



DATE PRESENTING CLINICAL SIGNS

2/17/26

Patient History: 2nd opinion visit due to continued pollakiuria and hematuria. Recent urine sample cultured by previous vet with a negative result. Has a history of cystic calculi which she voided on her own. Calculi was determined to be primarily struvite. Pet fed C/D which was discontinued 4 months ago upon recommendation of previous hospital and switched to Hills Dermatologic diet. This dog has a history of skin allergies. PE - recessed vulva, all else nsf

PATIENT

Lyla Woerner

SPECIES

Canine

BREED

Cavalier x

SEX

Spayed Female

AGE

12/25/19

WEIGHT

25 lbs

INTERPRETED BY

Beth Johnson, DVM
DACVIM

HOSPITAL NAME

Chadwell Animal
Hospital

REFERRING VET

Dr. Schaupp

INVOICE

73021

Current Medications: Cytopoint monthly, Novox 25 mg PO BID

Labwork Results: Diagnostics not attached, reported as: Radiograph taken today shows no radiopaque calculi in bladder or kidneys.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary System

Urinary bladder is adequately distended with primarily anechoic contents and echogenic non-shadowing debris as well as some echogenic, swirling “hazy” debris. Apical urinary bladder wall is diffusely thick (0.37 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

The right kidney is normal is size (4.77 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 or infarcts observed. Small non-obstructive nephroliths are noted in the right kidney.

The left kidney is normal is size (4.38 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 or infarcts observed. Small non-obstructive nephroliths are noted in the left kidney.

ULTRASONOGRAPHIC FINDINGS

- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- Small, non-obstructive nephroliths bilaterally.

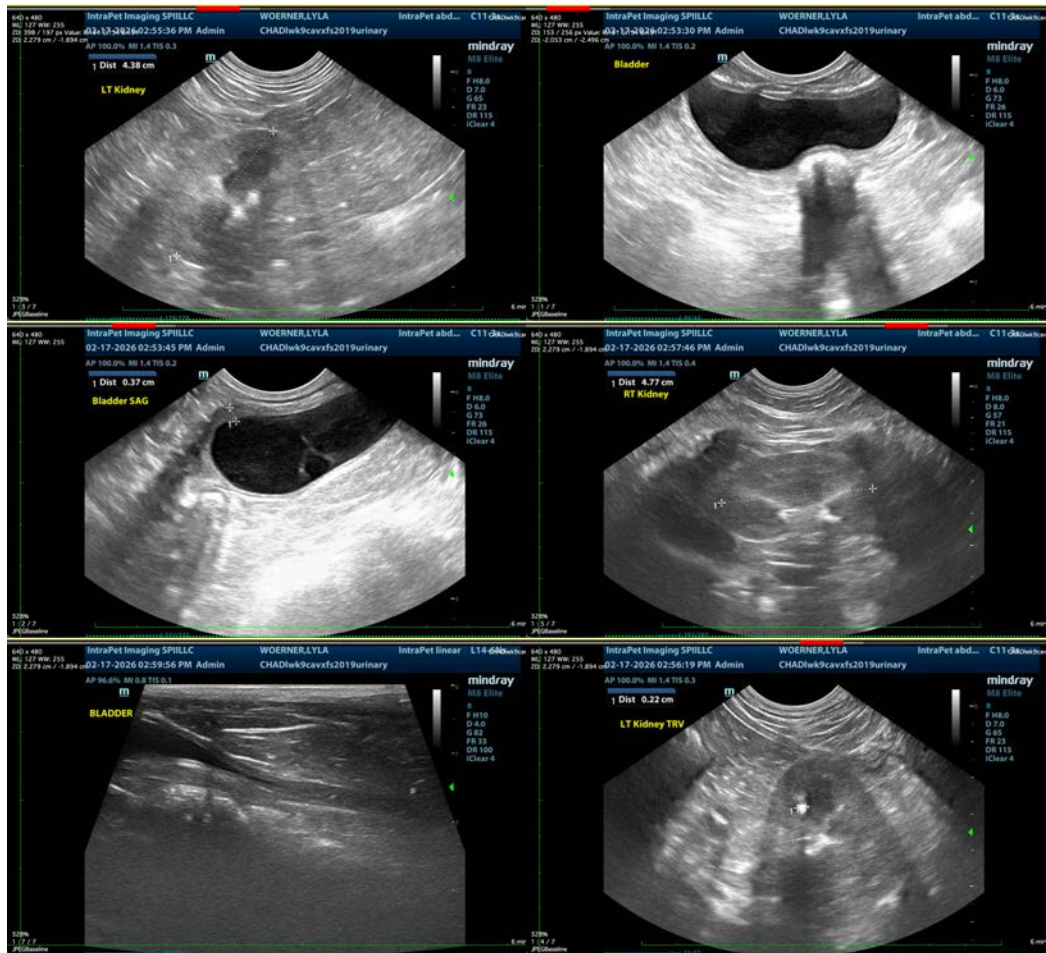
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given patient’s reported history of struvite stones, ruling out a persistent or recurrent urinary tract infection or infections is recommended, beginning with a 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 ratio is recommended.

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

If an infection is not diagnosed and/or clinical signs persist beyond treatment of a possible complicated urinary tract infection, etc., further diagnostics including advanced imaging such as cystoscopy could be considered.

Ultimately, however, in addition to monitoring for and controlling infections, longer term dietary management may be warranted.



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