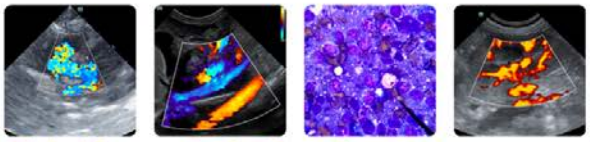




**PATIENT**

Lilly Pad Kehn

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

21 lbs

**INTERPRETED BY**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

**IMAGING PERFORMED BY**

Jessy Butcher

**HOSPITAL NAME**

Healing Paws

**REFERRING VET**

Dr. Levitsky

**INVOICE**

72444

**DATE**

1/23/26

## PRESENTING CLINICAL SIGNS

Hx of UTIs. 7/24: dx with UTI that resolved with Clavamox 125 mg bid for 10 days and follow up U/A revealed infx cleared. 2/25: dx with UTI- P. Showing stranguria and hematuria. U/A revealed hematuria. pyuria, bacturia. Tx with clavamox. Clinically got better but no follow up U/A. 12/25 pet showing UTI signs again. Hematuria, stranguria. U/A revealed only RBC 4-10 and UPC 1.7. CBC/Profile wnl. Tx with clavmox for 10 days. Clinical signs got better but O. Felt that she was PU/PD. About 4 days after end of abx, O. Seeing hematuria and stranguria. U/A free catch in hospital: SG 1.031, pH 6.5, prot +2, WBC 4-10, RBC 11-20. U Coccobacillus 51-100. UPC 0.7. Culture pending. O. Reports that she is eating and acting ok other than urinary behavior. Weight is steady.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is filled with multiple large uroliths, with the largest measuring approximately 1.3 cm. The urinary bladder wall is diffusely thickened, with ultrasonographic features consistent with marked inflammation.

The left kidney is normal in shape and size, measuring 4.37x2.52 cm, with a cortical thickness of 0.35 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation shows a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.27x2.50 cm, with a cortical thickness of 0.31 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation shows a normal vascular pattern.

### *Adrenal Glands*

Both adrenal glands demonstrate normal shape and echogenicity. The left adrenal gland measures 0.31 cm at the cranial pole and 0.32 cm at the caudal pole. The right adrenal gland is partially visualized and measures 0.34 cm.

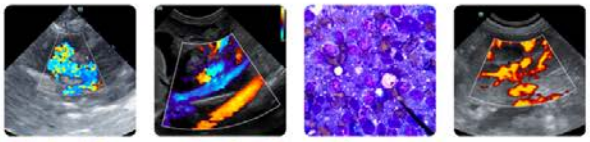
### *Spleen*

Splenic thickness measures 1.34 cm. The splenic parenchyma demonstrates normal echogenicity with a fine, homogeneous echotexture and no focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

### *Liver*

The liver is subjectively normal in size, with sharp margins and a smooth, regular contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The gallbladder wall is thin, and the contents are primarily anechoic. No dilation of the cystic duct or common bile duct is identified.





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## *Gastrointestinal*

The stomach is empty and folded, with preserved wall layering and a mural thickness of 1.97 mm. The pyloroduodenal region appears unremarkable, with the pylorus measuring 2.96 mm.

Duodenum: mural thickness 2.66 mm.

Jejunum: mural thickness 3.69 mm.

Ileum: mural thickness 1.63 mm.

Wall layering is preserved throughout the evaluated intestinal segments. No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colon wall measures 0.78 mm and contains formed fecal material within the descending segment.

## *Pancreas*

The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation.

## *Free Abdomen*

No abdominal effusion or sonographic evidence of peritonitis is identified. Abdominal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation has a normal appearance.

## PRIMARY FINDINGS

- Multiple large urinary bladder uroliths, largest measuring approximately 1.3 cm.
- Diffuse urinary bladder wall thickening consistent with cystitis.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound demonstrates marked cystolithiasis, characterized by multiple large urinary bladder uroliths, accompanied by diffuse urinary bladder wall thickening consistent with chronic active cystitis. These findings provide a clear structural explanation for the patient's history of recurrent hematuria, stranguria, and recurrent or persistent urinary tract infections with incomplete or transient response to antimicrobial therapy.

No ultrasonographic evidence of upper urinary tract involvement is identified.

The remainder of the abdominal organs, including the liver, gastrointestinal tract, pancreas, and spleen, appear within normal ultrasonographic limits.

Recommendations

- Surgical removal of the urinary bladder uroliths is recommended, as antimicrobial therapy alone is unlikely to result in sustained clinical resolution.
- Urine culture and sensitivity results should be used to guide peri-interventional antimicrobial therapy.

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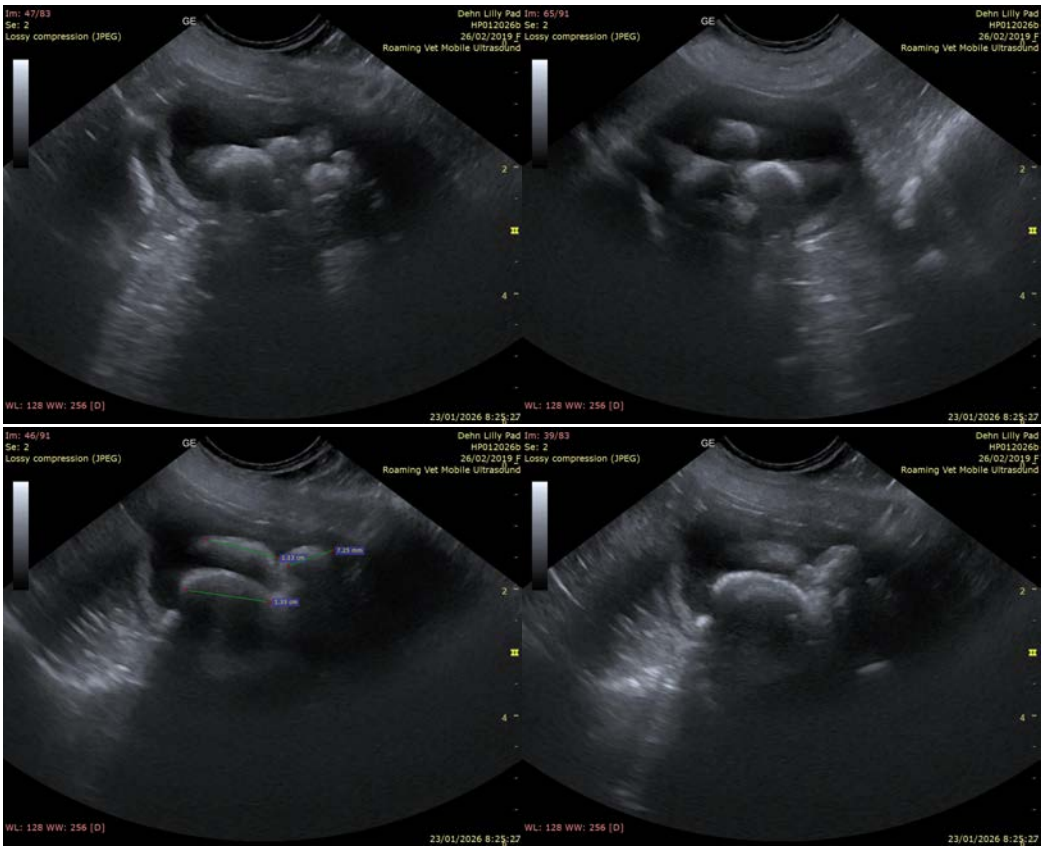
- Stone composition analysis is recommended following removal to guide long-term preventive management.



**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.

**Alicia Angosto Guerrero**, DMV, PgDip, MSc.

info@SonoPath.com