

**DATE**

12/6/22

PRESENTING CLINICAL SIGNS

Hx of urinary incontinence since several months after spay in 5/2019. Fairly responsive to proin initially at 6.25 mg SID - BID for a couple years. Over the last several months incontinence has worsened and is now not responsive to proin despite increasing dose to 12.5 mg BID - TID.

PATIENT

Mia Glock

Current Medications: Proin 12.5 mg BID - TID

Lab Results: Urine culture pending. UA sediments largely WNL

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS,

SPECIES

Canine

BREED

Toy Poodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder** and trigone presented normal thicknesses. The urethral tone was subjectively poor. The pelvic urethra measured 0.4 cm. The bladder itself was unremarkable with anechoic urine. Ureteral papillae were normal. There was no evidence of ectopic ureters.

SEX

Spayed female

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex. The capsules were acceptably uniform without significant irregularities. The left kidney revealed slight pyelectasia that measured 0.23 cm. Corticomedullary calculi were noted and measured up to 0.4 cm. The left kidney measured 3.13 cm and was mildly subnormal in size. The right kidney measured 3.19 cm with corticomedullary mineralization.

AGE

12/10/18

WEIGHT

9.1 lbs

ULTRASONOGRAPHIC FINDINGS

Poor urethral tone.

Corticomedullary calculi.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary incontinence along with possible, periodic passage of calculi may be playing a role in this patient. Adding DES to the Proin protocol and coverage for any UTI and potential diet change may all be appropriate. The calculi subjectively would be most consistent with calcium oxalate; however, this is complete empirical evaluation given the echotexture and character of the calculi. Evaluation of the vaginal vestibule for comorbidities such as recessed vulva and urine pooling would also be indicated.

HOSPITAL NAME

Pleasantville AH

REFERRING VET

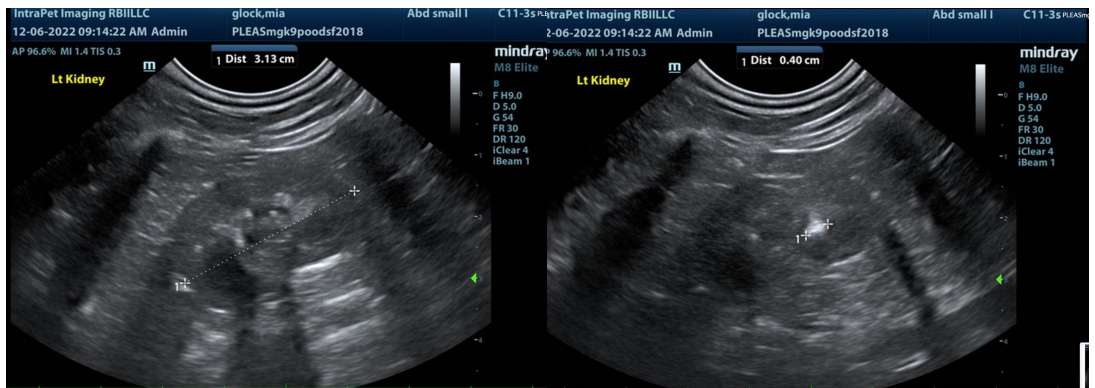
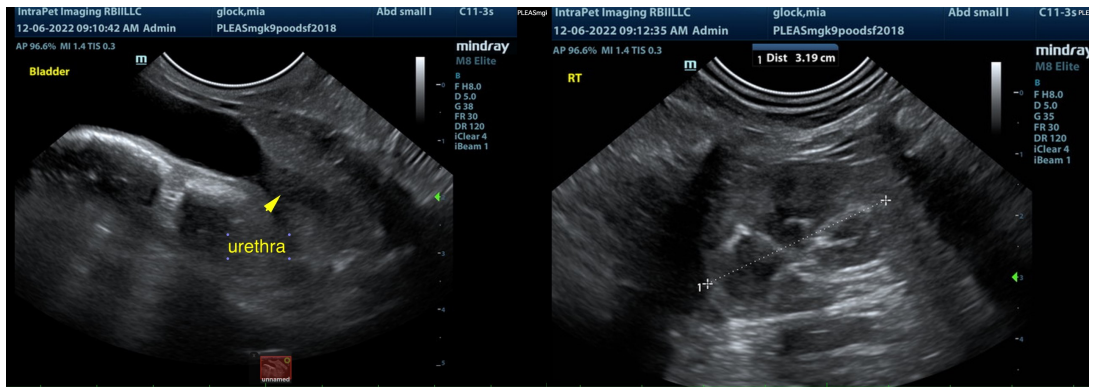
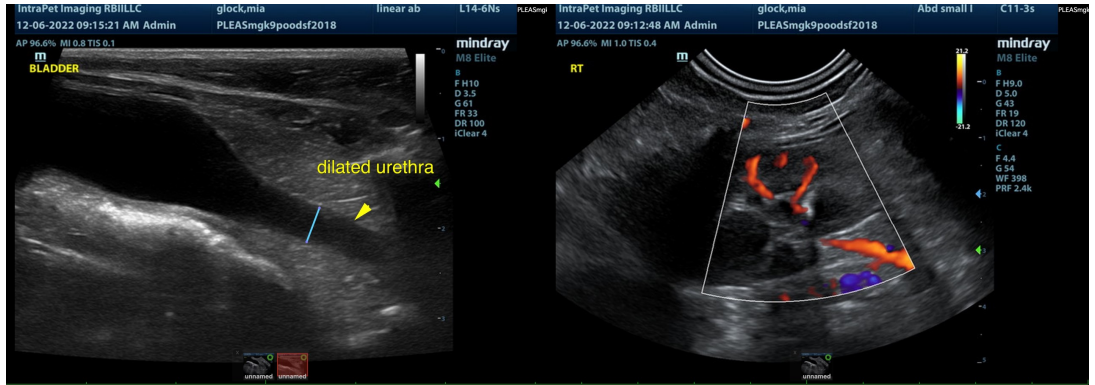
Dr. Gounaris

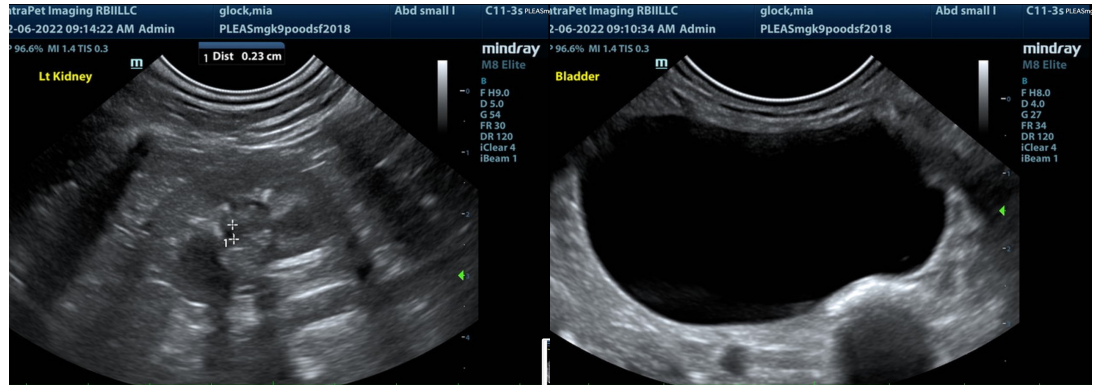
Internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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>

INVOICE

42911





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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