



**PATIENT**

BeBe Oliver

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

14 years

**WEIGHT**

6.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Porter

**INVOICE**

92667

**DATE**

10/26/21

**PRESENTING CLINICAL SIGNS**

History: Presented on 10-14; \_Incontinence for last three weeks. Has gotten worse for past week. O believes P is able to control stool. O noticed mucousy discharge in P's urine. P appears to have control of urination about 10% of the time. O stated urine has a very strong odor. P does strain to urinate. Urine is light yellow - clear in color. Occasional blood-tinge in urine. E/D/BM wnl. P is a very picky eater and O has to switch up food regularly.

Abnormal PE/Chem/CBC/UA Results: HCT 33% eosinophils 1442 (0-1000) BUN 44 (14-36) creatinine 2.8 (0.6-2.4) usg 1.030 3+ blood 2+ protein RBC 21-50 WBC 11-20 bacteria present, cocci and rods, trace glucose e.coli sensitive to prescribed Enrofloxacin

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex. The left kidney was normal in size and measured 3.8 cm. The right kidney was mildly subnormal in size and measured 2.67 cm with slight pyelectasia. Blood flow on color flow assessment to the kidneys appeared to be subnormal, which is indicative of chronicity.

**ULTRASONOGRAPHIC FINDINGS**

Non-specific, moderate degenerative renal disease. Minor renal pyelectasia.

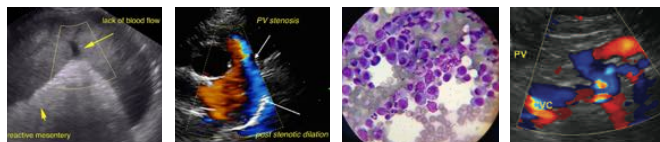
Unremarkable lower urinary tract.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment for urinary tract infection is recommended over a 4 week period with reassessment of the clinical signs.

**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.



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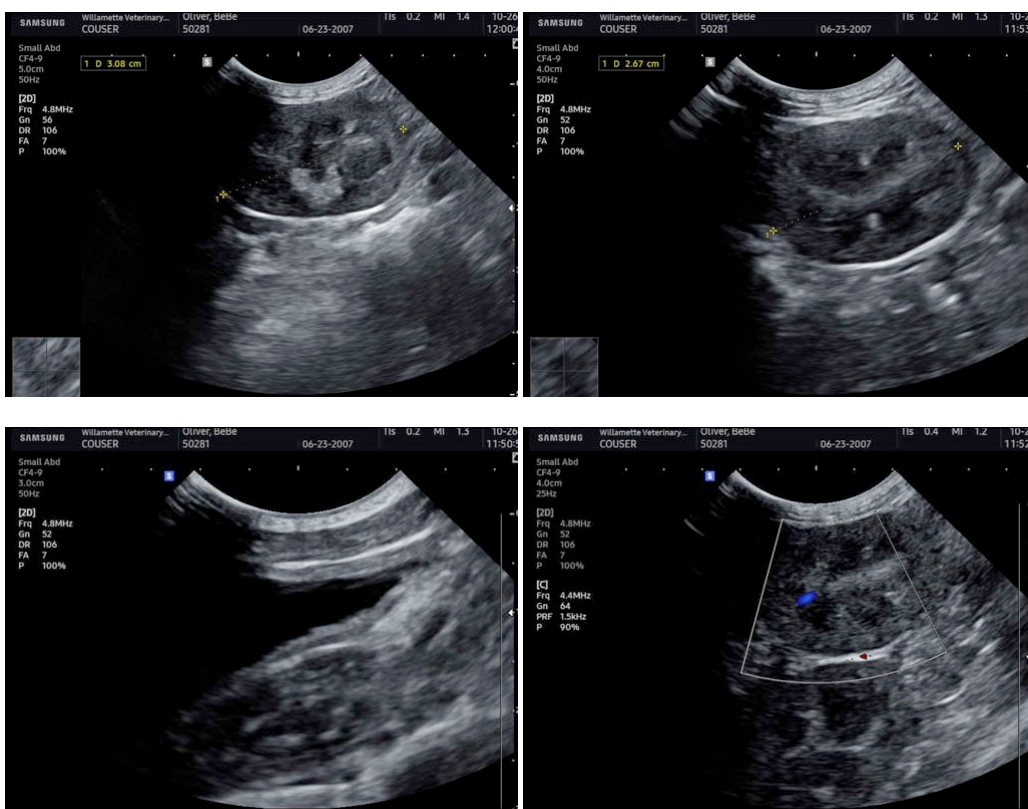
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
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