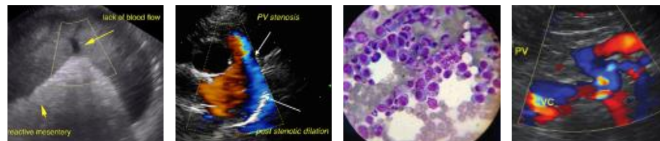

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1-800-838-4268 info@sonopath.com

PATIENT

Cassidy Tompkins

SPECIES

Canine

BREED

Boxer

SEX

FS

AGE

4yr

WEIGHT

25kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

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02/20/2023

PRESENTING CLINICAL SIGNS

Patient has been dealing with dysuria intermittently for several years. -- As a puppy, there were several events of puppy vaginitis (possible cystitis) and OHE was delayed to ~ 1 -1.5 years of age. -- Beginning in 2019, patient began exhibiting significant urgency with urination, WITHOUT obvious urinary incontinence. Urine analysis were unremarkable at the time. -- Cassidy was evaluated by an internal medicine specialist in 2019 (ultrasound performed at the time) and was started on Clomipramine 45 mg PO q 24 hours to assist with the urgency. For several years, this seemed to be helpful. -- Beginning December, 2022, pollakiuria with urgency and urinary accidents began occurring, with accidents in the house. Patient appears aware of the urination, it tends to occur when she's "active" (not when lying down, nor obvious pooling from a place where she has been resting). -- Increasing the dose of Clomipramine to 60 mg PO once daily seemed to help for a short while. 1/9/2023: Infectious cystitis on UA and treatment with Baytril, Carprofen, Proviable and PPA initiated 1/26/2023: Repeat UA reveals improved signs of infectious cystitis, however urgency and inability to control accidents during the day persists.

Abnormal PE/Chem/CBC/UA Results: PE: Unremarkable, however upon standing, patient urinated a sizable volume of yellow, concentrated urine. The stream retained normal tone and patient was able to disrupt/stop the stream normally. Routine blood work (CBC, CHEM, T4, 4Dx, HW, fecal) all performed 11/14/2022 and was all WNL 1/9/2023 UA (cysto): -- USG: 1.017, pale yellow, pH: 7 -- pyuria, >50 WBC/HPF -- heaturia, >50 RBC/HPF -- No bacteriuria noted -- No culture performed ** Baytril, Carprofen started 1/16/2023 UA (free catch): -- USG: 1.044, pH: 7 -- No significant pyruia, nor hematuria, no bacteriuria -- No significant casts, cells, crystals

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. No evidence of cystitis criteria.

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 pelvic dilation. The left kidney measured 6.2 cm in length. The right kidney measured 6.4 cm in length.

The area of the aortic trifurcation was free of pathology.

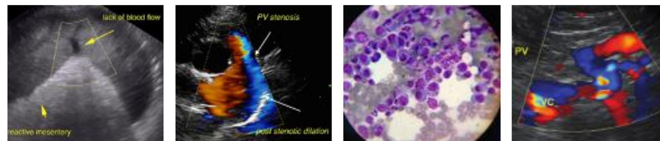
The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

The area of the uterine remnant appeared normal and free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width at the caudal pole and 1.8 cm length. 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 and 1.3 cm length.

Spleen



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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.

Liver/Gallbladder

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing ingesta 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.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal non-distended urinary bladder, normal visible proximal urethra structure and tone
- Normal bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of upper or lower urinary tract pathology is present in this scan. No evidence of cystitis, renal or cystic neoplastic criteria, congenital disease or other pathology. A definitive cause of the patient's inappropriate urination was not obvious. Periodic/serial monitoring of UA +/- C/S on sterile urine sample is recommended. Cystoscopy is likely ideal in this patient if possible.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services

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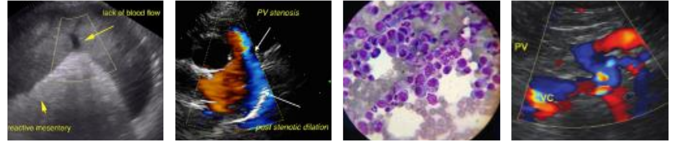

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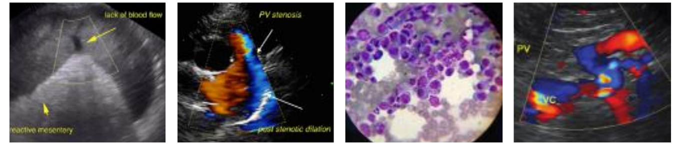

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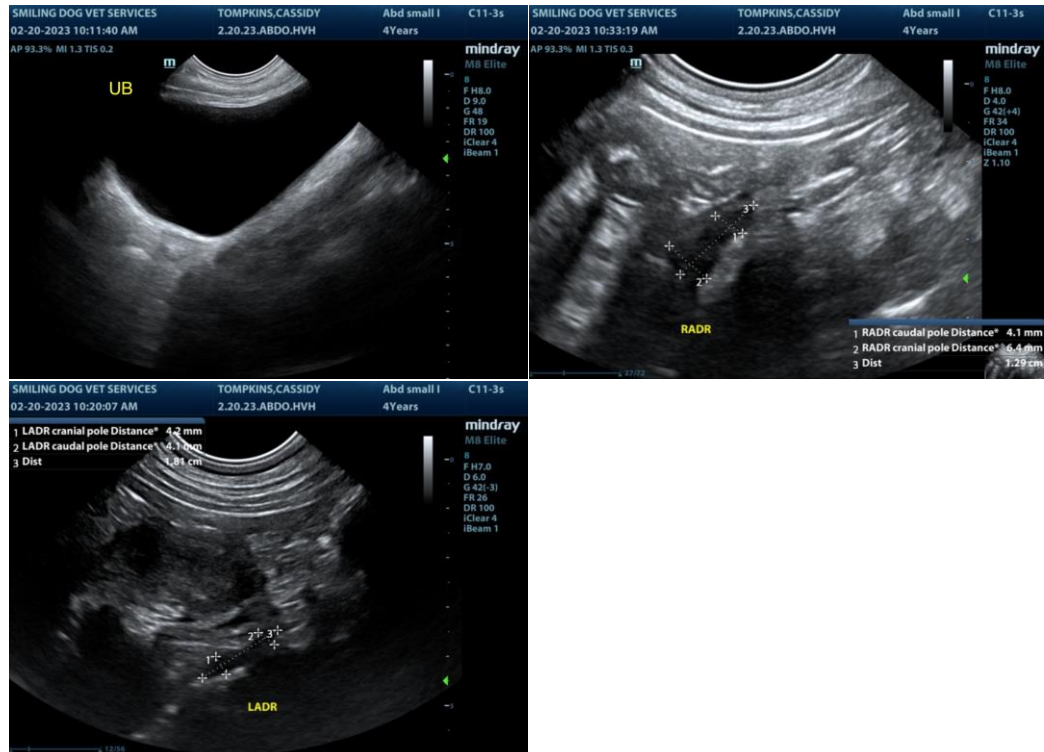

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com