VETERINARY SPECIALTY CENTER
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Wire Fox Terrier Rescue Midwest
P. O. Box 21
Mokena, IL 60448
708-805-8266
Email: knierim@msn.com

Patient: Georgia
Patient #: 545765
Breed: Fox Terrier
DOB: 05-21-2022
Sex: Female Spayed
Color: Tri-Color

Midwest Animal Hospital 7084786088

Discharged by: Sara

Release Instructions for Georgia Knierim

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Attending Veterinarian: Robert Armentano, DVM, DACVIM
Date: June 4, 2025

Presenting Problem

Urinary incontinence

History

Previous Pertinent History:
Georgia is a 3-year-old female spayed Fox Terrier with a history of urinary incontinence that onset post-spay at 6 months old which is non-responsive to Proin. She was surrendered to Wire Fox Terrier Rescue on 5/28/25 and reportedly hadn't seen a vet since 2023. Her incontinence was managed with diapers. On exam on 5/28/25, Georgia has a 1 cm vaginal/vulvar mass/polyp. Surgical removal was recommended. The mass was reported to be pea-sized in a record from 1/7/23.

Current History:
The previous owner noticed urinary incontinence starting after Georgia's spay at 6 months old. The previous owner's husband did not believe in spending money on dogs so no workup was ever done. There is a mass on the vulva per the rescue that has gotten bigger. Georgia will urinate on her own outside and can squat in one spot for 5 minutes. She will also squat frequently outside. Overnight, her diaper pad gets very full. She is eating and drinking well with no vomiting or diarrhea. She drank a lot of water when she was first brought into foster, but that has seemed to stabilize.

Current Medications:
Cytopoint
Simparica Trio

Diet:
Fromm Game Bird

Health Status

Date/Time	Weight (kg)	Temp(°F)	Heart Rate	BCS	Pain	CRT	MM Attitude	Pulse Quality	Respiratory Effort	Notes
06-04-2025 1:02:10pm	8.50	100.2	140	3.0/5.0	0/5	1-2 sec	Pink BAR	Normal	Normal	RR: panting

Physical Exam

Eyes: Exam within normal limits.
Ears: No abnormalities noted within the external ear canal or on the pinna.
Nose: Exam within normal limits.
Oral Cavity: There is mild dental disease present and exam within normal limits.
Heart and Lungs: No murmur ausculted, strong synchronous pulses, normal sinus rhythm, lungs are clear and eupneic.
Abdomen: There are no masses and no fluid wave palpated. All structures palpate within normal limits.
Urogenital/Mammary Glands: Mildly hypoplastic vulva with pink nodule protruding from the vulva (suspect enlarged clitoris), diaper on
Rectal: Anal tone is within normal limits.
Musculoskeletal: Ambulatory on all 4 limbs with no lameness present and no pain or instability on joint palpation.
Neurological: There are no cranial nerve deficits or conscious proprioception deficits present at time of exam. Also, there is no spinal or neck pain present.
Integument: unremarkable
Lymph Nodes: All peripheral lymph nodes palpate within normal size and density.

Diagnostic Imaging Report

Radiologist: Hylton Gelb, DVM, DACVR

ABDOMINAL ULTRASOUND performed on 06-04-2025:
The urinary bladder is minimally distended but the ventral wall is thickened measuring 0.36 cm. A moderate amount of echogenic foci is suspended in the bladder and on the dependent surface. The kidneys are within normal limits for size and contour with mild renal pelvic dilation measuring 0.32 cm on the right and 0.22 cm on the left. An anechoic tubular structure is seen extending caudal to the urinary bladder in the area of the right distal ureter. The left ureter is full and appears to extend into the region of the trigone; however, no ureteral jets were seen in the bladder. The liver, gallbladder, spleen, stomach, pancreas, small intestine, and colon are unremarkable. The adrenal glands are within normal limits. No enlarged lymph nodes are seen. The remaining structures are unremarkable.

An ultrasound-guided cystocentesis was performed (6 mL).

IMPRESSIONS:
The findings likely indicate right ectopic ureter. A left ectopic ureter also cannot be ruled out. Probable urinary bladder cystitis with cellular/crystalline debris. The renal pelvic elation may be secondary to diuresis or infection.

Diagnostic Result

General Chemistry Profile (sacpc)

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
Creatinine: Results	0.8	mg/dL	.5	1.5	
BUN: Results	18		6	30	
Total Protein: Results	6.6	g/dL	5.1	7	
Albumin: Results	3.1	g/dL	2.5	3.8	
Globulin: Results	3.5	g/dL	2.7	4.4	
Albumin/Globulin Ratio: Results	0.9		0.6	1.1	
Calcium: Results	9.6	mg/dL	7.6	11.4	
Phosphorus: Results	2.9	mg/dL	2.7	5.2	
Sodium: Results	147	mmol/L	141	152	
Potassium: Results	3.9	mmol/L	3.9	5.5	
Sodium/Potassium Ratio: Results	38		28	36	
Chloride: Results	114	mmol/L	107	118	
Glucose: Results	113	mg/dL	68	126	
Alkaline Phosphatase Total: Results	45		7	92	
ALT (SGPT): Results	53	U/L	8	65	
GGT: Results	4	U/L	0	7	
Total Bilirubin: Results	0.2	mg/dL	.1	.3	
CPK (CK): Results	110	U/L	26	310	
Cholesterol Total: Results	233	mg/dL	129	297	
Triglycerides: Results	42	mg/dL	32	154	
Bicarbonate (TC02): Results	22	mmol/L	16	24	
Anion gap: Anion Gap	15		8	25	
Lipemic indicator: Result	N				
Icteric indicator: Result	N				
Hemolytic indicator: Result	N				

CBC - Canine/Feline (cbc)

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
RBC	7.88	x10^6/ul	5.5	8.5	
Retic Count	1.0300	%			
A Retic Count	81164.0000	/uL			
Retic Comment:	CP-Retic				
Because reticulocytes mature over time, reticulum is progressively lost and may be falsely decreased if reticulocyte count testing is delayed more than 12 hours. *Canine range:* *\< 60,000 reticulocytes/uL = nonregenerative* *> 60,000 but \< 100,000 = mildly regenerative* *> 100,000 but \< 150,000 = moderately regenerative* *> 150,000 = regenerative* *Feline range:* *\< 40,000 /uL = nonregenerative* *> 40,000 but \< 80,000 = mildly regenerative* *> 80,000 but \< 110,000 = moderately regenerative* *> 110,000 = regenerative*					
Hemoglobin	16.9	g/dL	12	18	
Hematocrit	49.7	%	35	52	
Mean Cell Volume	63.1	fL	58.0	76.0	
MCH	21.4	pg	20	25	
MCHC	34.0	g/dL	33.0	38.6	
RBC Morph	Rouleaux				
RBC Morph Grade	Slight				
RBC Morph	Polychromasia				
RBC Morph Grade	Slight				
Platelets	304	x10^3/ul	200	700	
White Blood Cell Count	13.50	x10^3/ul	6	17	
Seg %.	69.0	%			
Band %.	0.0	%			
Lymph %.	17.0	%			
Lymph Comment:					
Rare reactive lymphocytes observed (increased cytoplasmic basophilia).					
Mono %.	6.0	%			
Eos %.	8.0	%			
Baso %.	0.0	%			
A Seg.	9.32	x10^3/ul	3	11.5	
A Band.	0.00	x10^3/ul	0	0.3	
A Lymph.	2.30	x10^3/ul	1	4.8	
A Mono.	0.81	x10^3/ul	0.2	1.4	
A Eos.	1.08	x10^3/ul	0.1	1.0	
A Baso.	0.00	x10^3/ul	0	0.2	

Urinalysis (ua)

Test	Results	Unit	Lowest Value	Highest Value	Qualifier
Source	Cystocentesis				
Color	Yellow				
Clarity	Cloudy				
Specific Gravity	1.034				
pH	>=9.0				
Protein	2+				
Glucose	Negative				
Ketones	Negative				
Bilirubin	1+				
Blood	1+				
WBC (/hpf)	3-5				
RBC (/hpf)	2-3				
Epithelial Cells (/hpf)	0-2				
Bacteria	Rods	/hpf			
Urine Bacteria Count	Many				
Casts	None Observed				
Crystals	Triple Phosphate				
Urine Crystal Count	Few	/hpf			

Assessments

Problem List:
-Urinary incontinence
-Urinary tract infection, rods in urine
-Right ectopic ureter +/- left
-Vaginal polyp-like nodule- suspect enlarged clitorus

Diagnosis:
-Right ectopic ureter +/- left
-Urinary tract infection
-Clitoral enlargement, suspect pseudohermaphrodite

Assessment:
Georgia, a young female dog, presented with chronic urinary incontinence, which began post-spay. Historically, she was continent before the spay. The primary concern is to determine the underlying cause of her incontinence and address any anatomical abnormalities. Initial discussions suggested the possibility of an ectopic ureter, given her history and clinical signs. Additionally, there was a concern about a polyp-like structure, which upon further examination, was suspected to be an overdeveloped clitoral anatomy, a condition sometimes referred to as pseudohermaphroditism. This anatomical anomaly could predispose her to chronic urinary tract infections (Urinary tract infections) and irritation.

Testing was conducted to assess her systemic health, including kidney function, and to confirm the presence of anatomical abnormalities. An ultrasound was performed, revealing a right ectopic ureter, with uncertainty regarding the left ureter. The bladder was filling adequately, suggesting that the left ureter might be functioning normally. The ultrasound also indicated a thickened bladder wall and cloudy urine, consistent with a UTI. A chemistry panel returned normal results, indicating normal kidney function and electrolyte levels.

Her CBC was normal. Her urinalysis confirmed a UTI with rod bacteria. A culture is pending.

The plan is to address the UTI first, as it must be resolved before any surgical intervention. Georgia will be started on antibiotics, specifically Clavamox, for 2 to 3 weeks, and a urine culture will be sent out to ensure the appropriateness of the antibiotic. Once the UTI is under control, the next step will be to perform a laser ablation procedure to correct the ectopic ureter. The surgical team advised against performing the ectopic ureter correction and the removal of the clitoral anomaly in the same session due to the complexity and duration of the procedures. These should be staged procedures. We discussed risks of laser ablation including only 60% continence success rate (without medication), perforation of the ureter (could need surgical intervention), and inability to help if extramural (would need abdominal surgery then).

In the interim, Georgia will be started on Proin, an extended-release medication, to help manage her incontinence by increasing urethral sphincter tone. The use of Incurin, an estrogen supplement, is deferred until after the anatomical issue is addressed, as it could exacerbate the swelling of the clitoral tissue.

Follow-up includes a recheck of her urine in 2 weeks to ensure the UTI is resolved. Once confirmed, the laser procedure for the ectopic ureter will be scheduled. Monitor Georgia's clinical signs and report any changes. The goal is to improve Georgia's quality of life by addressing her anatomical and urinary issues systematically.

Prognosis:
Open

Plans

Medications:
Cytopoint
Simparica Trio

START:
Clavacillin 125 mg tablets: Give 1 tablet (125 mg) by mouth twice daily. Give with food.

ADDING:
Phenylpropanolamine (Proin) ER 18 mg tablets: Give 1 tablet (18 mg) orally every 24 hours. This medication helps modify the neurologic system to treat weakness of the muscle that closes the urethral sphincter, which can lead to urine leakage. Side effects may include restlessness, hypertension or anorexia.

Diet:
Fromm Game Bird

Follow Up:
We will update next week with urine culture results.

Recheck UA in 2 weeks
If UTI resolved then ectopic ureter laser ablation in 3 weeks

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Due to the high demand for appointments with our Internal Medicine Department, please schedule any recheck appointments for Georgia as soon as possible.

Thank you for referring Georgia to Veterinary Specialty Center. If you have any questions regarding this or any other patient, please call or email us at help@vetspecialty.com.

Regards,

Robert Armentano, DVM, DACVIM
Veterinary Specialty Center - Internal Medicine
847-459-7535
im@vetspecialty.com

Medication refills may be requested through our website at vetspecialty.com/refill or by leaving a message for our pharmacy team at 847-499-5733. Medication refill requests take at least 72 hours to process. If the medication(s) need to be refilled sooner, you may elect to pay an expedited fee of $25 per medication to have them filled sooner.
***Dispensed medications may not be returned to VSC per FDA regulation CPGSec. 460.300**

Due to the high demand for appointments with our Internal Medicine Department, please schedule any recheck appointments for Georgia as soon as possible.

I have had these instructions explained and understand them. Should I have any questions or concerns regarding Georgia, I will contact VSC or my primary care veterinarian.

#WEBFORM-SIGNATURE#
Client: **Date:** 06-04-2025