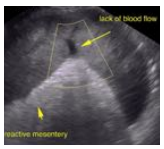

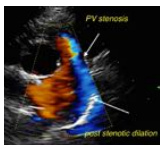

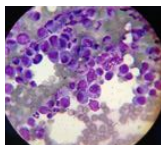
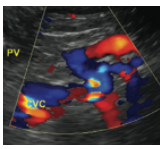

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1-800-838-4268 info@sonopath.com

PATIENT
Lola McDaniel

SPECIES
Canine

BREED
Border Collie

SEX
Spayed female

AGE
11 years

WEIGHT
55 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Anderson

HOSPITAL NAME
Elizabeth AH

REFERRING VET
Dr. Anderson

INVOICE
39539

DATE
9/21/22

PRESENTING CLINICAL SIGNS

History: Seen as urgent visit 9/17/22 (5 days prior) for dribbling urine and pollakiuria. Bladder able to be expressed then, but very large and painful. Infection on UA (rod bacteria). After antibiotics and pain medications Lola feels better and the bladder is not painful, but remaining symptoms persist.
PE: Stage II Dental Disease. Sclerosis normal for age Bladder not painful but full, not as full as last time per Dr. Allyn. Able to easily express urine. UA: 9-17-22: SG 1.028, pH 7.9, Trace protein, >50WBC, Rod bacteria very numerous. No blood tests performed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was over distended with debris. The urethra appeared to be thickened along with thickened cystourethral junction. The cystourethral junction thickening measured 4.0 cm in length x 2.0 cm at the maximum width.

The uterine stump was slightly prominent, yet uniform and measured 1.2 cm in width.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.23 cm. The right kidney measured 6.46 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. The left adrenal gland measured 1.99 x 0.59 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 1.28 x 0.64 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially and was uniform. This is a positional variant and is not pathological. There was no evidence of significant disease.

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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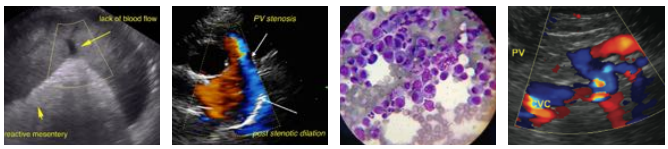

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Gastrointestinal

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.

Free Abdomen

The iliac lymph nodes were unremarkable.

ULTRASONOGRAPHIC FINDINGS

Cystourethral junction and urethral thickening.

Over distended bladder with debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a strong concern for carcinoma. Cystoscopy is indicated. However, if the patient is able to be catheterized then ultrasound-guided traumatic catheterization would be indicated. If the patient is able to be catheterized then ultrasound-guided traumatic catheterization would be indicated. Concurrent UTI may be an issue given the incomplete urination. Sampling of the cystourethral junction and proximal urethra is essential in this case. Referral for potential ureteral stent placement may be appropriate if carcinoma is confirmed. Guarded prognosis.

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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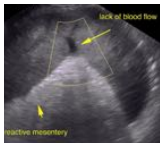
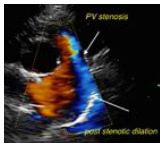
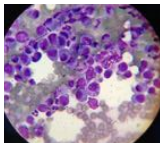
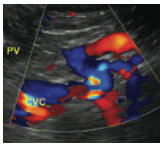

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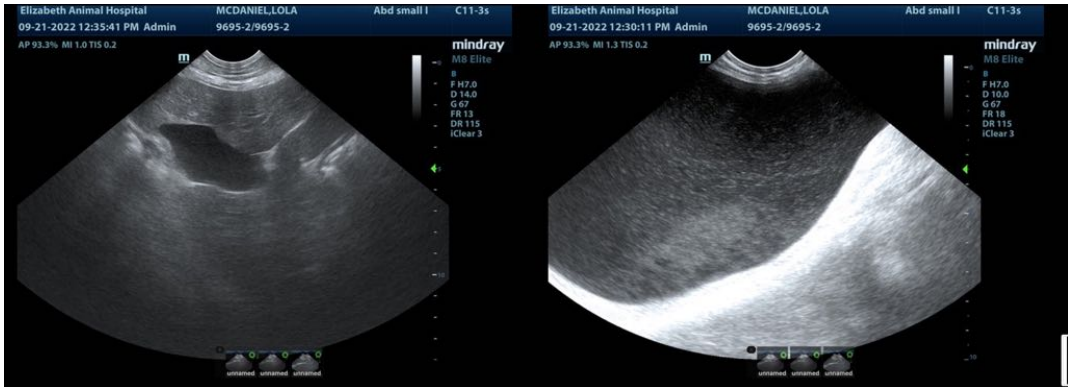

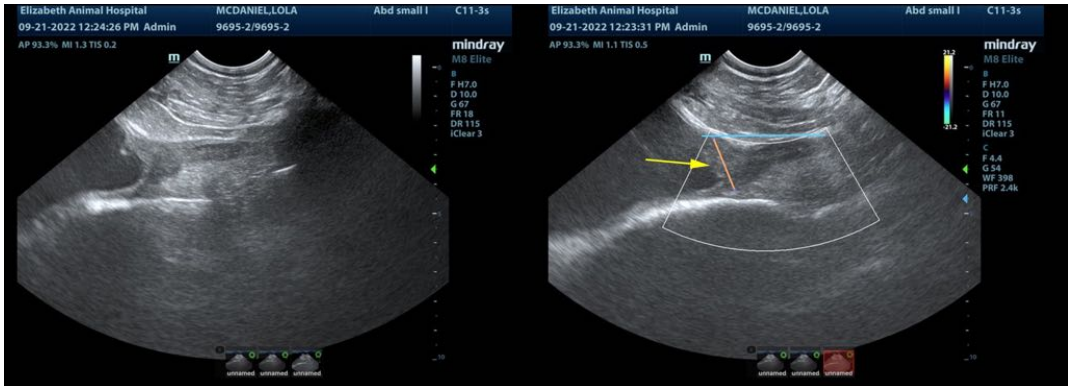

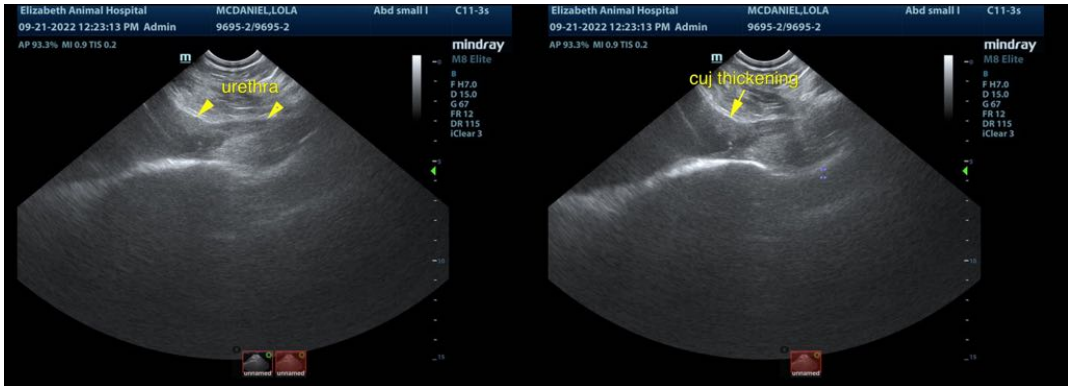

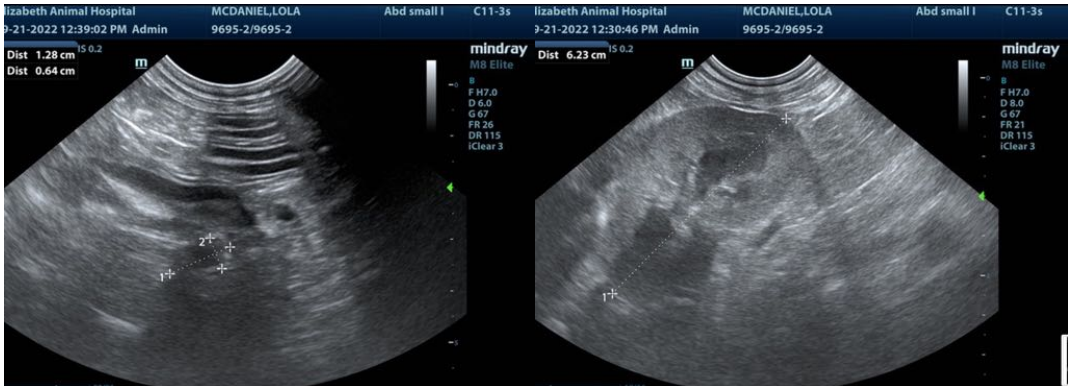

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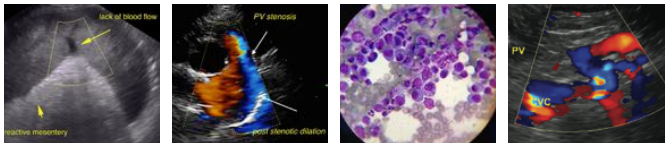

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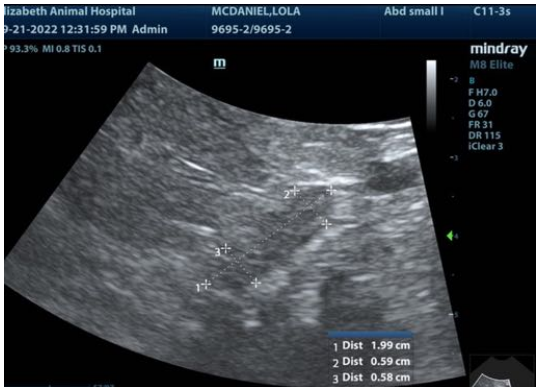

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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