



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Stormy Olizarri Reason for Visit: UTI History: 2 y/o fs frenchie presented for uti. About a month ago, p started showing uti symptoms such as peeing a large amount then voiding smaller amounts with blood cots frequently after. 2 weeks ago p went to welleby ah where they sent out a urinalysis, treated with abx (o unsure of name) o stopped giving after 7 days felt like it wasn't helping, last dose was given thursday. Appetite has decreased, grooming vulva (inverted) but not as often due to o cleaning area. C/S/V/D: WNL E/D/U/D: appetite decreased Diet: FAS Score: 0 Current Medications (dose and frequency): antibiotics 1 tab q12h (O unsure of name) Heartworm Prevention / Flea Prevention: BRAVECTO Known Allergies and Medical Conditions: ear infections, allergies Microchip ID: 985141004888710 / No microchip

SPECIES Canine

BREED French Bulldog

SEX SF

AGE 2 Years, 2 Months

INTERPRETED BY Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

Abnormal PE/Chem/CBC/UA Results: Vital Signs Weight: 25.2 lbs Temp: 102.0 HR: 140 RR: 32 MM/CRT: P/M <2 Physical Examination Key -- (N= Normal, A= Abnormal) Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; no debris, but mod erythema AD, WNL AS; No cough on tracheal palpation. Oral Cavity: No dental tartar present, underbite Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: very recessed vulva Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 5/9 Neurological: Appropriate Fecal: Diagnostic Testing Needed: urine culture, abd rads, HWT Declined Diagnostics/Treatments: Findings: urine culture - pending rads - consult pending HWT - negative Assessment: stranguria r/o UTI, urolithiasis, other Treatment Plan: meds TGH Treatment Declined: Prescriptions to Dispense: rimadyl Dietary (food) Recommendations: Recheck Needed: based on culture Follow-up Care: Additional Comments: Discussed with Os that since abx treatment isn't working, we'll cutlure urine and treat based on that. Sometimes there's blood and straining d/t inflammation from a UTI, will send anti-inflammatory to give while waiting for C/S. Discussed abd rads to look for bladder stones. Not likely P has a stone at this age, but worth ruling out. Discussed that if P continues to get UTIs in the future, then she will need an episioptasty.

RADIOGRAPHIC STUDY OF THE ABDOMEN

HOSPITAL NAME Radiographs of the abdomen in two imaging planes are provided for review.

DPC Veterinary Hospital

RADIOGRAPHIC FINDINGS

Hemivertebra and block vertebra are seen along the thoracolumbar junction. Lumbarization of S1 is noted and eight lumbar vertebra are present.

REFERRING VET No abnormalities of the extraabdominal soft tissues are noted. The abdominal wall is smooth and thin.

Dr. White The serosal detail is maintained throughout the peritoneal and retroperitoneal space.

The liver is appropriate in position, size and presents uniform opacity.

INVOICE 58043 The splenic head is in the anticipated position and within normal limits for size and opacity. The splenic body and tail are considered normal for position, size, shape and opacity.

Both kidneys are seen and present with normal size, shape, delineation and opacity. The urinary bladder is in its anticipated position. A well-defined, ovoid shaped, mineral opaque body is superimposed on the urinary bladder in both imaging planes.

DATE 4-30-23 The stomach is in its anticipated position and presents normal content.

The small intestinal loops are of even diameter and non-dilated, a small amount of gas is seen within the



PATIENT small intestinal loops and considered within normal limits.

Stormy Olizarri The colon is seen in the expected position and presents with appropriate content.

RADIOGRAPHIC DIAGNOSIS

- SPECIES**
- Cystolithiasis
 - Multiple hemivertebra thoracolumbar junction
- Canine
- Lumbarization S1
 - Spondylosis deformans

BREED INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

French Bulldog The appreciated urinary calculus is a plausible trigger for the recurrent lower urinary tract infection. Complete urinalysis has already been performed and results are pending. Surgical management of the cystolithiasis might be a consideration here.

SEX

SF

AGE

2 Years, 2 Months

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. White



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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.

DATE

4-30-23

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