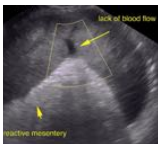
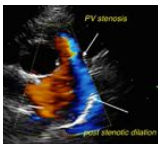
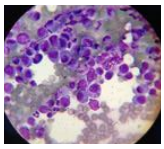
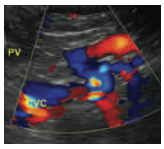

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PATIENT

Lexi Mahon

SPECIES

Feline

BREED

Tortoiseshell

SEX

Spayed Female

AGE

11 years

WEIGHT

5.01 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. DeNuzio

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. DeNuzio

INVOICE

31002

DATE

6/14/22

PRESENTING CLINICAL SIGNS

History: 5 day history of lethargy, anorexia, not herself.
Abnormal PE/Chem/CBC/UA Results: 8-10% dehydration, BCS 4/9 with mild diffuse muscle atrophy, left kidney palpates large and lumpy. FIV/leuk negative, HCT 23%, non-regenerative, WBC 34.2k, Neu 24.3k, bands present. SDMA 29, Creat 3.5, BUN 64, Ca+ 7.6, Na+ 149, Glob 5.5. USG 1.018, pH 5.0, urine pro 100 mg/dL, WBC >50/HPF, RBC 40/HPF, rods present. Urine culture pending.

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. A moderate amount of dependent debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal. A slight amount of gas was noted in the bladder. This is suggestive for anaerobic infection/emphysematous cystitis.

The left **kidney** is swollen and measured 3.8 cm with pyelectasia and pericapsular inflammatory pattern as well as pelvic inflammatory pattern with echogenic debris. Slight fluid was noted around the left kidney. The right kidney was structurally unremarkable other than minor pyelectasia. The right kidney measured 3.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient.

Spleen

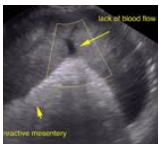
The **spleen** was mildly enlarged at 1.0 cm and was uniform.

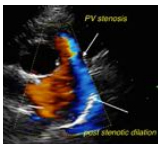
Liver

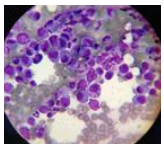
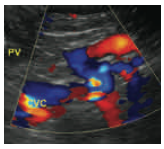
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade,





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chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Pyelonephritis renal pattern with bladder debris. Gas in bladder, which is suggestive for anaerobic infection/emphysematous cystitis.

Minor intestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity is recommended along with 72 hour IV fluid protocol and blood pressure measurements are all recommended. Long term treatment for UTI/pyuria is recommended. Anaerobic and aerobic culture is indicated. The kidneys do not appear end stage. Therefore, complicating UTI +/- hypertension and dehydration is likely all playing a role.

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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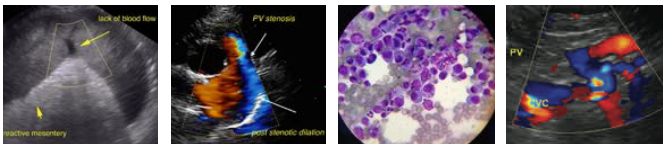

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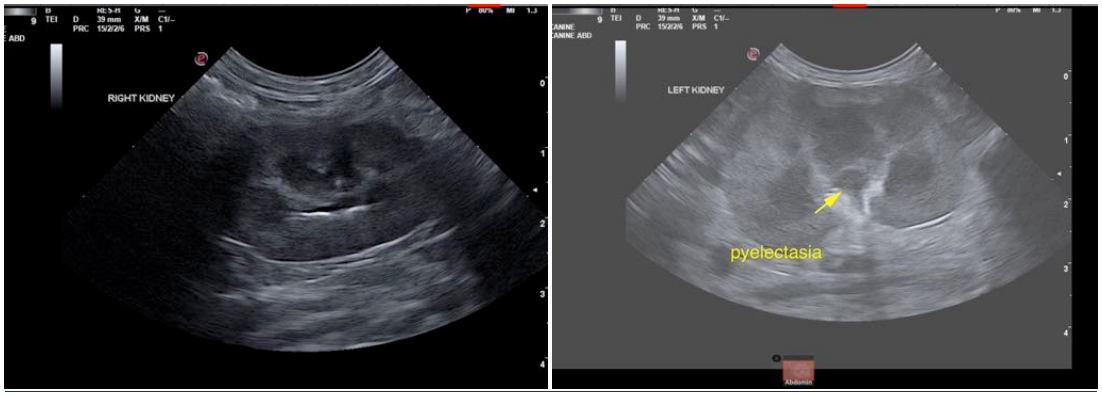

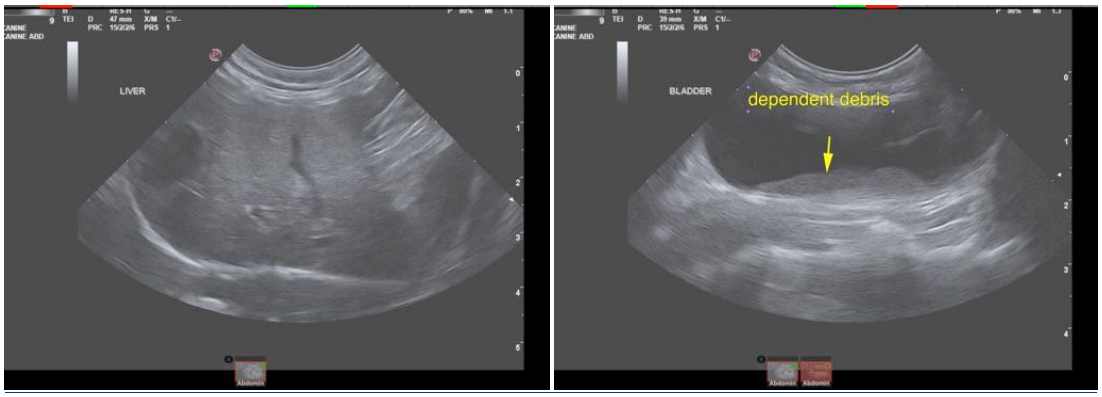

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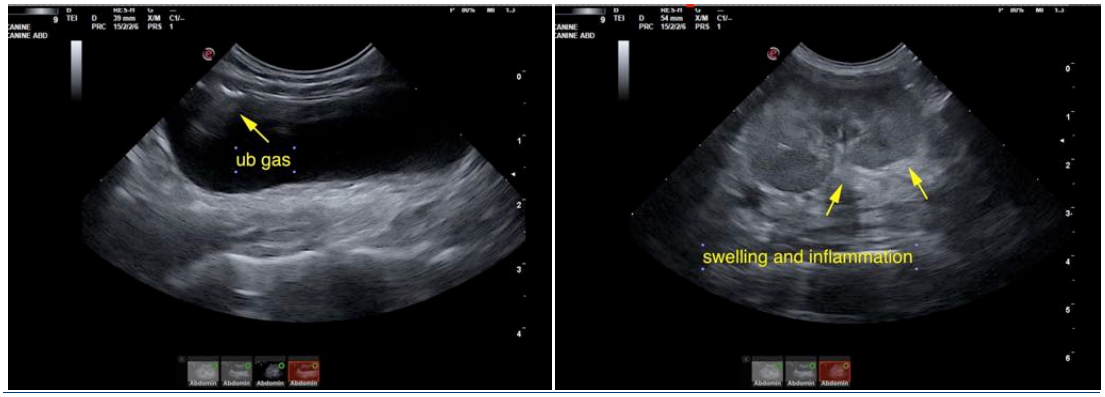

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com