



CANADA WEST
VETERINARY SPECIALISTS



Mysterious Interventional Cases

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Molly

- FS Labrador 10 mths
- 6 months: pollakiuria, dysuria
- Urinalysis: bacterial cystitis, treated with 2 weeks of Clavaseptin, resolution of clinical signs
- 7 mths: pollakiuria, dysuria: urinalysis by (cystocentesis) and culture:
 - Bacterial cystitis, E Coli >100 000 colonies/ml no resistance
 - USG 1.035
- Clavaseptin 2 weeks



Molly

- 8 mths of age: pollakiuria, dysuria
- Urinalysis by cystocentesis and culture:
 - Bacterial cystitis, E Coli >100 000 colonies/ml sensitive to fluoroquinolones and TMS, resistant to ampicillin, ampi-clav., cephalosporins
- Treated with 3 weeks of Baytril



Molly

- 10 mths of age pollakiuria, dysuria
- Physical exam: BAR, BCS 5/9, normal cardiac/respiratory auscultation, normal LNs and abdominal palpation
- Vulvar exam
 - Hooded
 - Perivulvar dermatitis



Molly

- Vaginal palpation :
 - Stricture at the level of the urethral papilla
- Rectal palpation:
 - Normal urethra





Molly

- Urinalysis by cystocentesis and culture:
 - Bacterial cystitis, E Coli >100 000 colonies/ml sensitive to TMS, resistant to ampicillin, ampiclav, cephalosporins and fluoroquinolones
- Hematology:
 - No neutrophilia
- Biochemistry:
 - Normal renal values



Molly

- Diagnosis: recurrent bacterial cystitis
 - Causes?
 - Differentials
-
- Diagnostic Plan



Molly

- Urinary tract ultrasound
 - Mild thickening of the bladder wall
 - No stones, normal kidneys and ureters
- Therapeutic plan:
 - Bacterial cystitis treated with 3 weeks of TMS
 - Vulvoplasty



Molly

- Vulvoplasty healed well
- 12 mths of age: pollakiuria, dysuria
- Urinalysis by cystocentesis and culture:
 - Bacterial cystitis, E Coli >100 000 colonies/ml sensitive to TMS, resistant to ampicillin, ampiclav, cephalosporins et fluoroquinolones
- Differentials



Molly

- Vaginal stricture
- Problem with local immunity
- Stone?
- Other anomalies not seen on Xrays/
ultrasound
- Diagnostic plan



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Molly





Molly

- Stricture and ectopic ureter both laser ablated during cystoscopy
- 2 yr follow-up : no more UTIs
- Other strategies if recurrence?



Molly

- Increase water consumption?
- Cranberry extract
 - Prevent colonisation of the bladder mucosa by E Coli
- Probiotics?



Molly

- Prophylactic antibiotics?
 - Efficacy?
 - Pulsed dosing versus small doses SID
 - At bedtime
 - Amoxicillin, ampi-clav, nitrofurantoin
 - Avoid cephalosporins/fluoroquinolones



Paris

- 3 year old FS DSH
- Urinary incontinence since her adoption 2 years ago
- Often licks her vulvar region
- She urinates normally in the litter box but dribbles small amounts of urine continuously



Paris

- She is active and eats well (too well!)
- She defecates normally
- Indoor only
- She has had 2 urinalyses (free catch) over the past 2 years, the first was unremarkable and the second (6 months ago) showed a USG 1.040 mild pyuria and bacteria (culture: 75 000 colonies/ml of E coli, no resistance)



Paris

- She was treated with 2 weeks of Clavaseptin, culture 3 weeks later was negative
- No change in her incontinence
- Hematology et biochemistry:
 - Within reference range
- Abdominal radiographs



Paris

- Propalin trial
- No response
- Paris presents for a consult
- Physical examination
 - Obese BCS 8/9, moderately distended bladder, perivulvar region urine-soaked, left kidney is increased in size, not painful, the rest of the exam is unremarkable



Paris

- Neurologic exam: normal
- Observation: she positions herself in her litter box and urinates for 1-2 minutes, a moderate amount of urine is found in the litter but on bladder palpation her bladder remains the size of a peach



Paris

- Problem list
 - Urinary incontinence
 - Inability to empty her bladder
 - Left kidney increased in size
 - Urine-soaked vulva
 - Obese



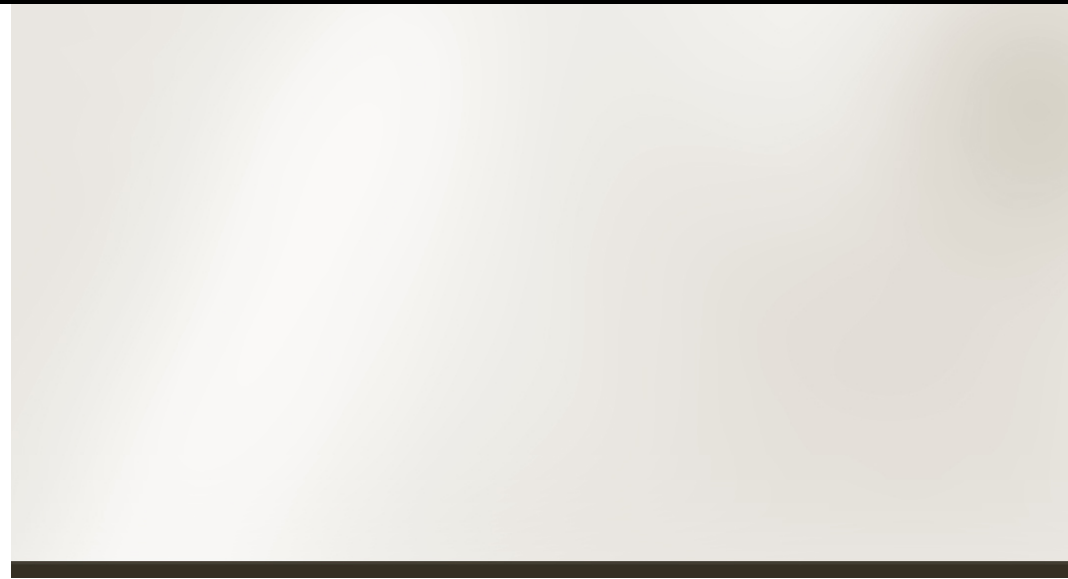
Paris

- Differentials
- Urinary incontinence
- Inability to empty her bladder
- Left kidney increased in size



Paris

- Diagnostic plan
- Urinalysis by cystocentesis:
 - USG 1.045
 - No RBC, no WBC, no bacteria, some amorphous crystals
- Urinary tract ultrasound:





Paris

- Obstructive ureteral stone
- Hydroureter and hydronephrosis
- Relief of the ureteral obstruction
 - Placement of a stent by cystoscopy et fluoroscopy



Paris

- Incontinence and inability to empty bladder?
- Where is the problem?
 - Bladder function
 - Urethra
 - Vagina
- Plan
 - Contrast radiographs or cystoscopy



Paris

- Continent
- Incontinence secondary to the distal stricture, urine pooling, overflow from the bladder?
- Hydronephrosis markedly improved
- Stone prevention : diet, increase water consumption (USG < 1.025)



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Thank You.

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