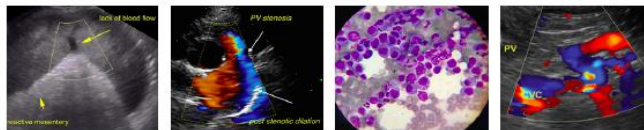


PATIENT	History
Gracie Patterson	Chronic bacterial cystitis with recent episode of hematuria. Previous diagnosis of myelopathy and paraparesis (gliosis and infarct).
SPECIES	Current therapy
Canine	Prednisone and gabapentin.
BREED	Physical Examination
Chihuahua	Ambulatory moderate paraparesis, chronic KCS (managed), slightly pot-bellied appearance. Urine retention from possible bladder atony as there is urine dribbling/leakage after urination as well as an easily expressible moderate sized bladder.
SEX	Urine Analysis (4/18/21)
FS	SG 1.023, pH 8, 3+ proteinuria. No white or red blood cells on sediment but cocci and bacilli present. <i>Enterococcus</i> on culture.
AGE	Urine Analysis (5/23/22)
9 years	SG 1.026, pH 7, 3+ proteinuria. No white or red blood cells on sediment but cocci present. <i>Enterococcus</i> and <i>E. coli</i> on culture.
WEIGHT	Hematology (4/18/21)
4.13 kg	Within reference range.
	Hematology (5/2/22)
	Within reference range.
HOSPITAL NAME	Serum biochemistry (4/18/21)
StatSound, Inc	Elevated ALT activity, severely elevated ALP and GGT activity, cholesterol and triglycerides.
REFERRING VET	Serum biochemistry (5/2/22)
Dr Rachel Tuz	Elevated ALT activity, severely elevated ALP and GGT activity, cholesterol and triglycerides.
DATE	Abdominal Ultrasound
7/6/22	<ul style="list-style-type: none"> • Chronic urinary bladder cystitis with urine sediment. • Age related renal changes. • Reactive hepatopathy/ low-grade inflammatory hepatopathy.



PATIENT **INTERPRETATION OF THE FINDINGS/DIFFERENTIAL/PERTINENT DIAGNOSES**

Gracie Patterson

The three important findings are:

SPECIES

Canine

- Progressive elevation of liver enzyme activity, especially ALP activity.
- Hyperlipidemia.
- Chronic bacteruria with episodes of cystitis.

BREED

Chihuahua

Pertinent etiologies for elevation of liver enzyme activity would be primary hepatopathy, gall bladder disease, bone disease, and induced by Cushing's disease and medications. In this patient the most likely etiology would be secondary to the chronic prednisone administration with hepatopathy far less likely.

SEX

FS

Pertinent etiologies for hyperlipidemia would be post-prandial, dietary, primary or essential hyperlipidemias, and secondary hyperlipidemia. The latter including endocrine disorders (hypothyroidism, diabetes mellitus, hyperadrenocorticism), nephrotic syndrome, cholestasis, pancreatitis, and drug-induced. In this patient the most likely etiology would be secondary to the chronic prednisone administration.

AGE

9 years

WEIGHT

4.13 kg

Etiologies for chronic bacteruria/urinary tract infections would be bladder pathology (neoplasia, polyploid cystitis, uroliths, crusting cystitis), resistant bacteria, recessed vulva, renal pathology (pyelonephritis, abscess), and retention cystitis. With the reported dribbling/leakage of urine after voiding with the presence of moderate sized bladder that can be easily expressed, retention cystitis would be the most likely etiology and secondary to the spinal cord disease.

HOSPITAL NAME

StatSound, Inc

RECOMMENDATIONS

REFERRING VET

Dr Rachel Tuz

As both the elevated liver enzyme activity and hyperlipidemia appears to be associated with the prednisone therapy, this will only resolve if the drug is discontinued – this will need to be evaluated as to the risk vs benefit of the spinal cord disease.

Management of the retention cystitis:

DATE

7/6/22

- Ensure that the bladder is maintained as empty as possible by manually expressing after urination and every 4-6 hours.
- Maintaining a urine pH < 7 by feeding a urinary specific diet such as Hills c/d or Royal Canin Urinary. If that is not effective the adding oral urinary acidifiers such as ammonium chloride (200 mg/kg/day).
- Giving an antibiotic (based on urinary culture) at night so that there is a high MIC level in the bladder when the bladder will be at its fullest.

Thank you for the referral. Please do not hesitate to contact me if you require any further advice concerning this case and if there is further diagnostic data available.

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