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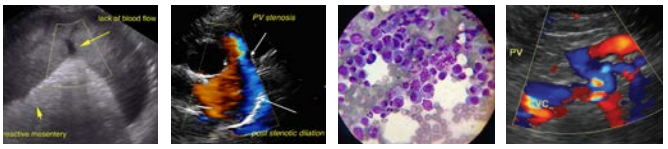

PATIENT

Georgia Monk

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

7.5 Years

WEIGHT

31.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

24785

DATE

8/18/21

PRESENTING CLINICAL SIGNS

chronic hematuria/UTI's having accidents in the house; Her last UTI was in March 2021. On previous u/a there were struvite crystals noted. Her last abdominal radiograph was in March 2020-no obvious stones noted.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem - WNL last U/A - rods, cocci WBC and RBC unknown if C&S was performed

LIMITED ULTRASONOGRAPHIC EXAMINATION

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.

The left kidney has a normal shape and is normal to slightly large in size (5.92 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Numerous non-obstructive stones are present and mild pyelectasia at 0.21 cm. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and is normal to slightly large in size (6.31 cm). Overall echogenicity is slightly hyperechoic with poor corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. Numerous non-obstructive stones are present and mild pyelectasia at 0.23 cm. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

ULTRASONOGRAPHIC FINDINGS

- Bilaterally decreased corticomedullary distinction in the kidneys with non-obstructive stones and mild pyelectasia – Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the left/right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other. The hyperechoic mineralized foci observed at the corticomedullary junction of the left/right kidney are consistent with small, non-obstructive nephroliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no stones or soft tissue masses visualized in the urinary bladder. Both kidneys are abnormal. Changes could be congenital or consistent with previous or current chronic infections. Strict adherence to urine culture and sensitivity protocols are necessary to try to prevent the development of resistant infections. External exam looking for any anatomical abnormalities such as hooded vulva, persistent hymen, urinary retention in the vaginal vault, etc. should be considered. I was not able to visualize the ureteral papilla, so an ectopic ureter cannot be ruled out, but in the absence of urinary incontinence this seems less likely. Recommend chronic probiotic therapy, treatment of UTIs (which result in cystitis) based on culture and sensitivity results, and evaluation for any systemic disease that could contribute to recurrent urinary tract infections (diabetes, hypothyroidism, chronic renal failure, Cushing's disease, etc.).

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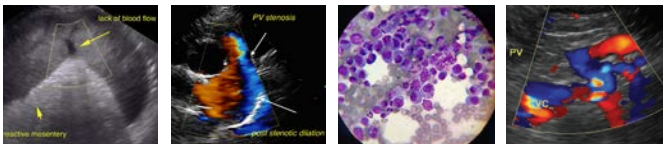

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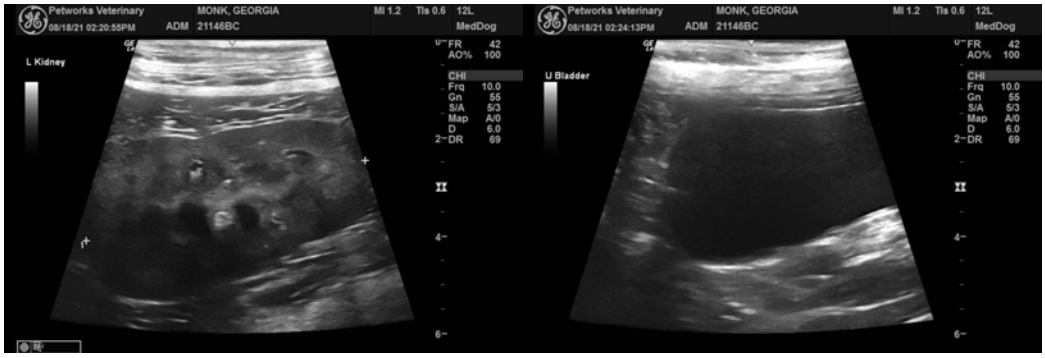

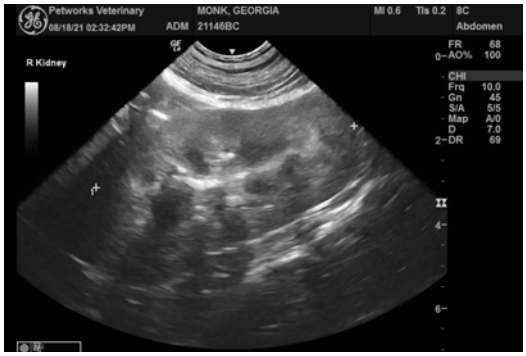

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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