



PATIENT

Achillea Wiebe

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed female

AGE

2 years

WEIGHT

21.45 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Mueller

HOSPITAL NAME

Cold Lake VC

REFERRING VET

Dr. Mueller

INVOICE

73866

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Urinary habits seem normal but there are small ~1cm or less diameter spots on her bed that are clearish but crusted. Doesn't really seem like AGs. She is on stilbestrol. Otherwise acting normal, E/D normally and not affecting her qol.
- UA WNL, Urine Culture positive for Proteus, took images of kidney and bladder which seemed unusual so elected to send to Sonopath (dog was not sedated so did not take full ultrasound)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and smooth wall. The urine is predominantly anechoic with scant suspended echoes. The trigone is normal. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size: 5.46×2.98 cm, with a cortical thickness of 0.62 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydroureter.

The right kidney is normal in shape and size: 5.99×3.20 cm, with a cortical thickness of 0.54 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydroureter.

PRIMARY FINDINGS

- No significant ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The submitted study contained 31 files focused on the urinary tract.

This is a sonographically unremarkable urinary tract study, with no evidence of cystitis, pyelonephritis, urolithiasis, or structural abnormalities to explain the positive urine culture.

The absence of renal pelvic dilation, ureteral abnormalities, or bladder wall changes makes a clinically significant ascending infection unlikely at the time of examination.

Given the patient's age and normal anatomy, these findings are most consistent with a lower urinary tract infection without an identifiable structural predisposition, although early or mild infection may not produce detectable ultrasonographic changes.

The reported intermittent moisture on bedding may reflect urine leakage (urethral sphincter mechanism incompetence) rather than primary inflammatory disease, particularly in the context of current treatment with diethylstilbestrol.



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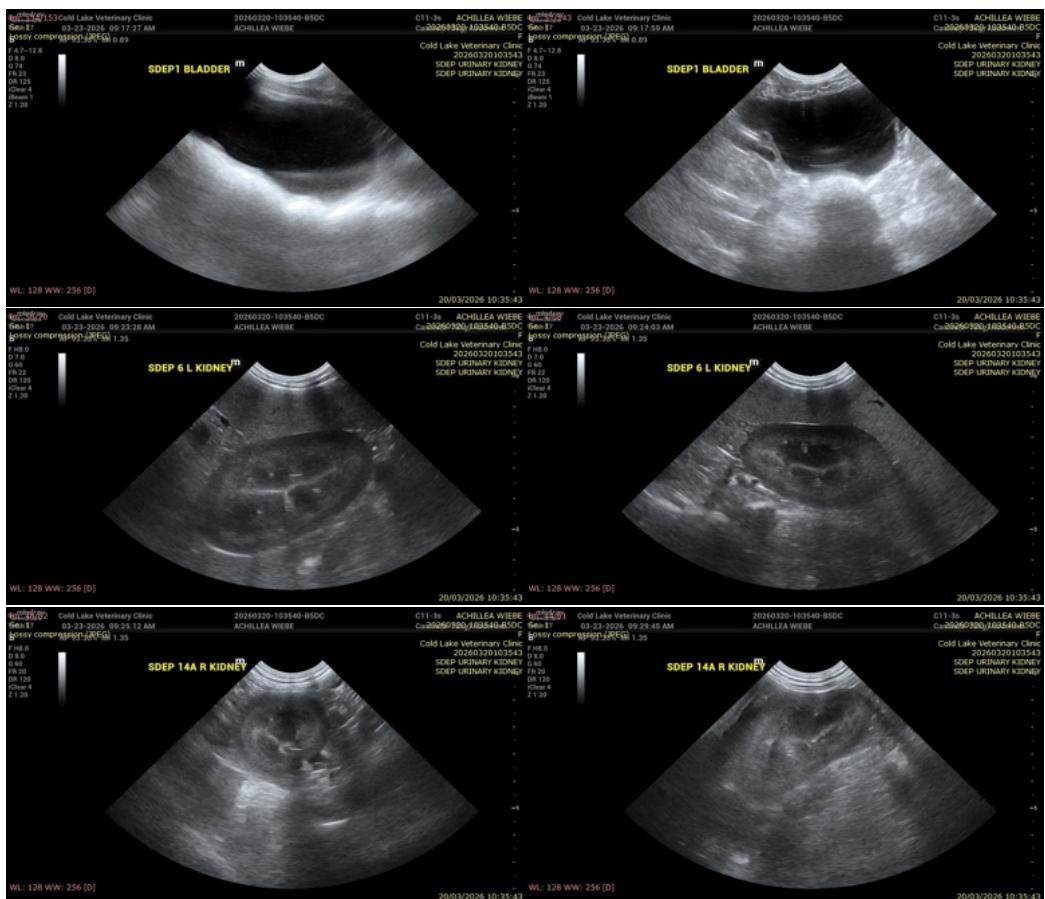
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Ultrasound limitations should be considered, as functional disorders and early mucosal disease are often not detectable.

Recommendations:

- Correlation with clinical findings and urine culture results is recommended.
- Treatment should be guided by culture and sensitivity. Given the presence of *Proteus* spp., monitoring for potential struvite formation may be considered, although no uroliths are currently identified.
- Repeat urinalysis and urine culture following treatment is recommended to confirm resolution.
- If urinary leakage persists, further evaluation for urethral sphincter mechanism incompetence or other functional causes may be warranted.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian in the context of the patient's overall clinical status.





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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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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