



PATIENT

Freddy Grajczyk

SPECIES

Canine

BREED

DLH

SEX

Neutered Male

AGE

7 Years

WEIGHT

11.57 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook-
SDEP Certified
Sonographer

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. David Gray

INVOICE

15043

DATE

5/5/22

PRESENTING CLINICAL SIGNS

History: History of urinary issues for several years - recently has been urinary deobstructed x2-3 at rDVM with one time of P pulling indwelling UCath while in hospital overnight; P presented to us 5/2 for urinary signs with dribbling but not fully obstructed but then represented on 5/4 for SQ fluids, cerenia due to vomiting oral medications - client took P home to decide next steps for care (surgery vs. QOL)

Abnormal PE/Chem/CBC/UA Results: UA performed today (previous UA and BW done at rDVM) - inflammatory Radiographs today - no obvious stones US performed today to assess urinary presentation to decide next best steps due to chronic urinary history

LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder was normal in size and tone. Uniform mildly thickened ventral apical and dorsal urinary bladder walls were present, exhibiting normal uniform mural echogenicity, symmetrical luminal surface contour and without evidence of mural mineralization. Anechoic urine was present without sediment or calculi. The apical urinary bladder wall measured 0.5 cm in width. No overt evidence of neoplastic criteria. The proximal urethra was mildly prominent, exhibiting potential for minor subjective thickening to a depth of 2.0 cm. Mild decreased proximal urethral tone was present yet without evidence of generalized urethral urine retention or overt evidence of obstruction to urethral urinary outflow. The proximal urethra measured approximately 0.47 cm width. No overt pathology in the area of the iliac trifurcation.

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 pyelonephritis. The left kidney measured 3.6 cm in length. The right kidney measured 4.1 cm in length.

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder size and tone with mild cystitis pattern
- Suspect concurrent urethritis with mild decreased proximal urethral tone
- Sonographically unremarkable kidneys- no evidence of pyelectasia/pyelonephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Persistent mild cystitis and urethritis given the patients history with associated or possible secondary mild decreased urethral tone is likely. Overt evidence of urethral outflow obstruction was not definitively evident. Continued supportive care for cystourethritis +/- empirical FIC therapy is suggested. Urine culture and sensitivity on sterile urine sample could be considered if clinical concern for underlying infection or if not recently done. Potentially, perineal urethrostomy may be indicated.



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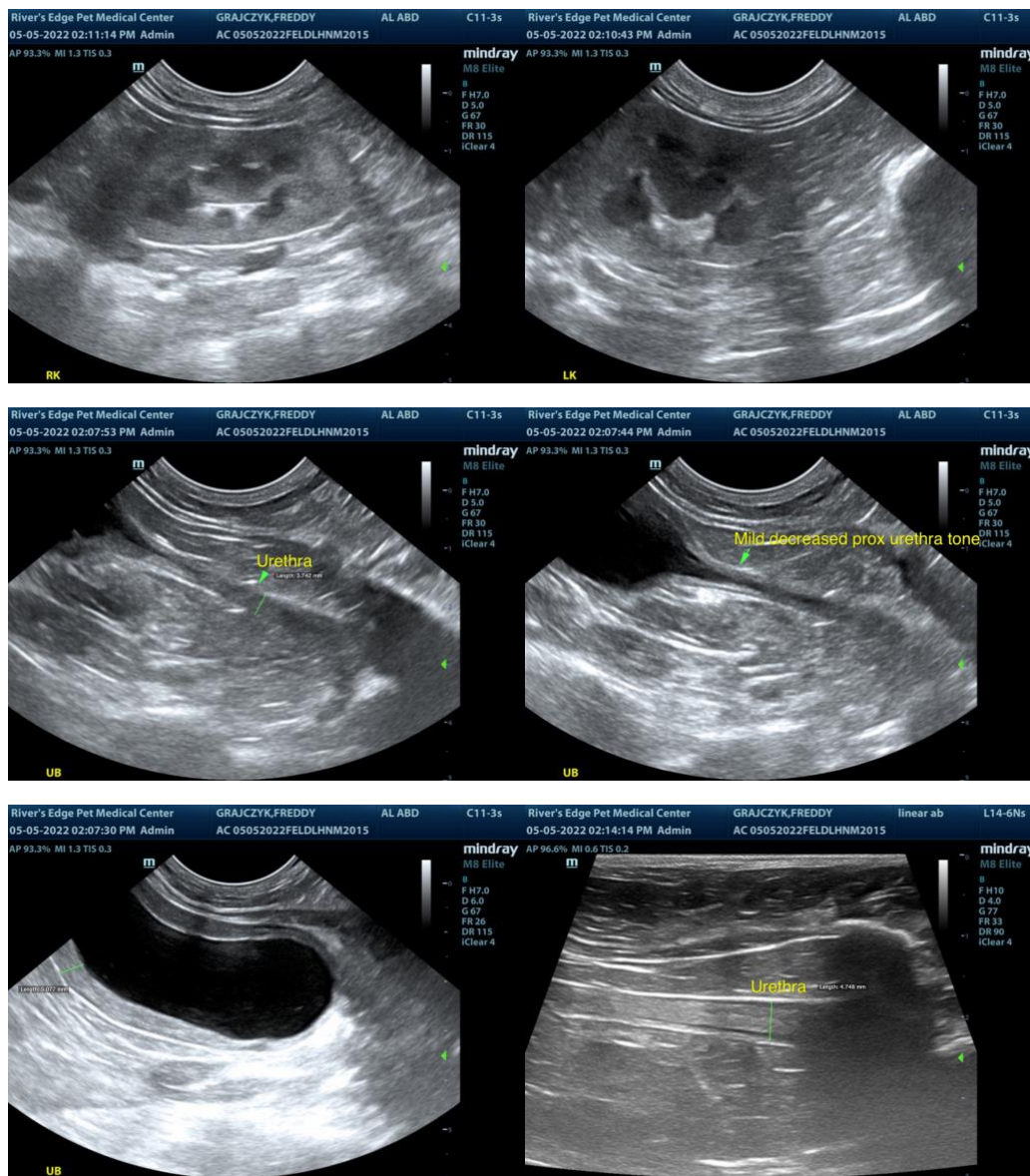
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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