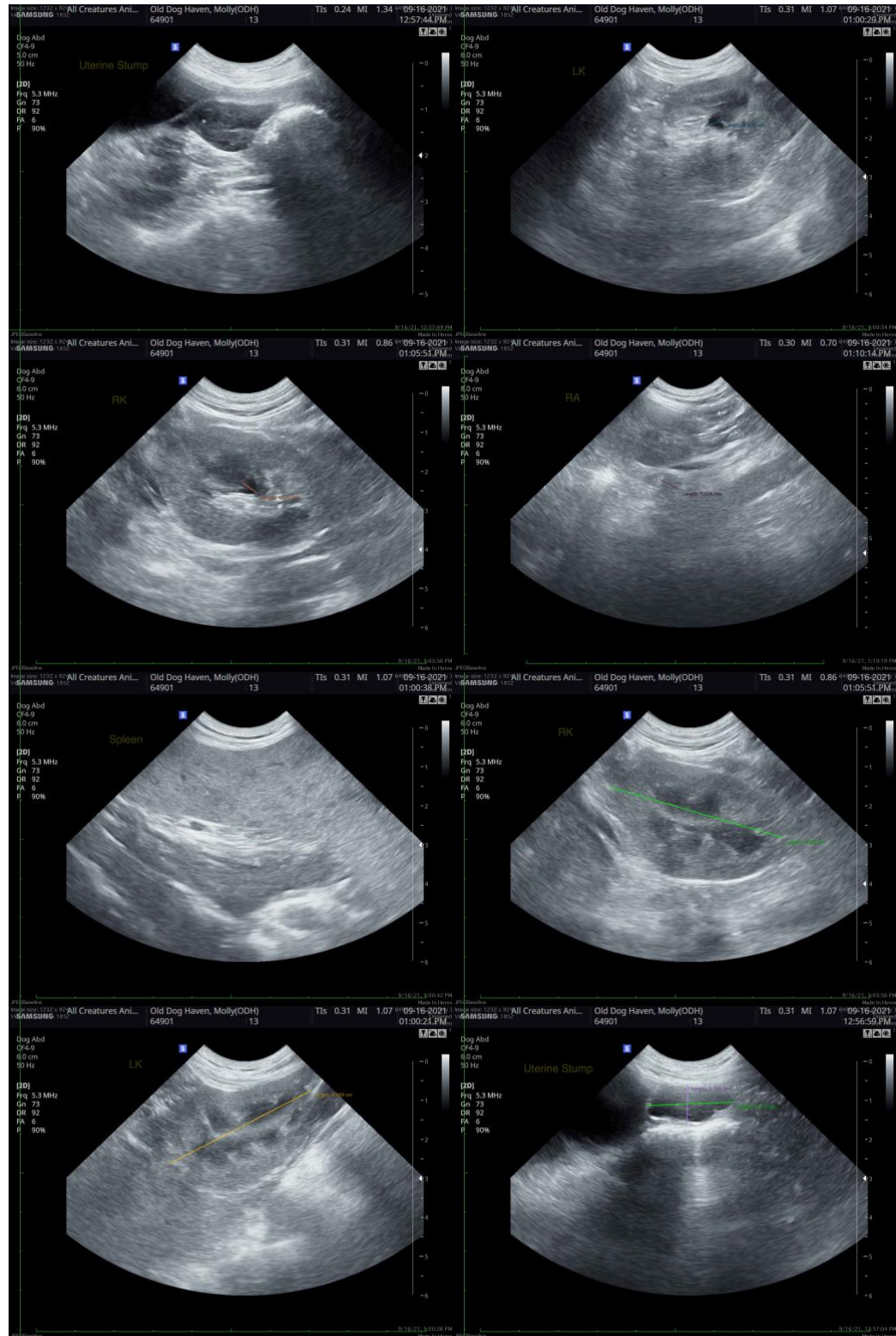
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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