


PATIENT PRESENTING CLINICAL SIGNS

Dollar Mausing History: Recurrent UTI – MRSP resistant but susceptible to chloramphenicol but still culture positive despite therapy.

SPECIES Physical Examination: N/A.

Canine Urinalysis: UTI.

BREED CBC: Normal.

Labrador Serum Biochemistry: Mildly elevated ALP activity.

Radiographic Findings: Urolith.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

FS **Urinary System**

Age Full urinary bladder with a thickened, irregular, and hyperechogenic appearance of the wall. Focal mineralization within the wall. Sections of the apical wall have a polyploid appearance. Moderate amount of dependent hyperechogenic sediment/small uroliths. Urolith (\pm 1cm) present at the trigone area.

WEIGHT 60 # Normal trigone area, proximal urethra, and iliac blood vessels.

Normal iliac lymph nodes. Ureters not visualized.

INTERPRETED BY Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM Normal renal size (left 7.6 cm, right 7.7 cm) with increased echogenic appearance, some loss of cortico-medullary differentiation, and normal pelvis and capsule.

Reproductive System

N/A.

Adrenal Glands

N/A.

Spleen

N/A.

Liver

N/A.

Gastrointestinal

N/A.

Pancreas

N/A.

Free Abdomen

No mesenteric lymphadenomegaly.

IMAGING PERFORMED BY

Dr Danielle Kitz

HOSPITAL NAME

Woodlands Animal Hospital

REFERRING VET

Dr Danielle Kitz

INVOICE

303595

DATE

11/23/22

**PATIENT**

Dollar Mausing

SPECIES

Canine

BREED

Labrador

SEX

FS

Age

14 years

WEIGHT

60 #

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ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Urinary bladder pathology.
- Urolith (s).
- Hyperechogenic urinary sediment.

Secondary Findings:

- Age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the urinary bladder would be chronic bacterial cystitis, polyploid cystitis, secondary to the sediment and uroliths, and neoplasia.

Based on this, further assessment would be BRAF assay and catheter-assisted biopsy/aspirate of the bladder wall for histopathology and culture. Full thickness biopsy of the bladder wall can also be considered as this would allow for removal of the urolith (s) and sediment, both of which can be acting as a nidus of infection.

If neoplasia is excluded and the diagnosis is chronic resistant bacterial cystitis then management would be to continue with cranadadin and visbiome and cleaning around the vulva with chlorhexidine.

Additional therapy would be:

- Feeding a urinary specific diet (Hills c/d, Royal Canin urinary).
- Ensuring that the bladder is frequently voided.
- Maintaining an acidic pH of the urine.
- Course of nitrofurantoin to see if it will control the infection.
- Although controversial, using a long-term, modified-dose antibiotic prophylaxis by giving half the daily dose of an antibiotic at night after the last voiding. The rationale is that it allows antibiotic concentration to build up within the urine and possibly prevent bacterial colonization.

Other non-proven therapies in animals that are used in humans:

- Oral D-mannose.
- Instillation of glycosaminoglycans and hyaluronic acid into the bladder.



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IMAGES

Urinary bladder





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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.

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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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 Hospital

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