



**PATIENT**

Oscar Von Behren

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

18.8 lbs

**INTERPRETED BY**

Dr Brittany Sinclair,  
BVSc(hons), DACVECC

**IMAGING  
PERFORMED BY**

A Murphy CVT

**HOSPITAL NAME**

Wauwautosa VC

**REFERRING VET**

Dr. Self

**INVOICE**

43272

**DATE**

3/10/23

**PRESENTING CLINICAL SIGNS**

History: Chronic UTI, has had three rounds of two different antibiotics. UTI will resolve with medications, but when medications are finished he will get another UTI. Currently on Clavamox and eating urinary C/D diet

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The kidneys have a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. The left kidney measured 4.36 cm and the right kidney measured 4.21 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. The right adrenal gland was not definitively visualized but the vasculature in the area was within normal limits. The left adrenal gland measured 1.49 cm in length, 0.37 cm at the caudal pole and 0.39 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

**Gastrointestinal**

The stomach contains minimal luminal contents. 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. The



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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. The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

***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.

***Lymph Nodes***

No clinically significant lymphadenopathy or abnormalities noted.

***Free Abdomen***

No masses or free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

1. Normal urinary bladder
2. Normal prostate
3. Degenerative renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No cause of recurrent urinary tract infections are apparent in this study. No urinary bladder stones, mural thickening or signs of inflammation or debris were present. Prostate was normal. Urine culture with sensitivity and 2-4 week course of appropriate antibiotic therapy with urinalysis and culture 3 days prior to discontinuation of antibiotics and 3 days after discontinuation is recommended to ensure adequate coverage and length of treatment. Thorough physical exam and historical information gathering to search for presence of predisposing factors for ascending infection such as skin disease, conformation or husbandry which may be predisposing to ascending infections. Thorough investigation for underlying disease which may be predisposing to lowered immunity including chem/lytes/CBC, thyroid testing and baseline cortisol +/- ACTH stimulation test is recommended. Ultimately cystoscopy may be required for more definitive diagnosis. A flexible scope is required for male dogs and availability may be limited to referral institutions.

Renal changes are likely age related degeneration. Correlate clinical significance with blood work/urinalysis findings and clinical signs.



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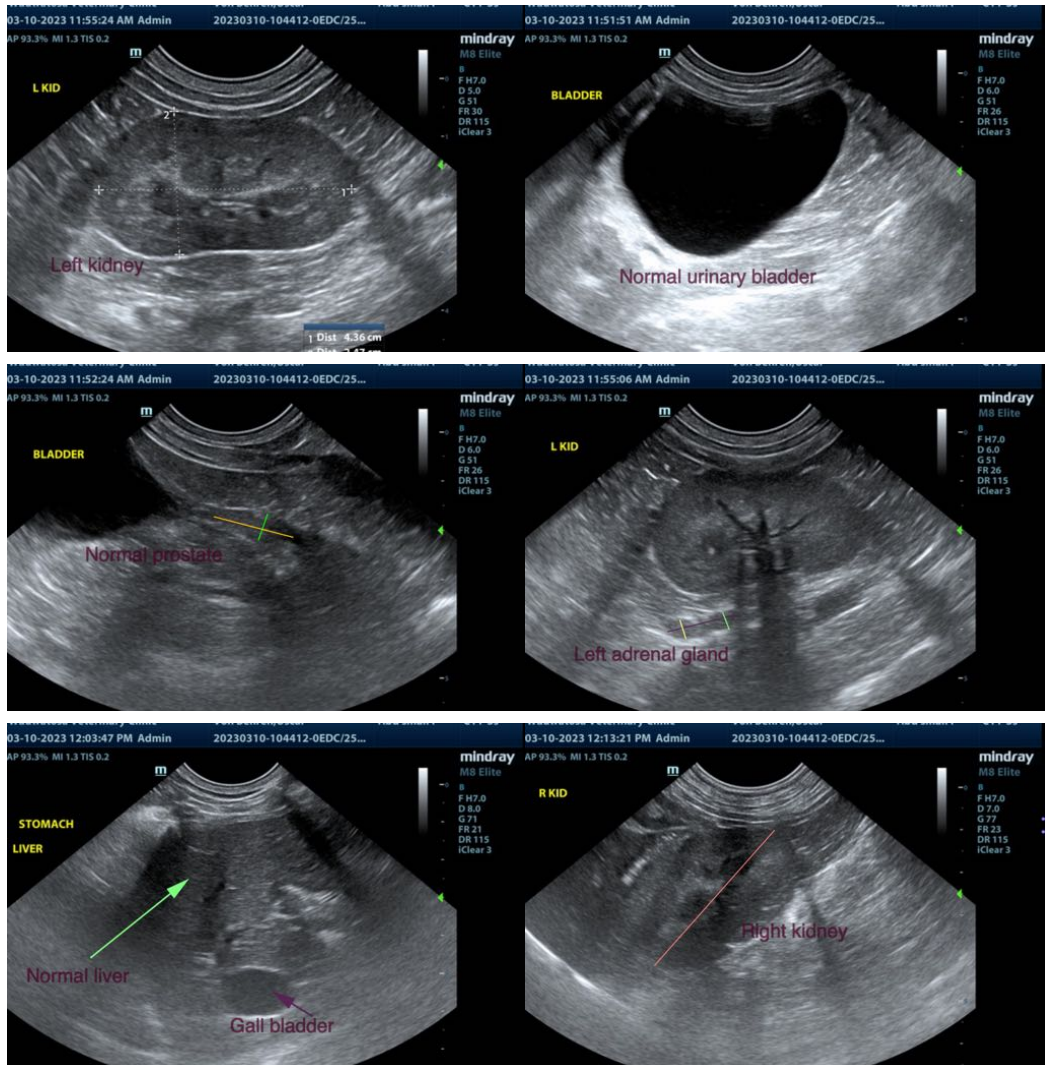
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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