



**PATIENT PRESENTING CLINICAL SIGNS**

Yuna Li

History: no pu/pd . elevated creatinine since march . 2.5 . usg: 1.027. lepto - negative .urine culture and sensitivity test result :Isolate 1: E. coli - 1,000 - 10,000 CFU per ml This organism produces extended spectrum beta-lactamase enzyme (ESBL) which mediates resistance to all Penicillins, Cephalosporins and Monobactams. These organisms can be susceptible to other classes of antibiotics that could be considered for treatment. However, if resistance to all classes of antibiotics is evident, then Imipenem would be the only treatment option. Isolate 1 MIC Amoxicillin R >=32 Cephalexin R >=64 Cefpodoxime R >=8 Cefovecin R >=8 Ceftiofur R >=8 Imipenem / Carbapenem S <=0.25 Amikacin S <=2 Gentamicin S <=1 Ciprofloxacin R >=4 Enrofloxacin R >=4 Marbofloxacin R >=4 Doxycycline R >=16 Nitrofurantoin S <=16 Chloramphenicol S 4 Trimethoprim/Sulfamethoxazole R >=320 Fosfomycin S Amoxicillin-Clavulanic Acid R Ceftazidime R Cefotaxime R yuna- no uti signs

**SPECIES**

Feline

**BREED**

Domestic Longhair

**SEX**

Spayed female

**AGE**

5 years

**WEIGHT**

9.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Han

**HOSPITAL NAME**

Tenafly VC

**REFERRING VET**

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**INVOICE**

47927

**DATE**

6/22/23

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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** are slightly subnormal in size with increased cortical echogenicity, yet the degenerative changes were minor. The left kidney measured 2.8 cm. The right kidney measured 2.7 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** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**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.



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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**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**

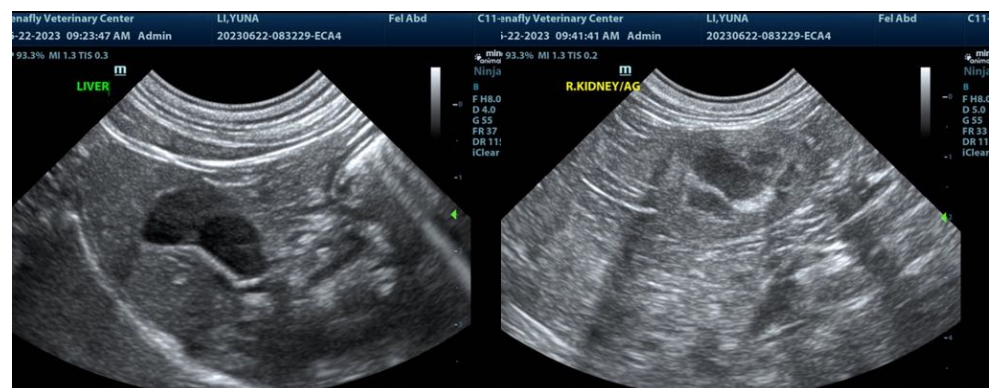
Kidneys subnormal in size, with increased cortical echogenicity.

Unremarkable lower urinary tract.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**Feline Chronic UTI Protocol**

I recommend **Enrofloxacin** (5-10 mg/kg SID PO) (In patients > 1 year of age) in an adequately hydrated patient without renal failure to avoid complications. 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 especially with elevated urinary WBC with low urine specific gravity.* Other favorite antibiotics for chronic UTI include zithromax 50mg/cat SID or potentiated bet lactam antibiotics.





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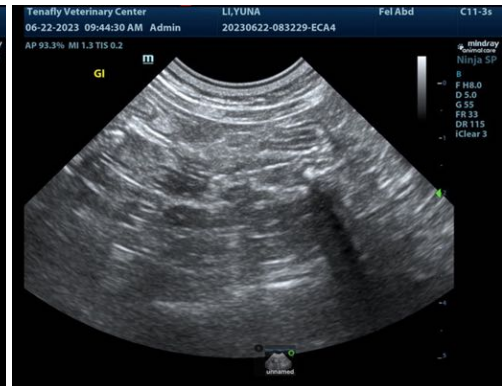
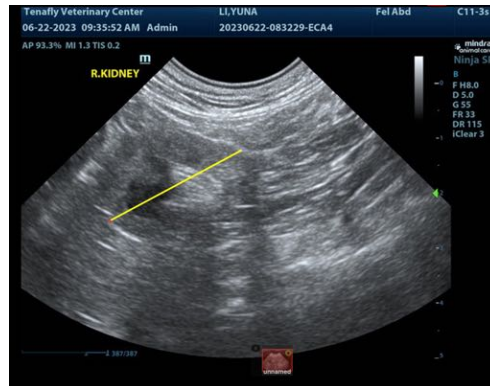
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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