

2051 Waukegan Rd • Bannockburn, IL 60015 • P: 847.459.7535 • F: 847.808.8900 • vetspecialty.com

Wire Fox Terrier Rescue Midwest P. O. Box 21 Mokena, IL 60448 708-805-8266 Email: knierim@msn.com Patient: Beatrix Patient #: 545767 Breed: Fox Terrier DOB: 03-10-2025 Sex: Female Color: Tri-Color

Discharged by: Danaya

Release Instructions for Beatrix Knierim

Attending VSC Veterinarian: Metzere Bierlein De La Rosa, DVM, DACVIM (SAIM), Internal Medicine Department Date: 06-17-2025

Thank you for trusting us with Beatrix's care. Please read the following instructions carefully and if you have any questions or concerns, please feel free to call or email us at <u>IM@vetspecialty.com</u>.

Physical Exam:

Date/Time Physical Exam

06-17-2025 QAR BCS: 4/9 MMI: 3/3 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: Hypersalivation (nausea from car ride). Deciduate dentition. 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: Intermittent incontinence and urine dribbling. Mild urine scald of the ventral abdomen. Rectal: Not performed. 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.

Assessment:

Date/Time Assessment

06-17-2025 **Diagnostics:**

1. CBC - All values WNL

2. CHEM/SDMA - Normal renal values (Cre 0.5, BUN 23, SDMA 6), elevated phosphorus and ALP as expected with young age.

3. UA

4. Abdominal U/S

ABDOMINAL ULTRASOUND performed on 06-17-2025:

The left renal pelvis is dilated with a flattened renal crest measuring up to approximately 0.33 cm. The entire left ureter is dilated with anechoic urine measuring up to 0.63 cm distally and extends caudal to the trigone of the urinary bladder and is very closely associated with the proximal urethra. The right kidney is within normal limits with no renal pelvic dilation. The right ureter is not seen. A structure resembling a right ureterovesicular junction is seen at the trigone region of the urinary bladder but no ureteral jet is seen. The liver, gallbladder, spleen, stomach, pancreas, small intestine, and colon are unremarkable. The adrenal glands are within normal limits. The ovaries and uterus are unremarkable. No enlarged lymph nodes are seen. The remaining structures are unremarkable.

IMPRESSIONS:

Left ectopic ureter with hydroureter and left hydronephrosis. Although a right ureteral jet was not seen, a concurrent right ectopic ureter cannot be completely ruled out.

Diagnosis:

1. L ectopic ureter; possible bilateral - secondary hydroureter and hydronephrosis

2. Urinary incontinence since birth

Assessment:

Ectopic ureters are the most common cause of urinary incontinence in juvenile female dogs. This is a congenital anomaly of the urinary tract in which the ureteral orifice is inappropriately positioned. Concurrent urinary bladder and urethral functional anomalies such as urethral sphincter mechanism incompetence (USMI) is reported in 75% to 89% of female dogs with ectopic ureters.

Cystoscopic guided laser ablation of ectopic ureters provides a minimally invasive alternative to surgery in both male and female dogs with intramural ectopic ureters. This procedure allows for both diagnosis and therapeutic intervention and may also avoid some of the complications associated with the open surgical techniques. Continence rates following this procedure range from 50% to 60%. Due to concurrent USMI, 40-50% of dogs may remain incontinent. An additional 20% can become continent after the procedure with the addition of medication such as Proin. If patients do not respond to medications, additional procedures such as a transuretheral bulking-agent injection (30% response) or placement of a hydraulic occluder (80-90% response) will make the majority of dogs continent (overall success rate of 77%).

Complications from this procedure are rare but can include urethral perforation, and rarely, ureteral orifice obstruction (approximately 3% of cases). Urinary tract infection is also a rare complication. Due to Beatrix's small size/young age we would encourage you to wait an additional 2-3 months prior to pursuing cystoscopic ureter ablation as she is a bit too small for us to easily perform this procedure.

In the meantime we recommend that you keep her clean and dry and treat any UTIs if lower urinary tract signs occur.

Diagnostic reschesuits.					
Date	Vet	Lab Reference	Supplier		
06-17-2025	Metzere Bierlein De La Rosa	US10454-DR696150 Trace First, Inc.			
Test	Results	Unit	Lowest Value	Highest Value	Qualifier
Creatinine: Results	0.5	mg/dL	.5	1.5	
BUN: Results	23		6	30	
Total Protein: Results	6.4	g/dL	5.1	7	
Albumin: Results	3.7	g/dL	2.5	3.8	
Globulin: Results	2.7	g/dL	2.7	4.4	
Albumin/Globulin Ratio: Results	1.4		0.6	1.1	
Calcium: Results	11.1	mg/dL	7.6	11.4	
Phosphorus: Results	7.1	mg/dL	2.7	5.2	

Diagnostic Test Results:

Sodium: Results	149	mmol/L	141	152	
Potassium: Results	3.2	mmol/L	3.9	5.5	
Sodium/Potassium Ratio: Results	47		28	36	
Chloride: Results	111	mmol/L	107	118	
Glucose: Results	160	mg/dL	68	126	
Alkaline Phosphatase Total: Result			7	92	
ALT (SGPT): Results	69	U/L	8	65	
GGT: Results	3	U/L	0	7	
Total Bilirubin: Results	0.1	mg/dL	.1	.3	
CPK (CK): Results	303	U/L	26	310	
Cholesterol Total: Results	213	mg/dL	129	297	
Triglycerides: Results	52	mg/dL	32	154	
Bicarbonate (TC02): Results	25	mmol/L	16	24	
Anion gap: Anion Gap	16		8	25	
Lipemic indicator: Result	N		-	-	
Icteric indicator: Result	Ν				
Hemolytic indicator: Result	Ν				
-	Metzere Bierlein De La		1.1.1.1.1.1.1		
06-17-2025	Rosa	US10454-DR696151 Labs - In House			
Test	Results	Unit	Lowest	Highest	Qualifier
			Value	Value	
IDEXX SDMA	6 Matzara Biarlain Da La	µg/dL		16	
06-17-2025	Metzere Bierlein De La Rosa	US10454-DR696150 Trace First, Inc.			
Test	Results	Unit	Lowest Value	Highest Value	Qualifier
Test RBC	Results 6.88	Unit x10^6/ul			Qualifier
			Value	Value	Qualifier
RBC	6.88	x10^6/ul	Value	Value	Qualifier
RBC Retic Count	6.88 2.1500	x10^6/ul %	Value	Value	Qualifier
RBC Retic Count A Retic Count	6.88 2.1500 147920.0000	x10^6/ul %	Value	Value	Qualifier
RBC Retic Count A Retic Count Retic Comment:	6.88 2.1500 147920.0000 CP-Retic	x10^6/ul % /uL	Value 5.5	Value 8.5	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin	6.88 2.1500 147920.0000 CP-Retic 15.4	x10^6/ul % /uL g/dL	Value 5.5 12	Value 8.5 18	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6	x10^6/ul % /uL g/dL %	Value 5.5 12 35	Value 8.5 18 52	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit Mean Cell Volume	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6 67.7	x10^6/ul % /uL g/dL % fL	Value 5.5 12 35 58.0	Value 8.5 18 52 76.0	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit Mean Cell Volume MCH	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6 67.7 22.4	x10^6/ul % /uL g/dL % fL pg	Value 5.5 12 35 58.0 20	Value 8.5 18 52 76.0 25	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit Mean Cell Volume MCH MCHC	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6 67.7 22.4 33.0	x10^6/ul % /uL g/dL % fL pg	Value 5.5 12 35 58.0 20	Value 8.5 18 52 76.0 25	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit Mean Cell Volume MCH MCHC RBC Morph	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6 67.7 22.4 33.0 Polychromasia	x10^6/ul % /uL g/dL % fL pg	Value 5.5 12 35 58.0 20	Value 8.5 18 52 76.0 25	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit Mean Cell Volume MCH MCHC RBC Morph RBC Morph Grade	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6 67.7 22.4 33.0 Polychromasia 1+	x10^6/ul % /uL g/dL % fL pg g/dL x10^3/ul x10^3/ul	Value 5.5 12 35 58.0 20 33.0	Value 8.5 18 52 76.0 25 38.6	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit Mean Cell Volume MCH MCHC RBC Morph RBC Morph Grade Platelets	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6 67.7 22.4 33.0 Polychromasia 1+ 376	x10^6/ul % /uL g/dL % fL pg g/dL x10^3/ul x10^3/ul %	Value 5.5 12 35 58.0 20 33.0 200	Value 8.5 18 52 76.0 25 38.6 700	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit Mean Cell Volume MCH MCHC RBC Morph RBC Morph Grade Platelets White Blood Cell Count	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6 67.7 22.4 33.0 Polychromasia 1+ 376 11.54 73.0 0.0	x10^6/ul % /uL g/dL % fL pg g/dL x10^3/ul x10^3/ul %	Value 5.5 12 35 58.0 20 33.0 200	Value 8.5 18 52 76.0 25 38.6 700	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit Mean Cell Volume MCH MCHC RBC Morph RBC Morph Grade Platelets White Blood Cell Count Seg %. Band %. Lymph %.	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6 67.7 22.4 33.0 Polychromasia 1+ 376 11.54 73.0 0.0 22.0	x10^6/ul % /uL g/dL % fL pg g/dL x10^3/ul x10^3/ul % %	Value 5.5 12 35 58.0 20 33.0 200	Value 8.5 18 52 76.0 25 38.6 700	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit Mean Cell Volume MCH MCHC RBC Morph RBC Morph Grade Platelets White Blood Cell Count Seg %. Band %. Lymph %.	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6 67.7 22.4 33.0 Polychromasia 1+ 376 11.54 73.0 0.0 22.0 3.0	x10^6/ul % /uL g/dL % fL pg g/dL x10^3/ul x10^3/ul % % %	Value 5.5 12 35 58.0 20 33.0 200	Value 8.5 18 52 76.0 25 38.6 700	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit Mean Cell Volume MCH MCHC RBC Morph RBC Morph Grade Platelets White Blood Cell Count Seg %. Band %. Lymph %. Mono %.	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6 67.7 22.4 33.0 Polychromasia 1+ 376 11.54 73.0 0.0 22.0 3.0 2.0	x10^6/ul % /uL g/dL % fL pg g/dL x10^3/ul x10^3/ul % % %	Value 5.5 12 35 58.0 20 33.0 200	Value 8.5 18 52 76.0 25 38.6 700	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit Mean Cell Volume MCH MCHC RBC Morph RBC Morph Grade Platelets White Blood Cell Count Seg %. Band %. Lymph %. Mono %. Eos %.	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6 67.7 22.4 33.0 Polychromasia 1+ 376 11.54 73.0 0.0 22.0 3.0 2.0 0.0	x10^6/ul % /uL g/dL % fL pg g/dL x10^3/ul x10^3/ul % % % %	Value 5.5 12 35 58.0 20 33.0 200 6	Value 8.5 18 52 76.0 25 38.6 700 17	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit Mean Cell Volume MCH MCHC RBC Morph RBC Morph Grade Platelets White Blood Cell Count Seg %. Band %. Lymph %. Mono %. Eos %. Baso %.	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6 67.7 22.4 33.0 Polychromasia 1+ 376 11.54 73.0 0.0 22.0 3.0 2.0 0.0 8.42	x10^6/ul % /uL g/dL % fL pg g/dL x10^3/ul x10^3/ul % % % % % % % % % % % % % % %	Value 5.5 12 35 58.0 20 33.0 200	Value 8.5 18 52 76.0 25 38.6 700 17 11.5	Qualifier
RBC Retic Count A Retic Count Retic Comment: Hemoglobin Hematocrit Mean Cell Volume MCH MCHC RBC Morph RBC Morph Grade Platelets White Blood Cell Count Seg %. Band %. Lymph %. Mono %. Eos %.	6.88 2.1500 147920.0000 CP-Retic 15.4 46.6 67.7 22.4 33.0 Polychromasia 1+ 376 11.54 73.0 0.0 22.0 3.0 2.0 0.0	x10^6/ul % /uL g/dL % fL pg g/dL x10^3/ul x10^3/ul % % % %	Value 5.5 12 35 58.0 20 33.0 200 6	Value 8.5 18 52 76.0 25 38.6 700 17	Qualifier

A Mono.		0.35	x10^3/ul	0.2	1.4	
A Eos.		0.23	x10^3/ul	0.1	1.0	
A Baso.		0.00	x10^3/ul	0	0.2	
06-17-2025		Metzere Bierlein De La Rosa	US10454-696139	VR - Ultras	ound	
06-17-2025		Metzere Bierlein De La Rosa	US10454-DR696165 Trace First, Inc.			
Test		Results	Unit	Lowest Value	Highest Value	Qualifier
Source		Cystocentesis				
Color		Yellow				
Clarity		Slightly Cloudy				
Specific Grav	vity	1.034				
рН		7.5				
Protein		3+				
Glucose		Negative				
Ketones		Negative				
Bilirubin		Negative				
Blood		3+				
WBC (/hpf)		3-5				
RBC (/hpf)		20-30				
Epithelial Ce	ells (/hpf)	Negative				
Bacteria		Rods	/hpf			
Urine Bacter	ria Count	Many				
Bacteria		Cocci	/hpf			
Urine Bacter	ria Count	Few				
Casts		None Observed				
Crystals		None Observed				
Plan:						
Date/Time						
06-17-2025	Medications: None Diet: Stella & Chewy little	hites 3x/day				

Stella & Chewy little bites 3x/day

Follow up:

• Please follow up with your Purdue appointment next month as they likely have a smaller cystoscope that could perform Beatrix's procedure.

• We will call you with urine results next week.

PLEASE NOTE: It is the policy of the Internal Medicine Department that if follow-up care/lab work is performed by your primary veterinarian, it will be interpreted and managed by your primary veterinarian. This includes any medication refills. We are happy to consult with your primary veterinarian for up to 6 months past this appointment as needed but any recommendations discussed with your primary care veterinarian will be relayed only through your primary veterinarian. An exam with Dr. Bierlein is required every 6 months in order to maintain the Veterinarian-Client-Patient-Relationship (VCPR) to prescribe medications/continue with care.

Leg Bandage:

There may be a small bandage on Beatrix's front or back leg. This bandage is used to prevent bleeding after a blood draw, removal of an IV catheter or IV injection. Please remove this bandage in about 1 hour.

Dispensed Medications*:				
Drug Name	Quantity	Instructions		
Maropitant Citrate (Cerenia) injectable 10mg/ml (ml)	0.34	Given IV right lateral saphenous in hospital.		

Medication refills may be requested through our website at <u>vetspecialty.com/refill</u> or by leaving a message for our pharmacy team at <u>847-499-5733</u>. 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 <u>schedule any</u> <u>recheck appointments</u> for Beatrix as soon as possible.

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

#WEBFORM-SIGNATURE# Client: Date: 06-17-2025