



PATIENT PRESENTING CLINICAL SIGNS

Maggie Gioffre

History: UA showed blood in urine 09/18 WBC, recheck urine 09.21 no RBC but WBC 4-10 HF in that sample. NO clinical signs at home On Hills W/D diet

SPECIES

Abnormal PE/Chem/CBC/UA Results: UA : 09/18 RBC 11-020 HPF, WBC 2-3 Recheck urine 09/21- No RBC's, WBC 4-10 HPF, CHem 11/CBC WNL

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Shih Tzu

Urinary System

SEX

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. The bladder revealed calculus that measured 0.7 cm. A minimal amount of acoustic shadowing was noted. Therefore, this may resolve from a medical standpoint. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

Spayed Female

AGE

An infarct was noted at the cranial pole of the left **kidney** with trace pyelectasia. The left kidney measured 4.02 cm with a 1.0 cm pelvic calculus and moderate cortical remodeling. The right kidney revealed a moderate amount of remodeling and measured 4.62 cm with a 0.5 cm pelvic calculus.

11 years

WEIGHT

ULTRASONOGRAPHIC FINDINGS

18.3 lbs

Bladder calculus.

Infarct and pyelectasia in the left kidney.

INTERPRETED BY

Pelvic calculus in the right kidney.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Renal remodeling.

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Ammeraal

Embedded infection may be present in the renal pelvises and mineralization. If cystotomy is to be performed I recommend an immediate sonogram just prior to surgery to ensure that the bladder calculus has not dissolved as there is minimal shadowing present. Medical management can be considered if the urinalysis is consistent with oxalate. Urolithiasis dissolution protocol can be considered.

HOSPITAL NAME

Sova AH

REFERRING VET

Canine Chronic UTI Protocol

Dr. Ammeraal

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.

INVOICE

94267

DATE

For an additional charge an internal medicine consult can be utilized through [SonoPath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

12/1/21



PATIENT

Maggie Gioffre

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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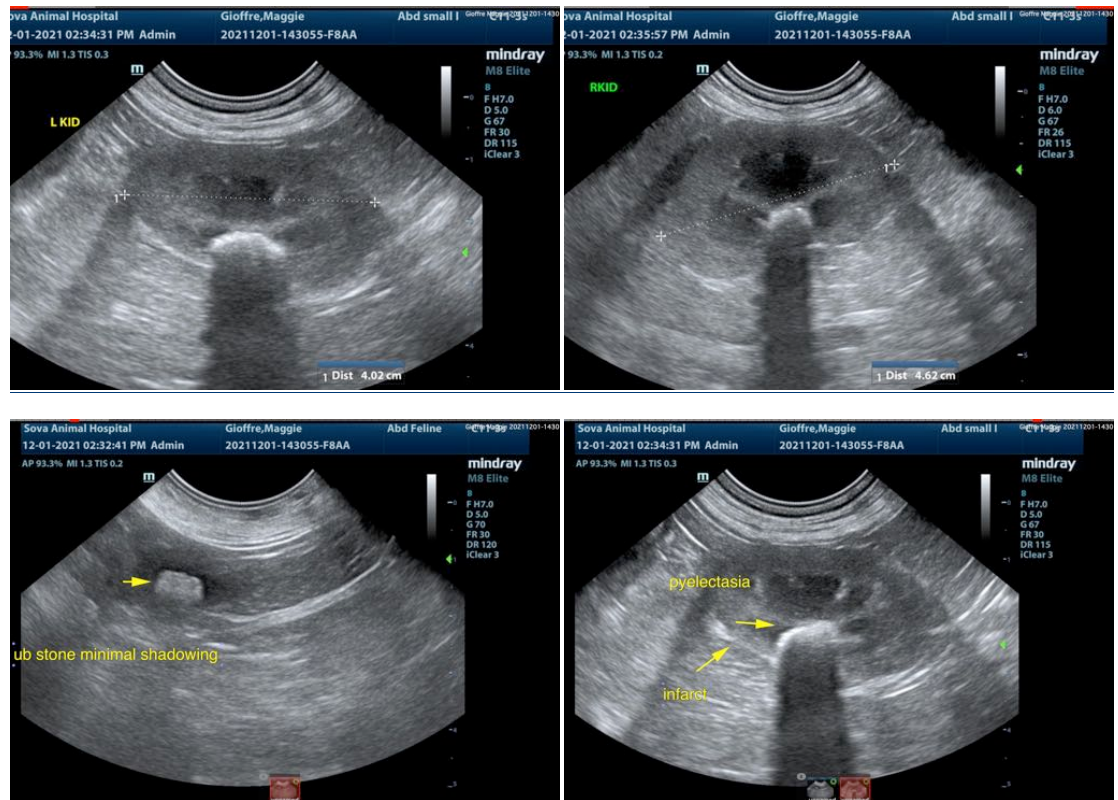
Dr. Ammeraal

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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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