**DATE PRESENTING CLINICAL SIGNS**

1/31/23 Recurring UTIs, treatment based on urine culture and sensitivity, culture checked following tx to ensure resolution, occurred on 07/01/22, 10/8/22, 12/30/22. PE: BCS 9/9, perivulvar involution/hood

PATIENT

Lexi Jones
Current Medications: Enrofloxacin 272mg po SID 12/30-1/13
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Canine
Imaging Performed By: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED****Urinary System**

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

Australian Shepherd X

SEX

Spayed Female

The left kidney has a normal shape and size (7.22 cm) with mild corticomedullary rim sign. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

8/8/18

The right kidney has a normal shape and size (7.48 cm) with mild corticomedullary rim sign. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

97.5 Pounds

INTERPRETED BY

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

ULTRASONOGRAPHIC FINDINGS

- Mild corticomedullary rim sign visualized in both kidneys – Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, chronic interstitial nephritis, and leptospirosis. This is subtle and likely within normal limits in this individual.

HOSPITAL NAME

Perry Hall AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of a structural abnormality of the urinary tract to explain the recurrent urinary tract infections. This makes the likelihood of an ectopic ureter, diverticulum, or other congenital abnormality less likely. But unfortunately, does not definitively rule them out.

REFERRING VET

Dr. Baer

-Consider systemic causes such as diabetes, chronic renal failure, immunosuppression, cushings (steroid use) etc..

INVOICE

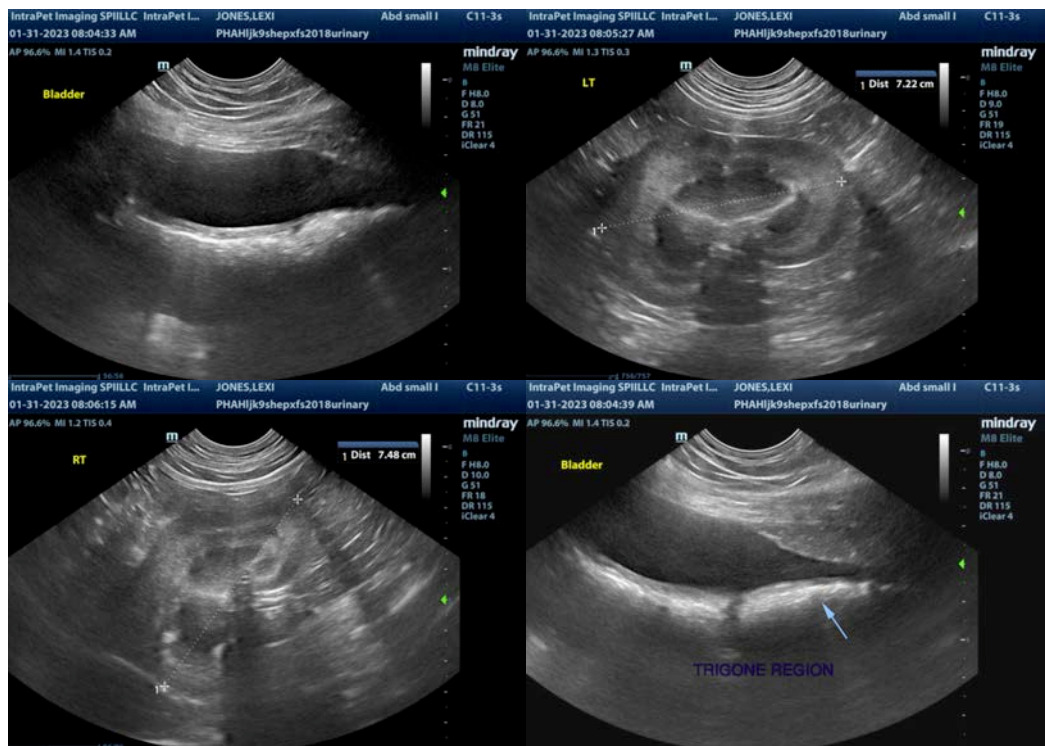
44630

-Consider external conformational issues such as recessed/hooded vulva, chronic neurologic disease interfering with urine emptying etc.. In this patient, weight loss could play an important role in improving conformational issues.

-Further evaluation with cystoscopy or CT could be considered as not all lesions are evident on ultrasound.

-Recommend starting a probiotic, frequent walks, using wipes, cranberry supplement (if E.Coli infections) and frequent urine culture/urinalysis monitoring to target antibiotic therapy and the need for treatment. (asymptomatic bactiuria Vs. bacterial cystitis)

You've been doing an excellent job with recurrent culture and sensitivities to help guide your therapy. This will continue to be necessary to try and prevent resistance and to guide your antibiotic therapy.



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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
kathleen.sennello@sonopath.com