

**DATE**

6/3/22

PRESENTING CLINICAL SIGNS

History: Urine dribbling and chronic UTIs.

PATIENT

Serj Cunningham

Current Medications: Last August was treated with Enrofloxacin for 10 days due to UA showing rods and struvite crystalluria. Symptoms resolved.

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

Pitbull

SEX

Neutered Male

AGE

6/3/2011

WEIGHT

85 Pounds

LIMITED ULTRASONOGRAPHIC EXAMINATIONThe **urinary bladder** presented apical ventral and apical dorsal wall thickening. Anechoic urine was present. The pelvic urethra presented slightly subnormal toneThe residual **prostate** was mildly enlarged and slightly irregular, measuring 2.12 cm. If the patient was neutered as an adult, then this would be likely normal, however, underlying emerging prostatic carcinoma cannot be completely ruled out. Traumatic catheterization or FNA would be appropriate.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. Slight pyelectasia (0.4 cm) was noted in the right kidney. The right kidney measured 6.88 cm. The left kidney measured 7.44 cm. Occasional cortical cysts were noted in the left kidney, measuring up to 0.42 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic bladder changes
- Chronic prostatic changes
- Slight renal pyelectasia

HOSPITAL NAME

Homeward Bound VS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for emerging carcinoma. Embedded infection with recurrence may be derived from prostatic, bladder wall or right renal changes. Traumatic catheterization or FNA of the prostate would be ideal, to ensure fatty regression, which would be a normal finding for post-neuter, however, underlying carcinomatous cells should be ruled out as a potential. Traumatic catheterization with culture and cytology would also be valid. A 3-4-week antibiotic protocol may be necessary in this patient to potentially clear infection. Resistant bacterial or embedded infection with recurrence are primary concerns.

REFERRING VET

Dr. Sorum

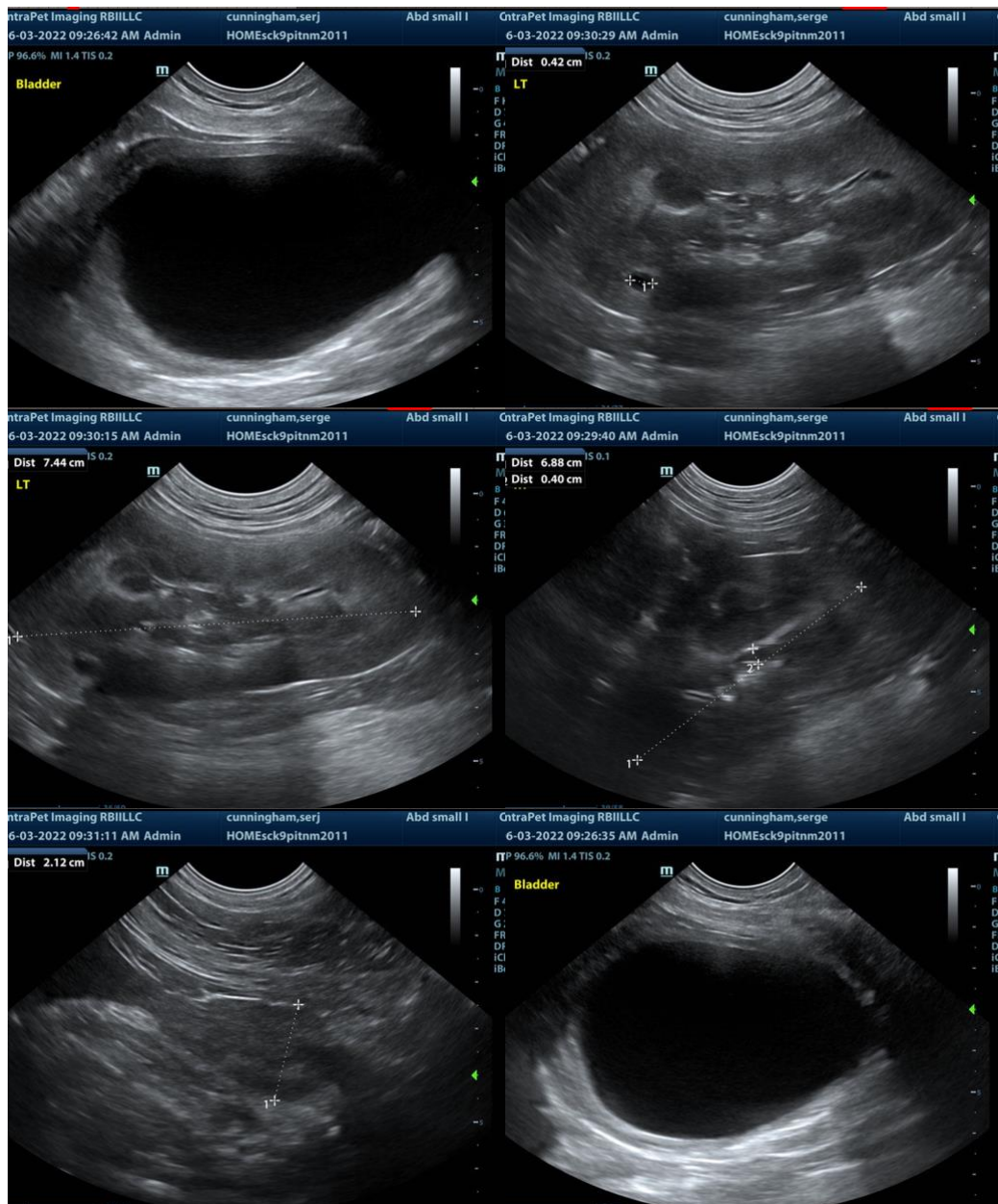
INVOICE

15898

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.



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
Eric.Lindquist@SonoPath.com