



PATIENT

Kyla Todd

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

10 years

WEIGHT

63 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

R McKenzie Daniel

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Armani

INVOICE

72014

DATE

2/26/26

History

- Inflammatory bowel disease – treated with prednisone, Atopica, gastric protectants and hypoallergenic diet.
- Hypothyroidism.
- Cushing's disease – treated with Vetoryl.
- Open pressure right lateral hip – treated with long term antibiotics.
- Chronic UTI – repeated courses antibiotics.

Main current issues are chronic UTI and elevated liver enzyme activity.

Current therapy

- 30 mg Vetoryl BID.
- 0.6 mg Thyrosyn BID.
- 250 mg Ursodiol AM and 125 mg PM.
- 300 mg gabapentin TID.
- Cobalequin SID.
- Denamarin SID.
- 325 mg Tylan BID.
- 40 mg Fluoxetine SID.

Urinalysis

SG 1.028.
pH 8.
Pyuria (bacilli).
UPC 0.7.

Urine Culture

Fairly resistant *Proteus mirabilis* and *Klebsiella pneumoniae*.

CBC

Mild neutrophilia, rest within reference range.

Serum biochemistry

Moderately elevated ALT activity.
Severely elevated ALP activity.

ACTH Stimulation Test

Within reference range.

Thyroid Panel

Low-normal T4.

Abdominal Ultrasound

- Emphysematous cystitis.
- Mild chronic renal changes.
- Bilateral adrenomegaly.
- Hepatopathy.
- Gallbladder sediment
- Normal echocardiogram with borderline subnormal LV contractility.



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Echocardiography

- Normal echocardiogram with borderline subnormal LV contractility.

FURTHER ASSESSMENT AND MANAGEMENT

Bacterial and emphysematous cystitis

Both cultured bacterial have been associated with emphysematous cystitis and most likely secondary to the Cushing's disease because of immune suppression. Management is long-term antibiotic therapy (3-6 weeks) and based on the sensitivity results, would recommend pradofloxacin (4 mg/kg SID). Feeding a urinary specific diet to reduce the urine pH would also be indicated.

Border-line hypothyroidism

Recommended to increase the dose of Thyrosyn monthly until the T4 level is within the mid-reference range and a TSH within reference range.

Reduced myocardial contractility

The most likely etiology would be the hypothyroidism, although early or occult cardiomyopathy should still be considered. Pro-BNP assay would be recommended to exclude a cardiomyopathy. If associated with the hypothyroidism, the myocardial contractility should improve once the hypothyroidism is better controlled.

Hepatopathy

As the elevated liver enzyme is static, the most likely etiology would be a metabolic hepatopathy, secondary to the Cushing's disease. Reactive hepatopathy, vacuolar hepatopathy, and chronic hepatitis would differential diagnoses. FNA cytology of the liver could be considered; however; a Tru-Cut or wedge biopsy may be required for a final etiological diagnosis. Symptomatic management would be to continue with the Denamarin and Ursodiol.

Pituitary-dependent Cushing's disease.

This appears to be well controlled, so continuing with the current dose of trilostane would be indicated.

Ultrasound renal changes and gall bladder sediment.

The renal changes can be ascribed as age-related. Although the gall bladder sediment can be considered an incidental finding, regular monitoring for the development of a mucocele would be recommended.

Elevated UPC

This can be ascribed to the pyuria and not associated with underlying renal disease.

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.

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