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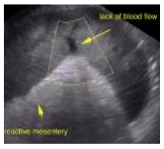
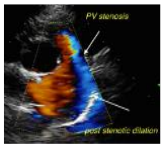
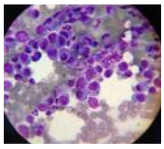
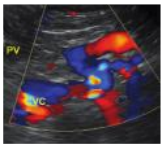

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Sadie Tolbert

SPECIES

Canine

BREED

Border Collie

SEX

Spayed Female

AGE

12 Years

WEIGHT

50.2 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jo Goodman

HOSPITAL NAME

Evandale-Blue Ash PH

REFERRING VET

Dr. Jo Goodman

INVOICE

16065

DATE

6/14/22

PRESENTING CLINICAL SIGNS

History: History of recurrent uti typically ecoli since Feb 21. She will finish abx, culture neg, and then recur several months later. She has evidence deg myel now which appears to be progressing and receives acupuncture. Her appetite has recently been down with on and off really dark stool that is formed. She is finishing up a 4-week course of amoxi tri clav. Her SDMA was recently elevated at 23 in March, but her creatinine and BUN remain normal. We are hoping the decreased appetite now is due to abx. We are trying to find reason for recurrent uti's.

Abnormal PE/Chem/CBC/UA Results: New full panel pending to lab UA today IH is actually normal with no evidence of bacteria - culture going to lab.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. Mild subjective thickening of the ventroapical to dorsoapical urinary bladder wall with mild asymmetrical luminal surface contour and subjective minor polypoid luminal surface changes were present. No evidence of mural mineralization with uniform mural echogenicity. No masses were noted. Anechoic urine was present. No sediment or calculi were noted. The dorsoapical urinary bladder wall measured 0.44 cm in width. The trigone and cystourethral junction were sonographically normal extending into the visible proximal urethra, which exhibited normal structure and tone to a depth of 3.0 cm. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia or pyelonephritis was present. The left kidney measured 5.5 cm in length. The right kidney measured 5.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 0.46 cm width at the cranial pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 cm width at the caudal pole and 0.68 cm width at the cranial pole.

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.

Liver

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 primarily anechoic content and mild inspissated mildly hyperechoic gallbladder debris. No evidence of peripheral gallbladder inflammation. The cystic duct and common bile ducts were normal without evidence of dilation.

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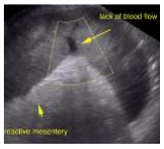
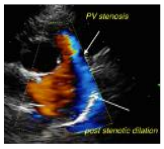
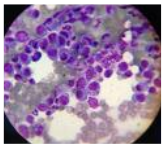
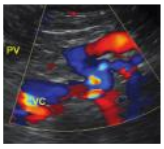

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of retained anechoic fluid.

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 overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Probable mild chronic cystitis- no evidence of urinary bladder neoplastic criteria, calculi or other pathology
- Mild chronic renal changes- no signs of pyelonephritis
- Hypomotile stomach, possible mild hypomotile gastritis
- Sonographically unremarkable small bowel

Secondary Findings

- Mild inspissated gallbladder debris (non-mucocele)

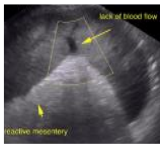
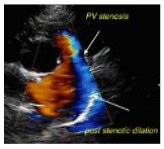
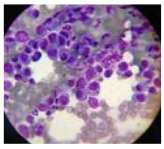
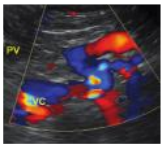
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant upper or lower urinary tract pathology as an obvious nidus for continued to recurrent infection. Sonographically, the urinary bladder exhibited mild inflammatory mural changes. Correlation with recheck pending culture, as well as ideally, recheck culture and sensitivity 7-10 days post completion of antibiotics. Assessment of the vulva and vaginal vault for evidence of gross abnormalities or pathology, which may preclude to an ascending infection, could be considered. If recurrent documented infection on culture and sensitivity, a higher dose/shorter frequency antibiotic combination (i.e., enrofloxacin or clavamox at 20 mg/kg PO SID for 5 days and, ideally, based on culture and sensitivity results) may prove more effective at eliminating persistent infection.

Some or all of the following protocol could be considered empirically, given the potential for mild hypomotile gastritis.

Helicobacter/Gastritis protocol

A clinical trial of **Zithromax (*Dogs:*** 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after

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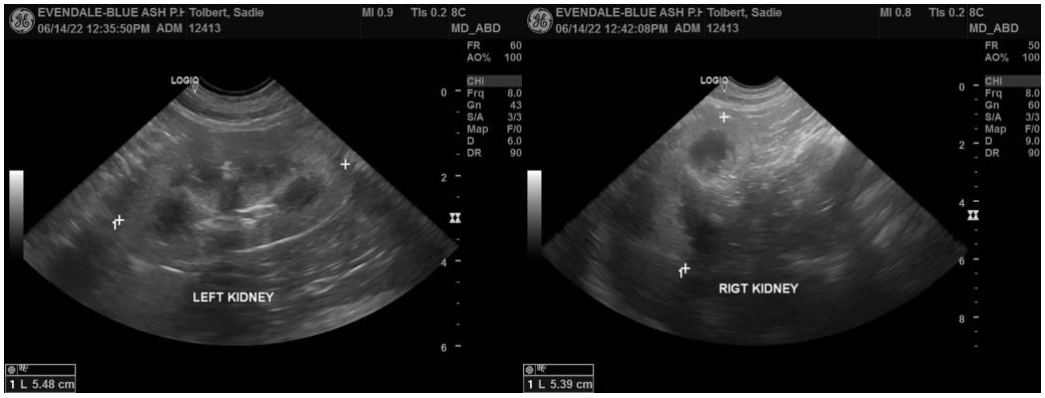
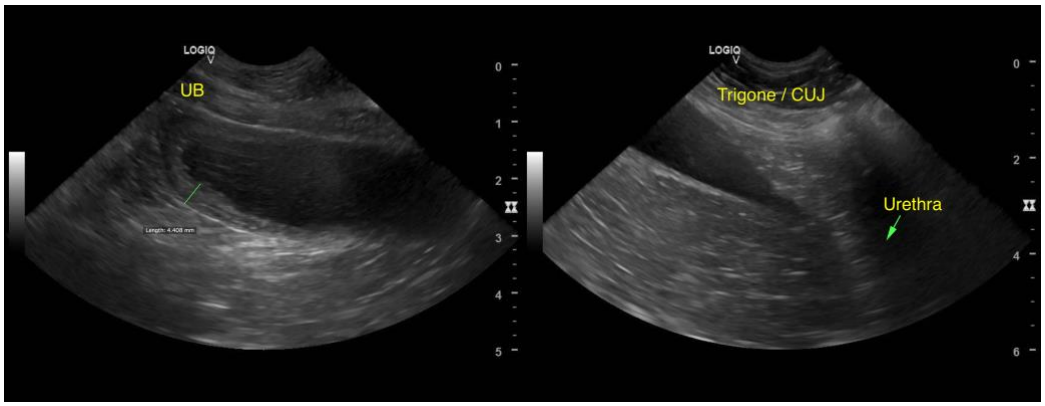
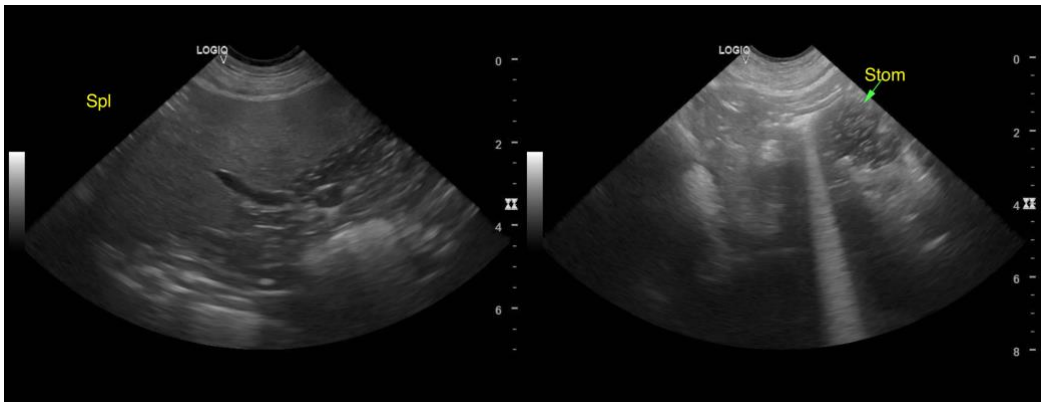
3-5 days of treatment)**, Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Pepcid** (0.5-1 mg/kg s.i.d.) and **Sucralfate** (0.5-2 g/dog PO) or **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.







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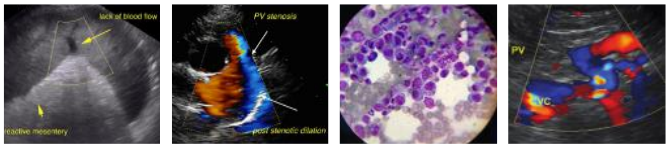

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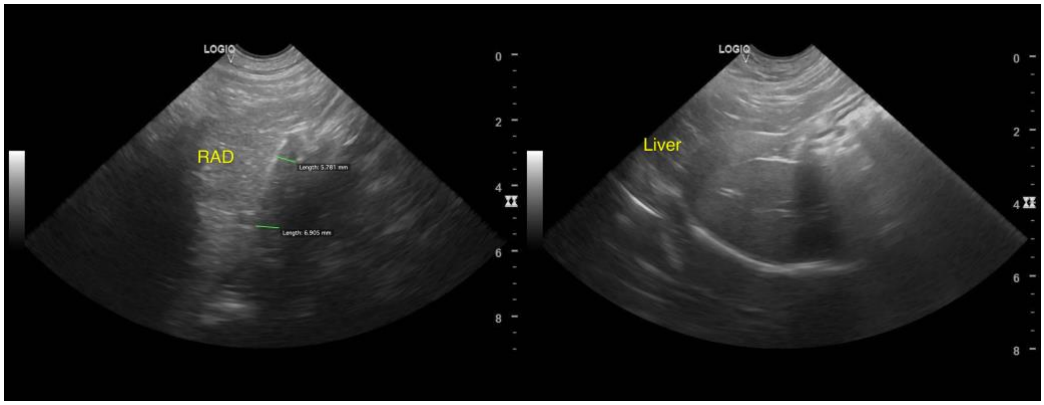

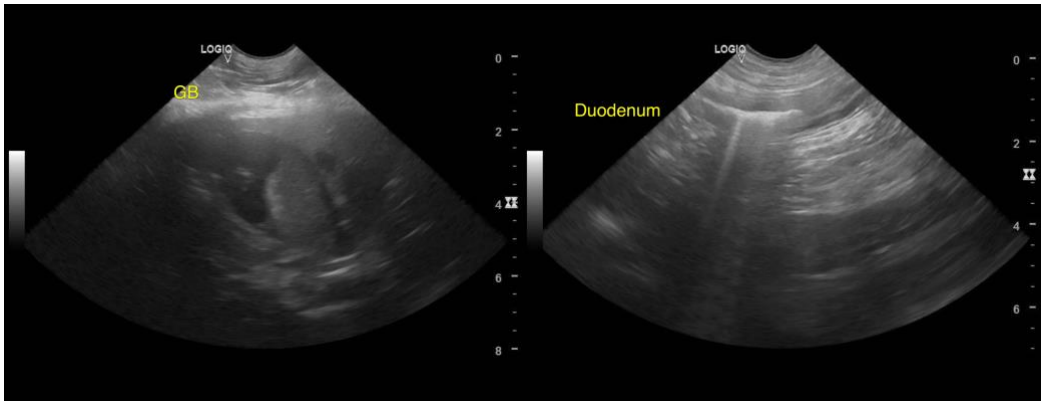

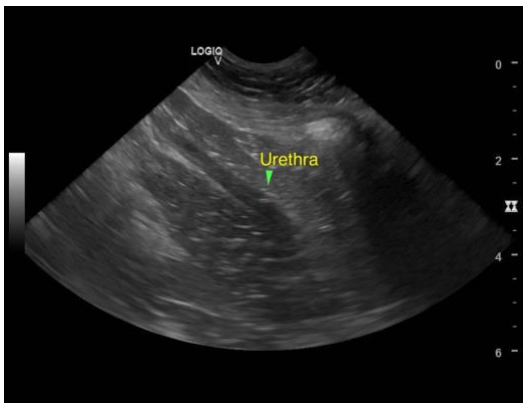

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com