

PATIENT

Sissy Kosich

PRESENTING CLINICAL SIGNS

SPECIES

Canine

BREED

Min Poodle

SEX

Spayed Female

a little tense- not sedated-Chief Concern / Provisional Diagnosis: Chronic UTI's; resistant to most antibiotics besides Baytril. Hx of chronic intermittent pancreatitis and inflammatory bowel disease. Sensitive to all oral medications. Possible intermittent urinary incontinence vs. UTI? (leaked a large amount of urine in the evening of 2/13/22 - unsure if was in deep sleep per owner or starting to have urinary incontinence) Recent Diagnostics: Relevant Laboratory Results / Abnormalities: Most recent blood panel (CBC/Chemistry) is all within normal limits as of 2/8/22. UA: 1027; 6.0pH; negative protein; negative for crystals. Culture: resistant to Amoxicillin, ceftiofur, cephalexin, cefovecin. Sensitive to enrofloxacin, amikacin, gentamicin, marbofloxacin, doxycycline. E. Coli >100,000 CFU per ml. Received injectable baytril (does not tolerate oral baytril or any oral meds - sets off pancreatitis) for therapy of most recent UTI. Current medications (include full name, dosage and frequency): Adequan 0.4mls SQ monthly for chronic arthritis / joint pa

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

12 Years 7 Months

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.

WEIGHT

19.6 Pounds

The left kidney has a normal shape and size (4.46 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

The right kidney has a normal shape and size (4.69 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.62 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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The right adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Kalivoda

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract

DATE

2/17/22



PATIENT

Sissy Kosich appear normal. There is a small hypoechoic nodule visualized within the hepatic parenchyma, measuring 1.56 cm x 0.75 cm.

SPECIES

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The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

BREED

Min Poodle

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SEX

Spayed Female

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.21 cm. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

12 Years 7 Months

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

WEIGHT

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Pancreas

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a prominent mesenteric lymph node visualized at 0.47 cm. The omentum is of normal echogenicity.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

IMAGING BY

Loetitia Saint-Jacques,
LVT

ULTRASONOGRAPHIC FINDINGS

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Subtle hypoechoic nodule within the hepatic parenchyma – The appearance of this nodule trends towards a benign appearance, but continued monitoring is warranted.

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REFERRING VET

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No lesions were visualized associated with the urinary tract to explain the recurrent urinary tract infections described in the history. These can be very frustrating, particularly in a patient that is not tolerating oral antibiotics very well.

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- Consider any metabolic processes that could be exacerbating urinary tract issues such as renal disease, diabetes, and any medications that could be causing dilute urine or immunosuppression.

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- If no metabolic causes are identified, then consider anatomic causes. Today's scan did not identify any obvious abnormalities. Unfortunately, something such as a very small ectopic ureter may need contrast (contrast CT or excretory urogram) to pick up, but this seems unlikely in a 12 year old dog.

BREED

Min Poodle

With e. coli UTIs I typically recommend a cranberry supplement and strict adherence to culture and sensitivity protocols so that you are not inducing more resistance. Recommend treatment based on sensitivity results, reculturing when on antibiotics to ensure the infection is under control, and then reculture approximately one week after cessation of antibiotics to make sure the infection has cleared. I also recommend chronic probiotic use to try to transition the GI flora to a less resistant bacteria. In a female dog, I recommend a vaginal exam to look for urine pooling, growths, juvenile vulva, or excessive skin folds in that area with dermatitis that could be contributing. Wipes used after urination can sometimes be helpful.

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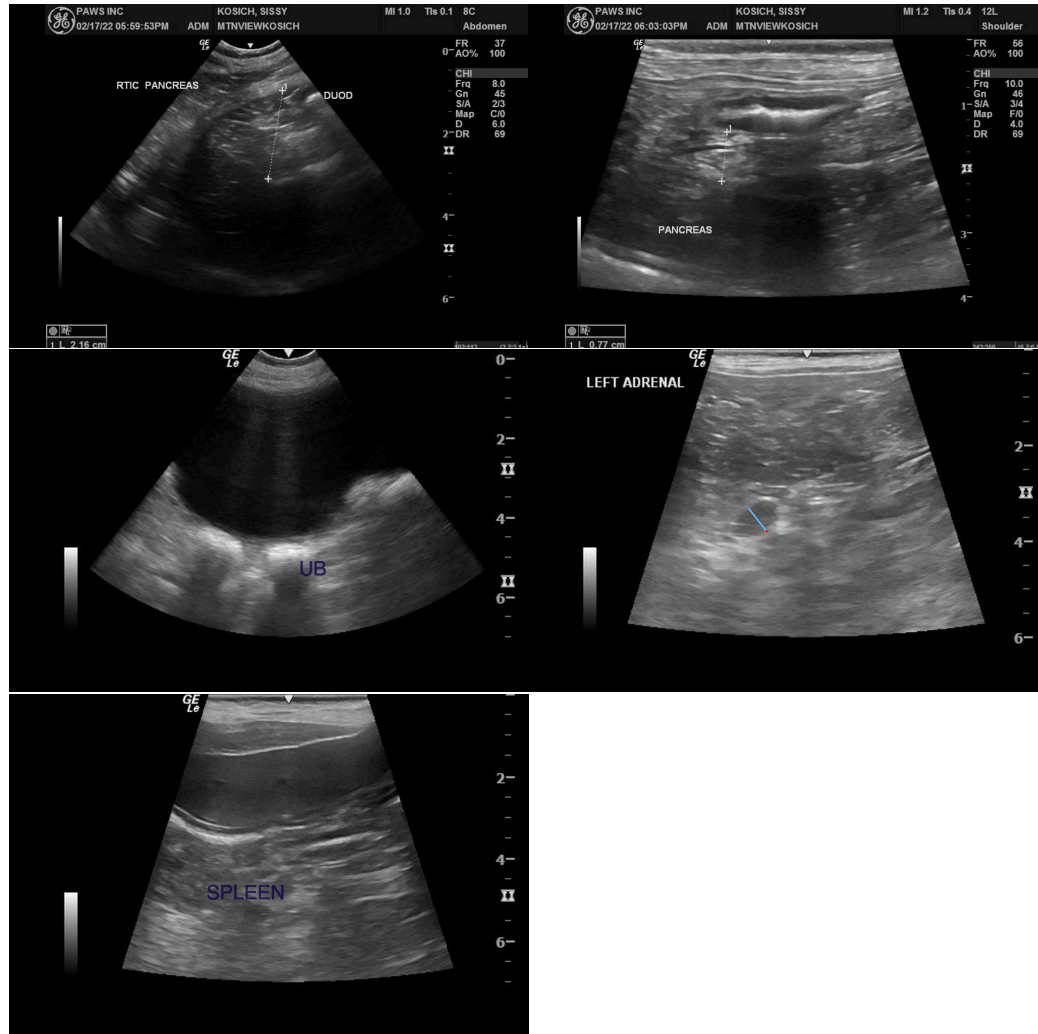
Dr. Kalivoda

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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.

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