



## DATE PRESENTING CLINICAL SIGNS

12/16/25

**Patient History:** IVDD with hemilaminectomy April 2025. Recurrent UTIs since. Recent culture Proteus. Currently treating with Cefpodoxime. Improvement in clinical signs, but infection slow to resolve. Has good bladder control, but concern for not fully voiding.

## PATIENT

Piper Dodson

**Current Medications:** 11/25 Cefpodoxime 50 mg SID, Crananidin

**Labwork Results:** Labwork not attached, reported as: Nov 2025 rads- no bladder stones, 12/9 U/A- SG >1.040, pH 5, WBC 5/hpf, RBCs 25/hpf, Rods. 11/25 Urine culture Proteus 10,000-50,000

## SPECIES

**Date of Previous IntraPet Ultrasound:** No previous.

Canine

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Not requested.

## BREED

**Imaging Performed by:** Rachel Brillhart, RDMS.

French Bulldog

## LIMITED ULTRASONOGRAPHIC EXAMINATION

### SEX

### *Urinary System*

Spayed Female

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. The bladder is subjectively quite pelvically located, partially limiting evaluation of more than just the very proximal urethra.

### AGE

9/9/21

The right kidney is normal is size (4.1 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

### WEIGHT

20 lbs

The left kidney is normal is size (4.4 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## ULTRASONOGRAPHIC FINDINGS

### HOSPITAL NAME

Hickory Veterinary  
Hospital

- This is a largely unremarkable/normal structural urinary tract without a definitive ultrasonographically visible intraabdominal explanation for patient's reportedly recurrent urinary tract infectious.

## REFERRING VET

Dr. Lyle

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not recently evaluated, a full general metabolic health screen is recommended to include CBC/Chem panel and electrolytes.

## INVOICE

72608

Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

If the reported recurrent urinary tract infections have not been treated as a complicated infection including a final culture a week to 10 days after finishing antibiotics to ensure that it is truly recurrent versus a persistent, non-fully treated infection, then that is recommended.

Beyond that, given patient's history, given patient's history, further bladder function, neurologic assessment, advanced imaging, etc. including potentially cystoscopy versus other may be warranted. Therefore, consultation with and/or referral to a veterinary internist and/or or even neurologist may be helpful.



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.

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com