



PATIENT

Roxy Fogarty

SPECIES

Canine

BREED

Bull Mastiff

SEX

Spayed female

AGE

2.5 years

WEIGHT

121 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

42129

DATE

1/16/23

PRESENTING CLINICAL SIGNS

History: Recurring UTI
Abnormal PE/Chem/CBC/UA Results: UA-blood, responds to antibiotics Urine culture negative PE: hypoplastic vulva

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder contains small luminal volume of fluid which contains suspended debris. Walls are generally thickened with an irregular mucosal surface and severely thickened, heterogenous dorsal wall with hyperechoic foci in both ventral and dorsal walls. Gravity dependent hyperechoic shadowing material present.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio (cortex 1/3 of medulla). Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. The right kidney measured 6.5 cm. The left kidney measured 6.51 cm.

Adrenal Glands

Left adrenal gland was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Right adrenal gland not visualized, the area of the adrenal glands and surrounding vasculature were normal. The left adrenal gland measured 2.2 cm in length x 0.43 cm at the caudal pole and 0.48 cm at the cranial pole.

Spleen

The spleen was normal with a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma and smooth capsule, with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. Gallbladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally



PATIENT

Gastrointestinal

Roxy Fogarty

The stomach contains shadowing ingesta. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Canine

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

BREED

Bull Mastiff

Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

SEX

Spayed female

AGE

2.5 years

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour and parenchyma were normal. No overt evidence of active inflammatory or neoplastic disease was noted.

WEIGHT

121 lbs

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

Free Abdomen

No free fluid or masses are noted.

IMAGING PERFORMED BY

Chelsea Pastor

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

Fredon AH

Primary Findings

1. Severe cystitis

REFERRING VET

Dr. Grau

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

42129

DATE

1/16/23

Urinary bladder wall changes are consistent with chronic active cystitis but are certainly compounded by the lack of luminal distension with fluid which can worsen the impression of bladder wall thickening and mucosal irregularity. Hyperechoic foci within the wall may represent non-shadowing mineralization, non-obstructive cystoliths, or urinary bladder sand/grit accumulation. Shadowing hyperechoic material is most consistent with urinary bladder sand/grit accumulation. This can act as recurrent foci of infection/inflammation despite negative urine culture. Catheterization with plan to flush urinary bladder and reimage with larger fluid volume may be both therapeutic and help diagnostically to remove the effect of pseudohypertrophy. A specific urinary bladder wall mass is not visualized but cannot be ruled out and CADET BRAF testing could be considered given recurrent



PATIENT

hematuria in the face of negative urine culture. Ultimately, cystoscopy may be required for urinary bladder wall sampling and further imaging.

Roxy Fogarty

SPECIES

Canine

Canine Chronic UTI Protocol

I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat **culture** at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. *Note: Negative culture does not necessarily mean lack of UTI.* Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiafur or similar s.i.d. injectable) or Clavamox. If suspicion of occult urinary incontinence is present then **phenylpropanolamine (PPA)** (1-2 mg/kg BID) can be employed long term to enhance urethral tone.

BREED

Bull Mastiff

SEX

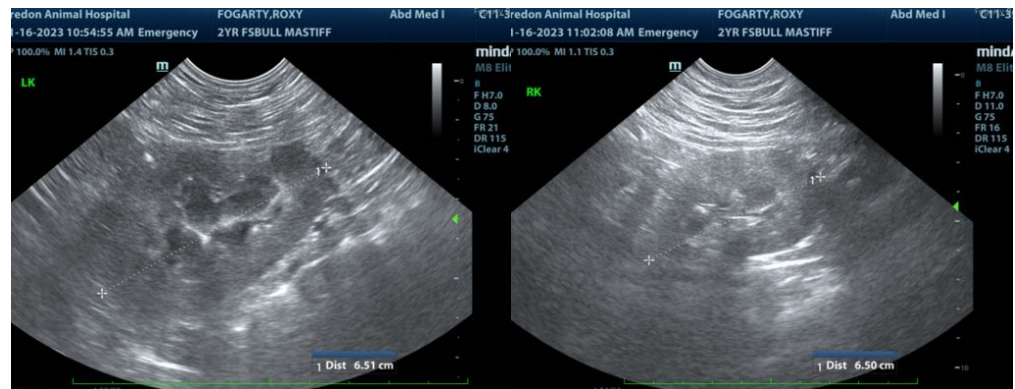
Spayed female

AGE

2.5 years

WEIGHT

121 lbs



INTERPRETED BY

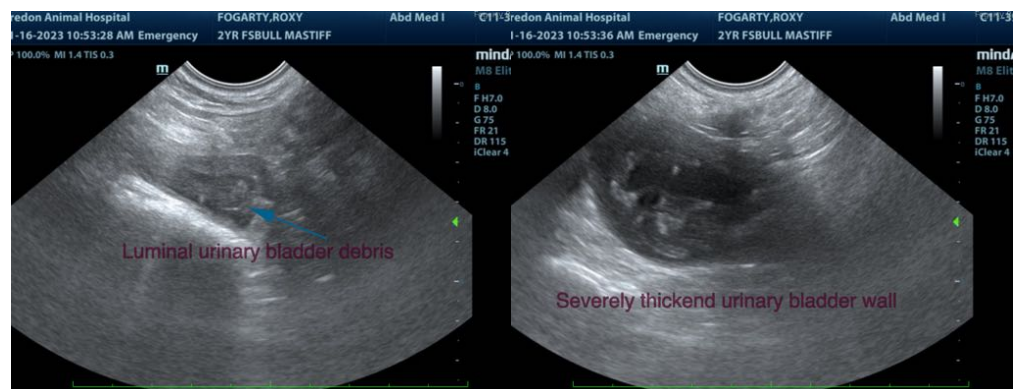
Dr Brittany Sinclair, BVSc(hons), DACVECC

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH



REFERRING VET

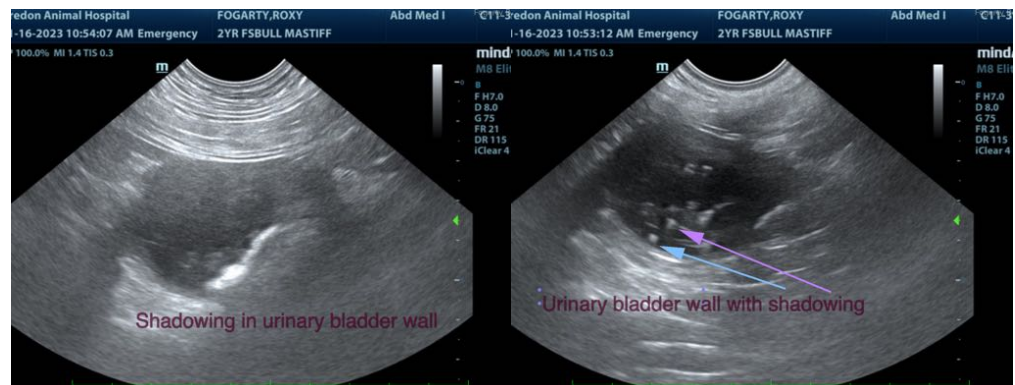
Dr. Grau

INVOICE

42129

DATE

1/16/23





PATIENT

Roxy Fogarty

SPECIES

Canine

BREED

Bull Mastiff

SEX

Spayed female

AGE

2.5 years

WEIGHT

121 lbs

INTERPRETED BY

Dr Brittany Sinclair,
BVSc(hons), DACVECC

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

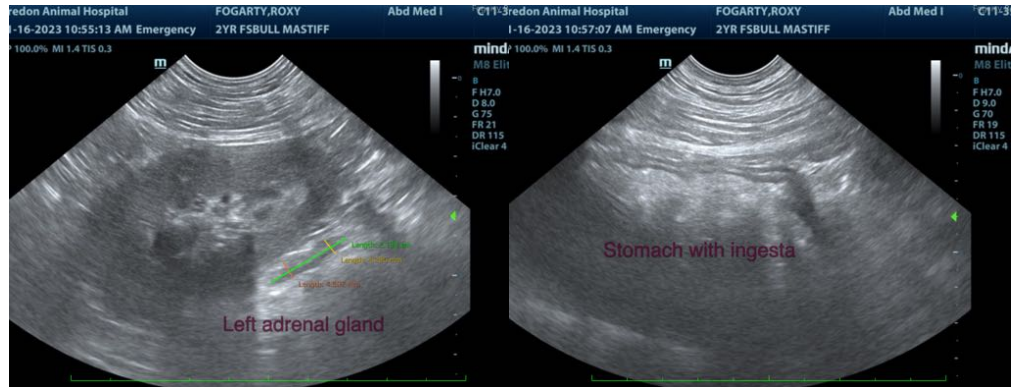
Dr. Grau

INVOICE

42129

DATE

1/16/23



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.

Dr Brittany Sinclair, BVSc(hons), DACVECC
info@SonoPath.com