



PATIENT PRESENTING CLINICAL SIGNS

Honour Roy History of chronic, recurrent UTI. Physical examinations normal. UTI appear to clear, even culture negative, only to return within a month. Is currently on Enrofloxacin.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: U/A shows significant pyuria and hematuria with rods (December 8). Adequate concentration. Most recent positive culture = Isolate 1: Proteus mirabilis - >1x10E5 CFU/ml, Isolate 2: Staphylococcus pseudintermedius - 1-10x10E3CFU/ml. Most recent culture (end of November no growth).

BREED

American Bulldog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

The urinary bladder was normal in size and tone with adequate anechoic urine volume. No sediment or calculi were noted. Subtle prominent to thickened ventroapical to dorsoapical urinary bladder wall was noted, exhibiting minor asymmetrical luminal surface contour with homogeneous mural echogenicity. The apical urinary bladder wall measured 0.54 cm in width. No evidence of mural pathology in the area of the trigone and urinary bladder neck, extending into the proximal urethra. The proximal urethra exhibited normal structure with subjective potential for decreased tone to a depth of 3.0 cm. Anechoic urine was present. Mild decreased proximal urethral tone noted, without overt evidence of obstructive pathology in the visible window, i.e., no evidence of urethral calculi, mass lesions, etc. Aortic trifurcation was normal.

AGE

4 Years

WEIGHT

26.5 kg

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia or peripelvic inflammatory criteria. The left kidney measured 5.3 cm in length. The right kidney measured 5.6 cm in length.

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and
Feline)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width at the caudal pole and 0.46 cm width at the cranial pole.

IMAGING

PERFORMED BY

Crystal Hill

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width at the caudal pole.

HOSPITAL NAME

Snelgrove VS

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

REFERRING VET

Dr. Gunsinger

Liver

INVOICE

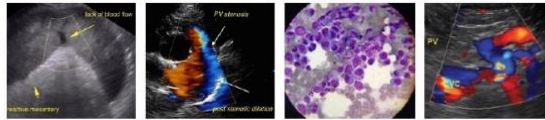
20073

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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12/13/22

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

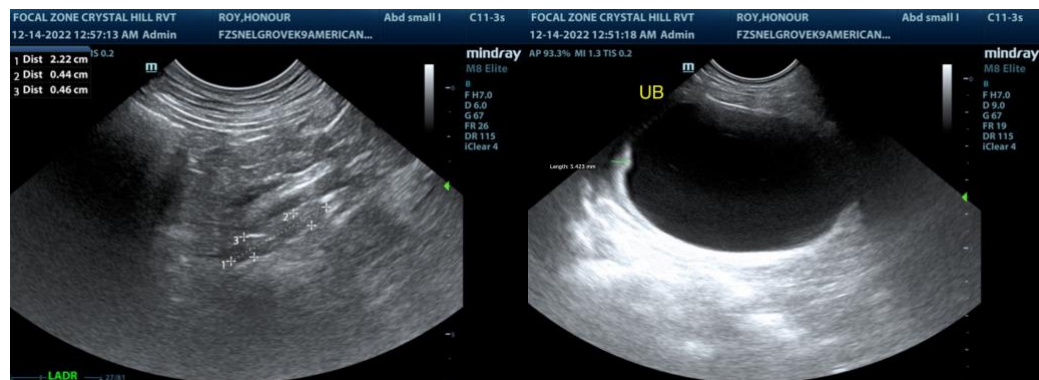
The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

ULTRASONOGRAPHIC FINDINGS

- Subjective mild apical cystitis pattern
- Normal proximal urethral structure, exhibiting potential decreased proximal urethral tone
- Normal bilateral kidneys- no sonographic evidence of pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from subjective mild apical cystitis, no evidence of lower urinary tract pathology, i.e., congenital defect, such as ectopic ureter, urachal remnant, etc., calculi or masses, which may serve as the nidus for recurrent UTI. Assessment of the vulva and vaginal vault for evidence of structural abnormalities or pathology, which may predispose to ascending infection may be considered. Recheck urine culture and sensitivity 7 days post completion of current antibiotic therapy is suggested with as needed culture and sensitivity monitoring. Given the suspected mild apical cystitis, in conjunction with recurrent UTI, a higher dose/shorter frequency antibiotic regimen based on culture and sensitivity results, i.e., enrofloxacin at 20 mg/kg per day for 3-5 days may prove more effective at eliminating recurrent infection. Cystoscopy may ultimately be indicated in this patient.



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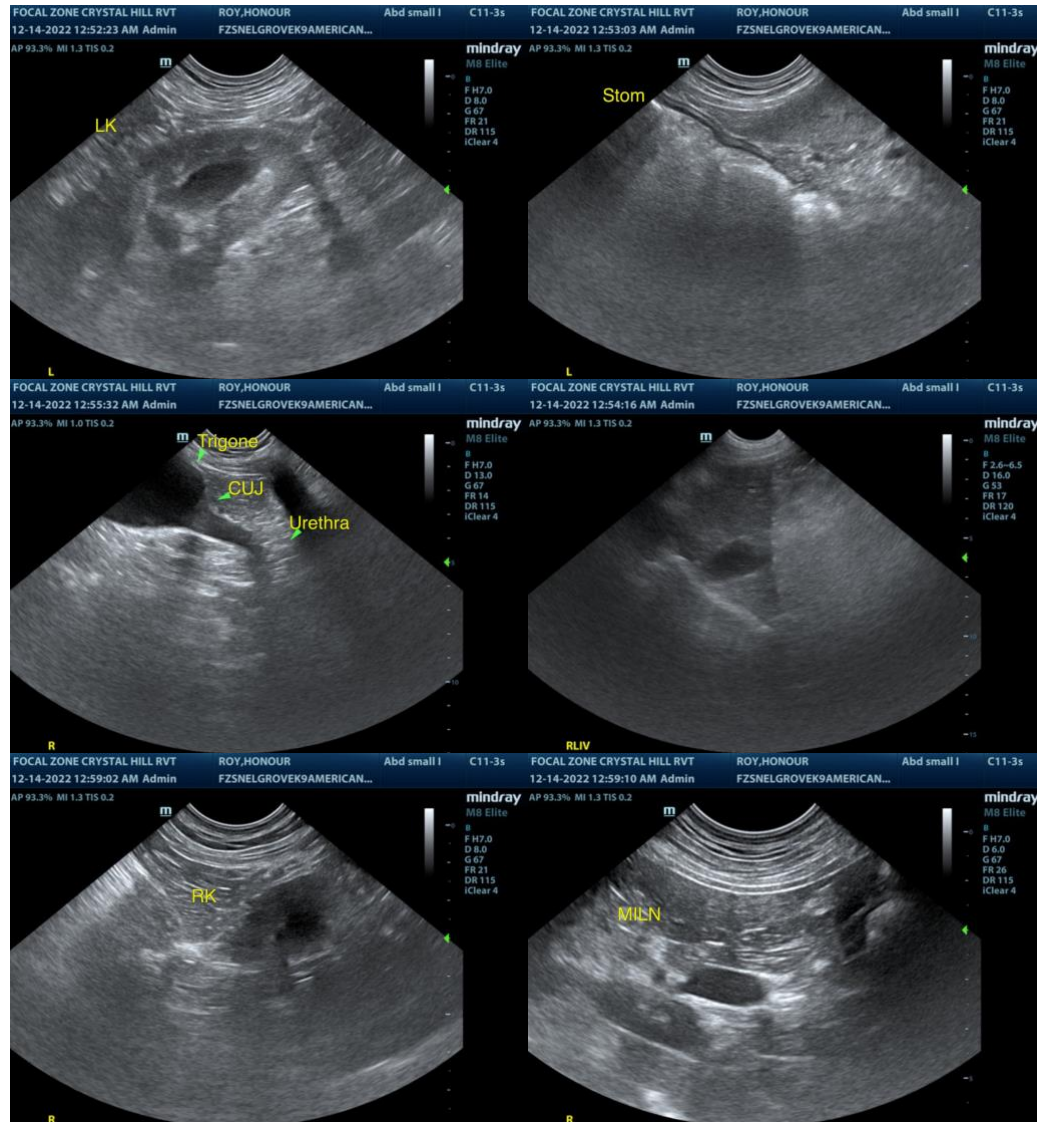
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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