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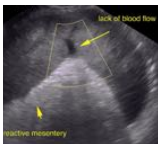
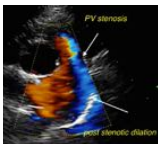
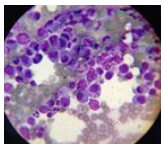
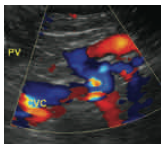

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1-800-838-4268 info@sonopath.com

PATIENT
Chloe Hough

SPECIES
Feline

BREED
Domestic Shorthair

SEX
Spayed Female

AGE
4 years

WEIGHT
8.35 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Rodriguez

HOSPITAL NAME
Foxfield

REFERRING VET
Dr. Rodriguez

INVOICE
91245

DATE
8/16/21

PRESENTING CLINICAL SIGNS

History: Presented with blood in urine and inappropriate urination on 8/9/21 and was treated with orbax.
Abnormal PE/Chem/CBC/UA Results: 8/9/21 U/A: 2+ protein, 3+ blood, >100cocci, protein/creat ratio: 2.5

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed dorsal wall thickening measuring 0.68 cm x 1.8 cm in length. The dorsal wall thickening does appear potentially resectable; however, it impinges upon the right ureteral papilla. There was loss of mural detail noted.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. Hyperechoic medullary rim sign was noted. The left kidney measured 3.44 cm. and the right kidney measured 3.7 cm.

Adrenal Glands

The right **adrenal gland** was slightly enlarged and measured 0.7 cm. The left adrenal gland measured 0.48 cm.

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** revealed slightly increased portal markings. The gallbladder and common bile duct were unremarkable. The liver size and vascularity were normal.

Gastrointestinal

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. Intestinal wall thickness measured 0.34 cm. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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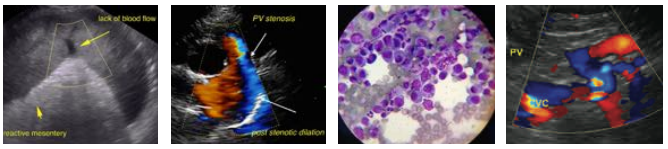

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Pancreas

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

Interstitial nephrosis with medullary rim.

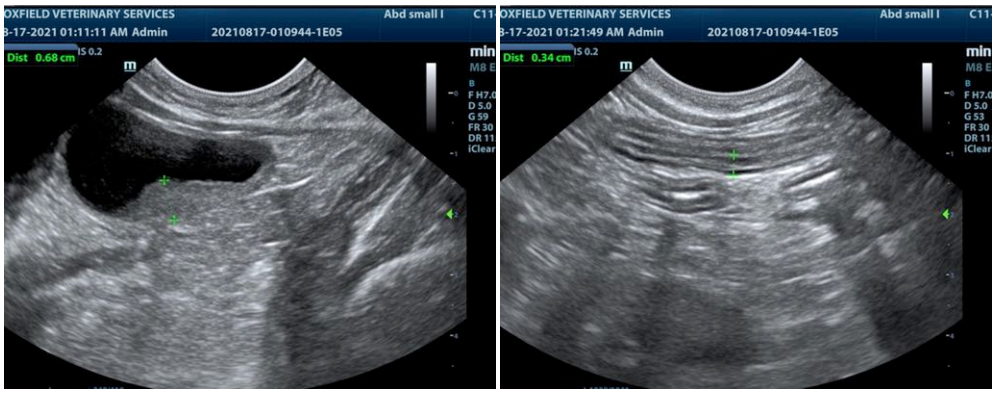
Dorsal bladder thickening. This is most consistent with interstitial cystitis; however, emerging round cell neoplasia and transitional cell carcinoma cannot be ruled out.

Chronic GI changes. Likely inflammatory bowel.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The kidneys are concerning with moderate degenerative changes. There is a mild potential for underlying dry form FIP. Cystitis owing to urinary tract infection is possible given the presence of bacteria in the urine. I recommend treating this patient for urinary tract and reassessment of the bladder presentation. However, long term management in this patient given the medullary rim kidneys and the bladder presentation surgical biopsies of the kidney and excision of the majority of the dorsal bladder wall thickening may be the best option to obtain histopathology and manage this patient long term.

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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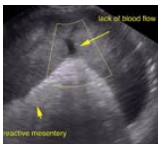
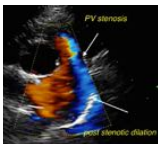
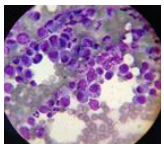
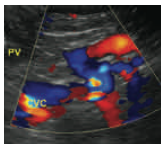

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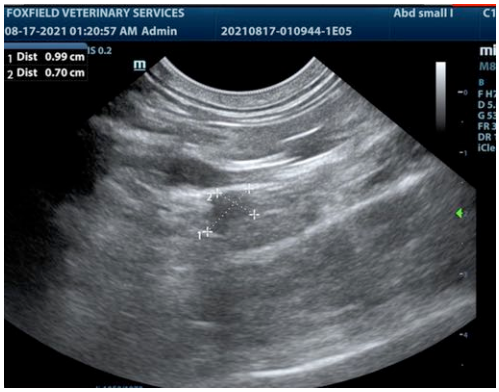

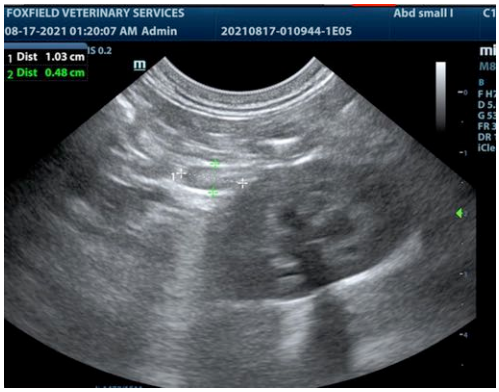

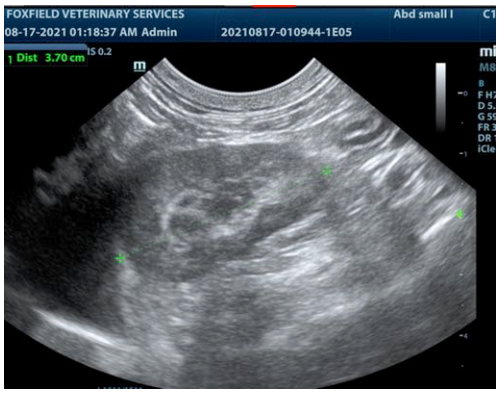

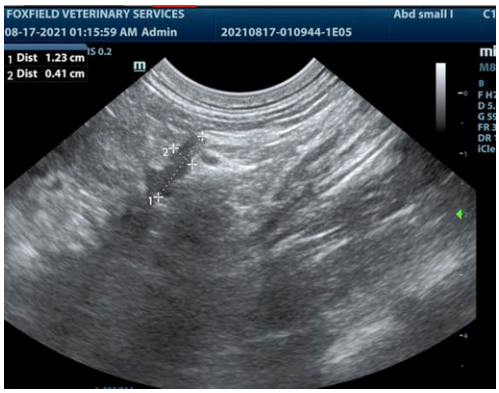

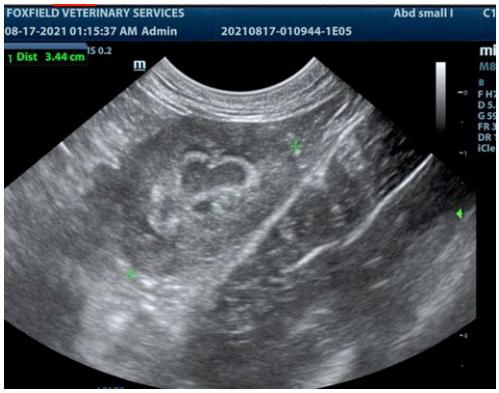

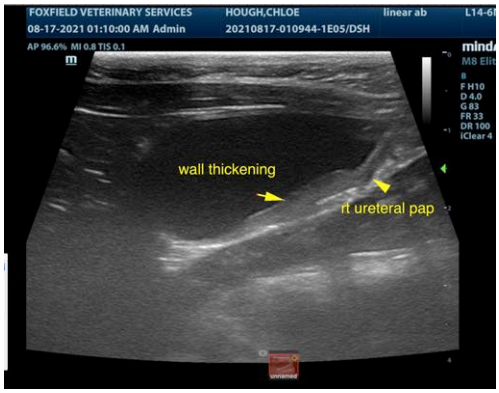

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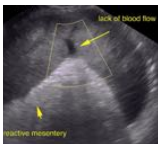

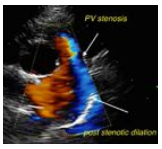

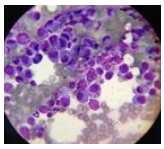
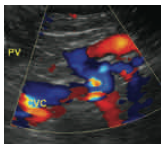

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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