



PATIENT PRESENTING CLINICAL SIGNS

Nala Callaghy

Patient has a history of urinary sand, blood in urine, bacteria in urine. We performed a focused ultrasound back in June - report dated 6/2/23 with additional history. X-rays at that time showed no obvious bladder stones. We did several days of diuresis with IV fluid therapy and started her on urinary rx diet. She has been doing well at home with no concerns and presents for a recheck.

SPECIES

Canine

BREED

Mixed

Abnormal PE/Chem/CBC/UA Results: Recheck urinalysis from cysto collection sent to Antech shows 1+ protein, 4-10 WBCs, but no blood, crystals, or bacteria. Urine culture is pending, but after less than 24 hours seeing some bacterial growth on the paddle (uricult).

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The bladder wall appears mildly diffusely thickened, measuring 0.39 cm, with relatively smooth mucosal surface. There is dependent shadowing sandy debris visualized within the urinary bladder. No mass lesions are observed.

AGE

9 Years

The left kidney has a normal shape and size (5.53 cm) with mild pyelectasia at 0.14 cm. Occasional small pinpoint non-obstructive nephroliths visualized. 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 infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

60 Pounds

The right kidney has a normal shape and size (5.19 cm). Occasional small pinpoint non-obstructive nephroliths visualized. 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, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Dependent sandy debris visualized in the urinary bladder with subjective mild urinary bladder wall thickening – Findings could be consistent with cystitis and sandy debris.
- Small, non-obstructive nephroliths visualized in both kidneys – The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

IMAGING PERFORMED BY

Dr. Kitz

HOSPITAL NAME

Woodlands AH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Kitz

Today's scan appears relatively similar to the previous scan on 6/2/23. There is still some dependent sandy debris visualized in the urinary bladder, subjectively this appears to be a smaller amount than the previous scan. Changes are relatively mild. Correlate these findings with urine culture results (I believe these are currently pending).

INVOICE

44709

DATE

8/16/23

Options moving forward include treating the infection per culture and sensitivity results and rechecking to see if the sandy debris resolves/improves during treatment (possibly a slightly more protracted treatment to give time for some of the sandy debris to clear/dissolve, or if you feel this is a completely asymptomatic infection, you could consider close monitoring. This is a clinical judgment based on the big picture, including current bloodwork, a careful exam of the external genitalia, and an orthopedic exam,



PATIENT

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looking for any factors that could be predisposing to recurrent urinary tract infections, any evidence of concurrent illnesses that could be contributing (renal disease, Cushing's disease, diabetes, etc.), etc. Additionally, if urinalysis results can give a clue to the type of sandy debris present, this may aid in treatment strategies (struvite versus calcium oxalate, etc.). These are my general recommendations with things to consider for a patient with recurrent urinary tract infections:

SPECIES

Canine

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

BREED

Mixed

-Consider external conformational issues such as recessed/hooded vulva, chronic neurologic disease interfering with urine emptying etc..

SEX

Spayed Female

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

AGE

9 Years

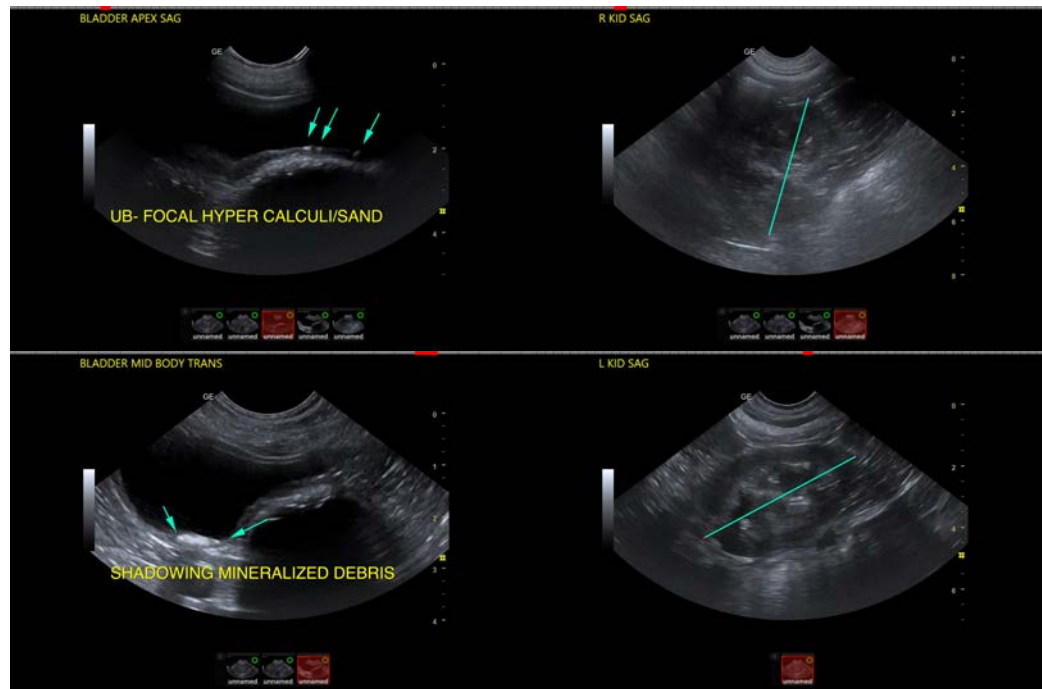
-Recommend starting a probiotic, frequent walks, using wipes, cranberry supplement (if E.Coli infections) and frequent urine culture/urinalysis monitoring to target antibiotic therapy and the need for treatment. (asymptomatic bactiuria Vs. bacterial cystitis)

WEIGHT

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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.

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

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