

**DATE**

1/7/22

PRESENTING CLINICAL SIGNS

History of severe pollakiuria/polyuria recurrent every 2-3 months. responds quickly to Abx (cephalosporin). I

PATIENT

Luckie Howe

Current Medications: Cefpodoxime 150mg PO SID.

Lab Results: lab work from 8/2021 no clinical abnormalities noted.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Mixed Breed

LIMITED ULTRASONOGRAPHIC EXAMINATION**SEX**

Spayed Female

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. The bladder wall measured up to 1.24 cm at the apical ventral wall with mild to moderate bladder repletion. No evidence of urethral pathology was present. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. This is a moderate change.

AGE

4/1/07

WEIGHT

53 Lbs.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia (0.43 cm) was noted in the right kidney. The right kidney measured 5.6 cm. Pyelectasia (0.62 cm) was noted in the left kidney. The left kidney measured 5 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS**HOSPITAL NAME**

Hickory VH

- Chronic cystitis bladder pattern
- Bilateral renal pyelectasia

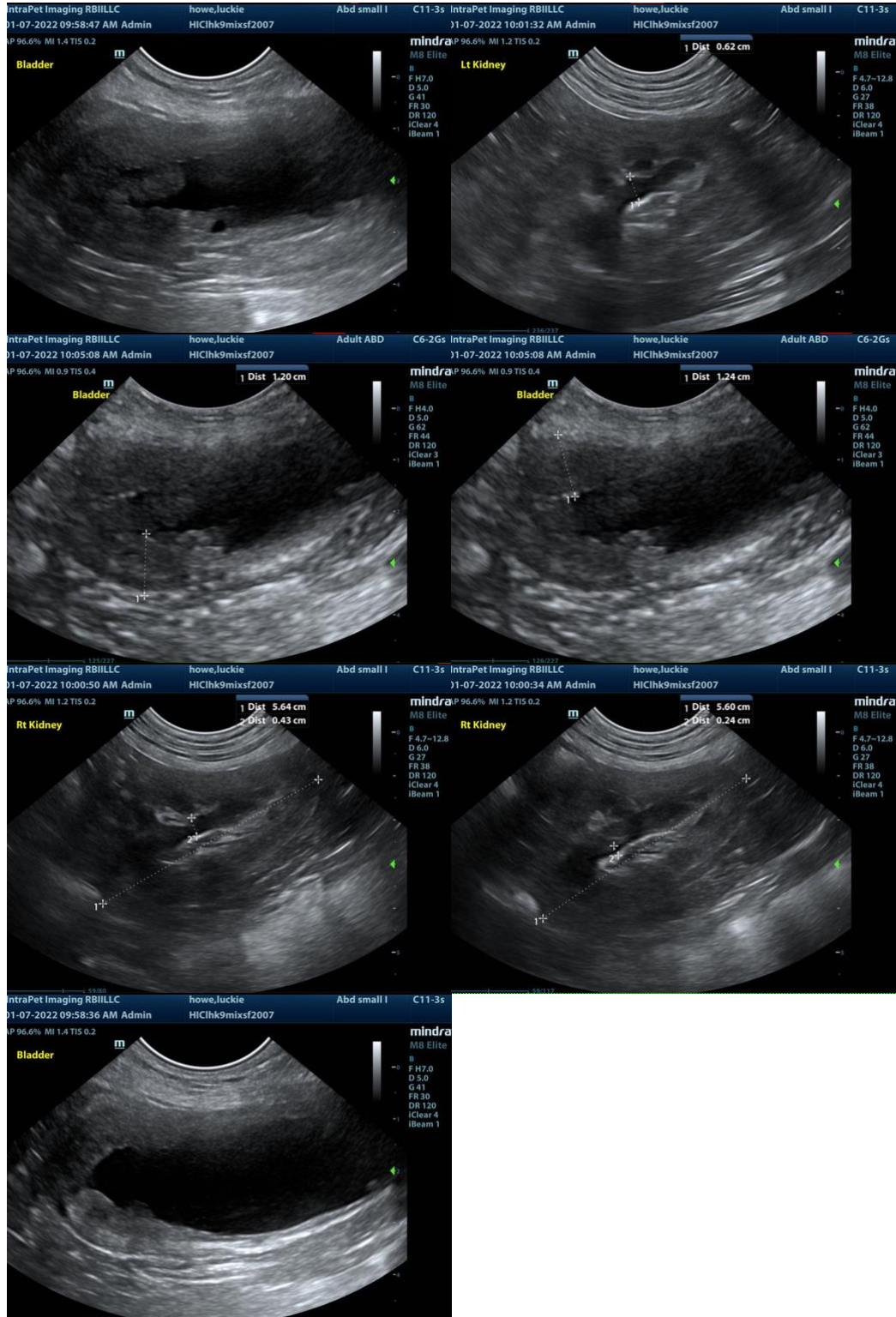
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**REFERRING VET**

Dr. McCourt

Minor potential for transitional cell carcinoma. Cystoscopy would be ideal for further definition and/or free catch urine sample with cytospin to assess for abnormal transitional cells. The cystourethral junction and urethra were unremarkable. Urine culture and sensitivity indicated. If any evidence of UTI is present, then 4-6-week antibiotic therapy warranted. Assessment for predisposing issues such as vaginal fold pyoderma or recessed vulva should be considered.

INVOICE

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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.

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