



**PATIENT**

Kiki Dacus

**PRESENTING CLINICAL SIGNS**

History: Ongoing UTI, some response to Baytril and Clavamox, but UTI remains persistent. Had Convenia injection on 5/27 1.4 ccs.  
Abnormal PE/Chem/CBC/UA Results: Urine culture: no growth seen 5/31/22.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Shiba Inu

**Urinary System**

The **urinary bladder** is adequately distended with anechoic contents. The wall is smooth and regular. No abnormalities are noted with the trigone or proximal 2 to 4 centimeters of the urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

**SEX**

Spayed Female

**Uterine stump:** No obvious abnormalities observed.

**Kidneys**

**AGE**

6 years

The **left** kidney measures 4.23 cm. The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. Blood flow within normal limits. The surrounding mesentery is not hyperechoic.

The **right** kidney measures at least 4.04 cm (difficulty measuring cranial pole due to interference with ribs). Its overall architecture, including the definition of the cortico-medullary junction, is preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic. Blood flow – unable to evaluate due to panting artifact.

**WEIGHT**

25.4 lbs

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**Aortic bifurcation/trifurcation**

No abnormalities observed.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**Adrenal Glands**

The **left** adrenal gland measures 0.33 cm at the cranial pole, 0.24 cm at the caudal pole and 0.99 cm in length. No abnormalities are noted with the gland's overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**HOSPITAL NAME**

Oakland AH

A portion of the **right** adrenal gland was visualized 0.33 cm in diameter. No obvious abnormalities are noted with the portion of the gland evaluated. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**REFERRING VET**

Dr. Gordon

**Spleen**

The spleen is visualized intercostally. No abnormalities regarding size, architecture, echotexture, or echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

**INVOICE**

30822

**DATE**

5/31/22



<b>PATIENT</b>	<b>Liver</b>
Kiki Dacus	There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. Focal lesions are not observed and no abnormalities are observed with the hepatic vessels.
<b>SPECIES</b>	
Canine	The gallbladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material within the GB or edema surrounding it. The portions of the cystic and/or common bile ducts observed are not dilated or tortuous, i.e. there are no signs of an obstruction.
<b>BREED</b>	
Shiba Inu	<b>Gastrointestinal</b>
<b>SEX</b>	The gastric wall is within normal limits in thickness and the wall layers are well defined. No obvious abnormalities are observed with peristalsis.
Spayed Female	The small intestinal wall thickness, including the duodenum, is within normal limits and the definition of the wall layers is preserved. Abnormally dilated loops of bowel are not observed.
<b>AGE</b>	The colonic wall is not thickened and mural detail is considered normal.
6 years	There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction in the gastrointestinal tract.
<b>WEIGHT</b>	
25.4 lbs	<b>Pancreas</b>
<b>INTERPRETED BY</b>	No abnormalities are observed with the architecture, contour, echogenicity or echotexture of the pancreas. There is no evidence of hyperechogenicity of the surrounding mesentery, i.e., signs of active pancreatitis are not present.
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	<b>Other</b>
<b>IMAGING PERFORMED BY</b>	<b>Lymph nodes</b>
Kelly Vazquez, CVT	No abnormalities are observed
<b>HOSPITAL NAME</b>	<b>Abdominal effusion</b> is not visualized.
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<b>REFERRING VET</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Dr. Gordon	<ul style="list-style-type: none"> <li>• <b>Urinary bladder, uterine stump and kidneys:</b> No obvious abnormalities are noted to explain the urinary tract infections.</li> </ul>
<b>INVOICE</b>	<ul style="list-style-type: none"> <li>• <b>Left adrenal gland:</b> Mildly thin, but may be within normal limits for Kiki.</li> <li>• Abdominal ultrasound considered within normal limits.</li> </ul>
30822	
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**PATIENT**

Kiki Dacus

**SPECIES**

Canine

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**SEX**

Spayed Female

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**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

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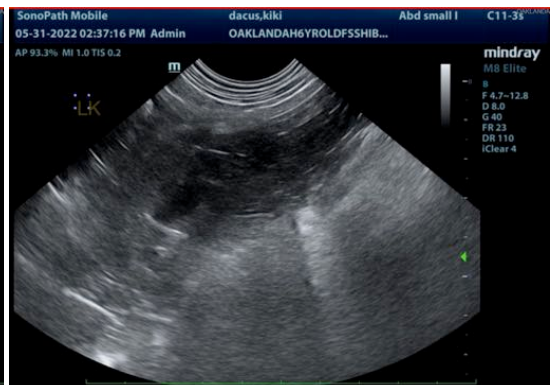
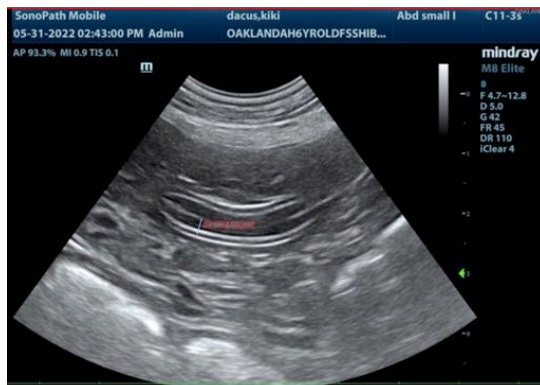
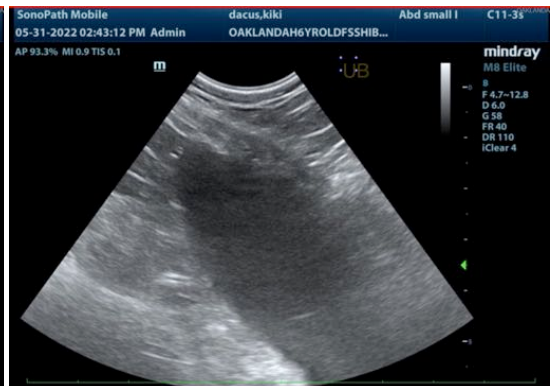
**DATE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although external conformational abnormalities are not present to explain the persistent urinary tract infections, the following are suggested

- Perform cytology of the perivulvar region and vestibulum/vagina to exclude vaginitis (yeast or bacterial)
- Perform a vaginal exam (chlorhexidine disinfection, sterile gloves, etc. to avoid introduction of organisms)
- Basic hygiene - on a daily basis with 0.025-0.05% chlorhexidine, rinsed with luke warm water, and ensure the area is kept dry to decrease risk of infection. Perform at night, prior to going to bed.
- Consider pro and prebiotic (oral administration).
- If response observed, repeat cefovecin (Convenia) injection for 1-2 additional treatments, every 10-12 days.
- If no improvement, consider baseline (random) cortisol to exclude hypoadrenocorticism as cause for UTI (extremely rare, but hypoadrenocorticism and urinary tract infections may occur).
- Cystoscopy may be required with biopsies and culture of mucosa.





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**SEX**

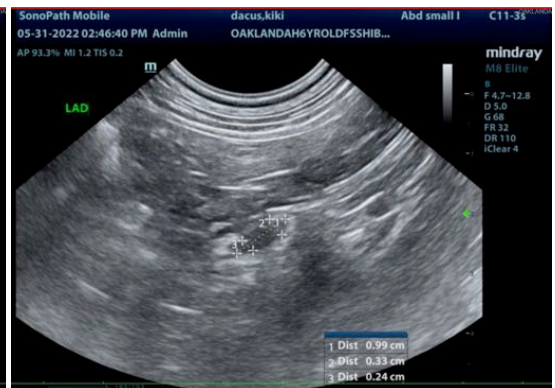
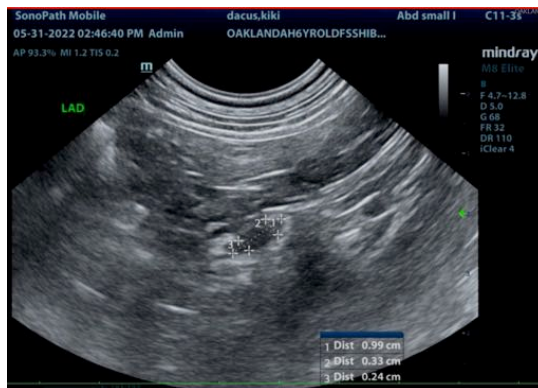
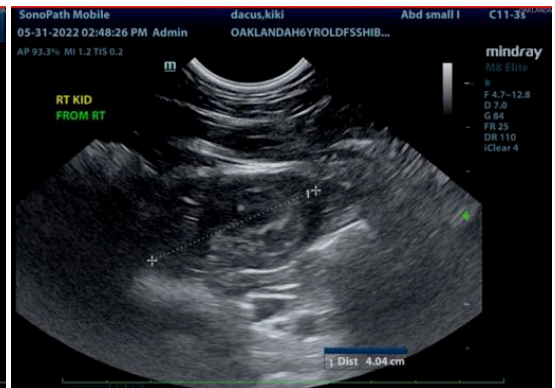
Spayed Female

**AGE**

6 years

**WEIGHT**

25.4 lbs



**INTERPRETED BY**

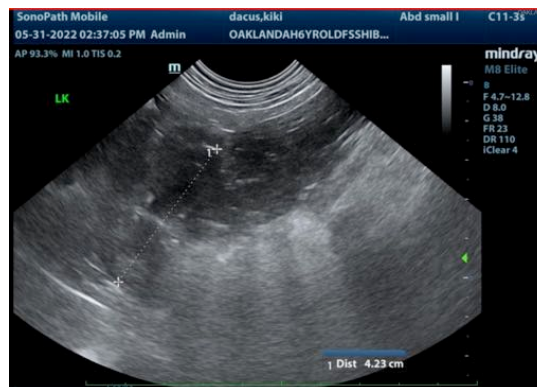
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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