



PATIENT

Kelly Cerniglia

PRESENTING CLINICAL SIGNS

Owner had noted blood in urine once, Not seeing any since. Currently on Enrofloxacin
Abnormal PE/Chem/CBC/UA Results: WBC >50 HPF , RBC >50 HPF , Blood 3+ Protein 2 +, Rods >100 HPF, UPC 1.8

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mix

Urinary System

The **urinary bladder** revealed an apical polyp that measured 0.5 x 0.5 cm. Minor apical bladder wall thickening was noted. The remainder of the bladder was unremarkable. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal.

SEX

Spayed Female

The **kidneys** revealed largely normal size and 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 and no evidence of pelvic dilation was present. The right kidney measured 6.03 cm. The left kidney measured 6.77 cm.

AGE

11 years

WEIGHT

51.4 lbs

ULTRASONOGRAPHIC FINDINGS

Minor apical bladder polyp with cystitis pattern.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend treating for UTI based on culture and sensitivity results. The apical poly is in position of potential underlying urachal remnant, which over time and chronic inflammation can form polypoid changes. Therefore, underlying surgical resection of the apical bladder wall may be appropriate to remove the minor thickening. However, changes were relatively minor and may resolve under medical therapy. A recheck sonogram is recommended in a month after treatment. There is a minimal potential for underlying neoplasia.

IMAGING PERFORMED BY

Marco and Dr
Ammeraal

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.

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Ammeraal

INVOICE

94750

DATE

12/20/21



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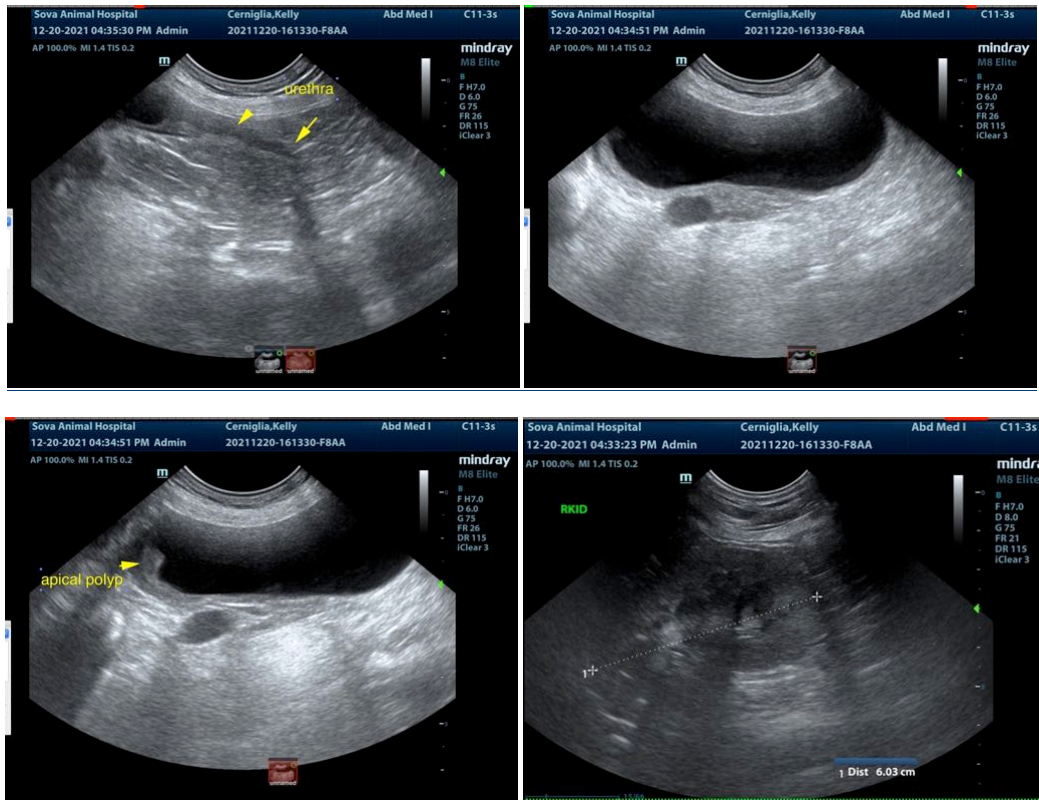
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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