



**PATIENT**

Roo Cannizzaro

**SPECIES**

Canine

**BREED**

Mixed

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

40 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Dr. Elaina Petrone

**HOSPITAL NAME**

Long Branch AH

**REFERRING VET**

Dr. Elaina Petrone

**INVOICE**

35895

**DATE**

2/24/22

**PRESENTING CLINICAL SIGNS**

2 yo FS mixed breed, history of pollakiuria, stranguria, and malodorous urine. Treated empirically with Clavamox and Carprofen while UA was pending. Clinical signs resolved on medications. Once medications were discontinued clinical signs recurred. Pyuria but not bacteria on UA. Saliva staining around vulva no obvious vaginitis.

Abnormal PE/Chem/CBC/UA Results: pyuria, no crystals or bacteria on UA

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick (0.36 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 in size (5.61 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.

The left kidney is normal in size (5.63 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.

**Adrenal Glands**

The right adrenal gland is normal in size (0.69 cm at the cranial pole and 0.34 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.32 cm at the cranial pole and 0.37 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

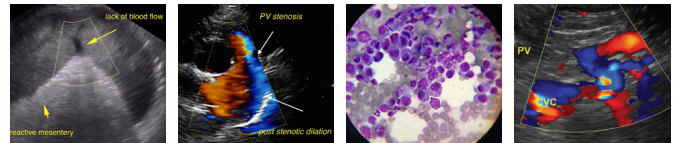
**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

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The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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- 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.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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40 Pounds

Recommendations include urine culture (reportedly already pending). Given the improvement on antibiotics and the pyuria, if the culture is negative, there should be some suspicion for a false negative. Two weeks off of antibiotics should be sufficient to get accurate results. However, a false negative is still possible with any recent antibiotic administration.

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Full lab work including a CBC, serum chemistry panel, and electrolytes (if not recently evaluated) is recommended to assess overall metabolic health and potentially investigate underlying causes of suspect urinary tract infection in such a young dog. In the meantime, transition to a urinary health diet (as is reportedly being discussed) is a reasonable approach.

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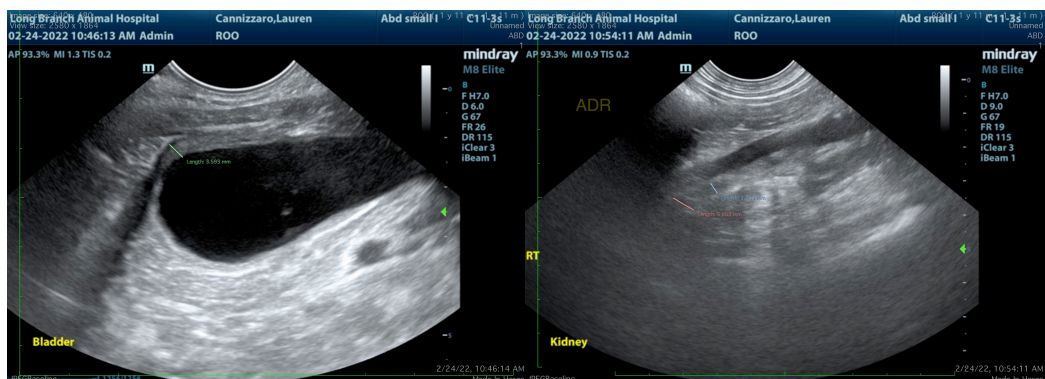
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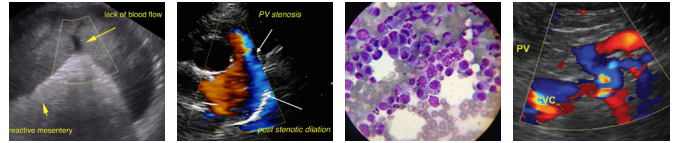


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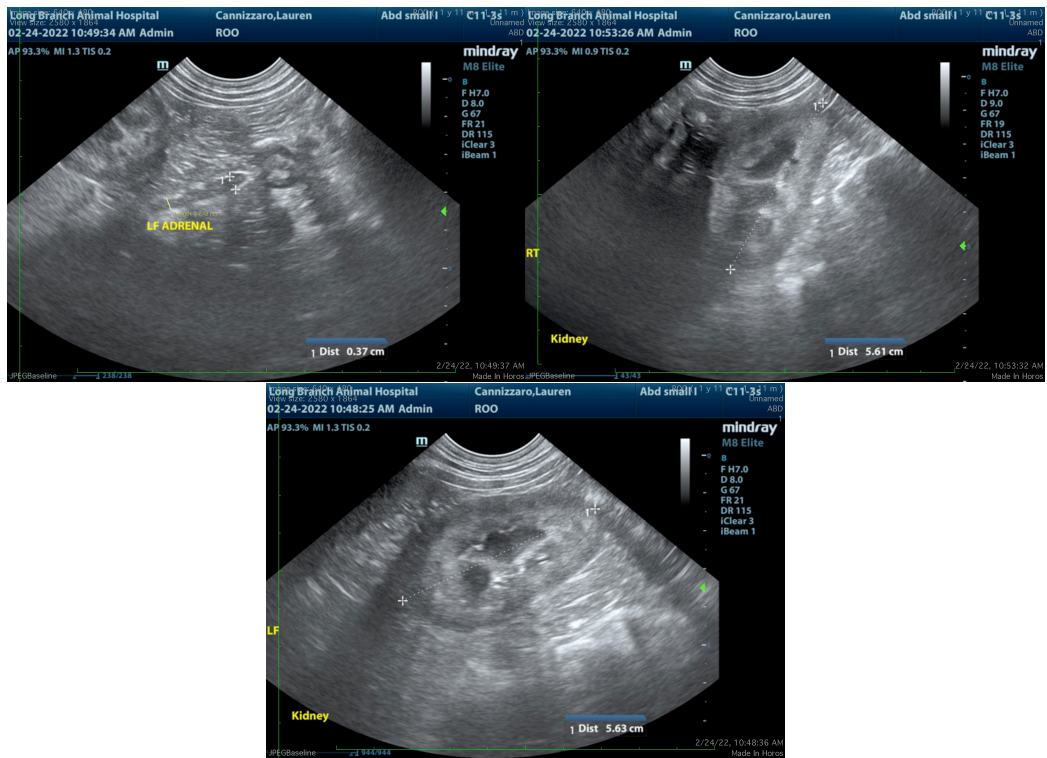
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
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