



PATIENT

Millie Zugnoni

SPECIES

Canine

BREED

Border Collie X

SEX

Female

AGE

4

WEIGHT

28.5

INTERPRETED BY

Sebastian Jawinski,
German Board
Certified Vet Specialist
in Diagnostic Imaging

IMAGING PERFORMED BY

Dr Eamon Ryan

HOSPITAL NAME

Belconnen Veterinary
Centre

REFERRING VET

Dr Eamon Ryan

INVOICE

74794

DATE

4-28-26

PRESENTING CLINICAL SIGNS

Recurrence of lower urinary tract signs in the past month.

Initially presented on 7/3/26 for haematuria 2 days after the ingestion and successful endoscopic retrieval of a bbq skewer at emergency hospital. No noted GIT signs since this visit.

Moderate bladder wall thickening noted, urine culture heavy growth *Proteus mirabilis* with multiple sensitivities; initial urinary signs resolved on 400mg Amoxicillin BID 5d.

Owner reported malodorous breath on 1/4/26 (no noted return of lower urinary signs) and repeat urine culture showed same heavy growth *proteus* with multiple sensitivities.

Repeat culture 18/4/26 after 10d 400mg amoxicillin BID showed no growth on culture.

Pollakiuria, PU/PD noted on 27/4/26. Otherwise well. No V+, D+ noted.

Abnormal PE/Chem/CBC/UA Results: CBC&Biochem WNL in-house. Marked cystitis noted on bladder ultrasound and CT. Repeat urine culture and urine cytology pending.

COMPUTED TOMOGRAPHY OF THE ABDOMEN

Pre/post contrast studies are provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

The urinary bladder is nearly empty, presenting a severely thickened and irregular wall, showing maximum transverse diameters of approximately 9 mm. There is an increased mucosal enhancement noted. The vesical-urethral transition is inconspicuous as well as the urethra and the vestibulum/vagina. There are no relevant peripheral reactions noted in the abdominal fat tissue. Radio pack concretions are not present.

Free peritoneal fluid is not recognized. Both ureters and kidneys present a regular contrast phase showing normal diameters and course. The retroperitoneal space is inconspicuous.

All other abdominal organs show normal findings, especially the abdominal lymph nodes in the aortic trifurcation (medial inguinal lymph nodes).

The displayed parts of the chest and bony structures of the spine/pelvis do not show particular findings.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Severe thickening urinary bladder wall

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The CT findings show a severely thickened urinary bladder wall, which is consistent with cystitis. However, this is an unspecific finding and likely represents severe inflammation secondary to bacterial infection as reported in the patient's history. The severe thickening could represent hyperplastic changes due to chronic inflammation with involvement of the deeper wall parts. I do not suspect neoplasia. The nearly empty urinary bladder underlines the assumption of severe cystitis.



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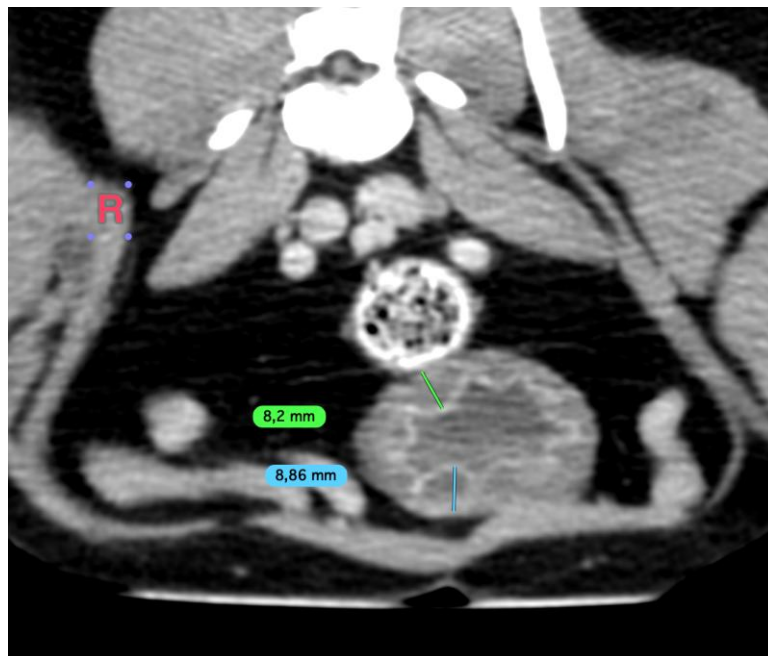
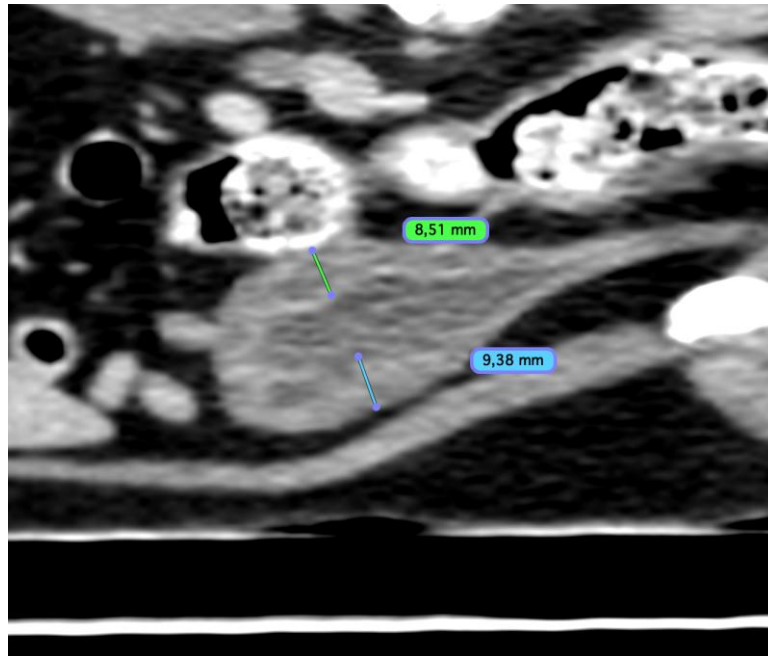
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As far as can be assessed, there are no peripheral changes recognized, which is consistent with a locally limited inflammatory process. Both kidneys and ureters show normal findings. Enlargement of the tributary lymph nodes is not noted.





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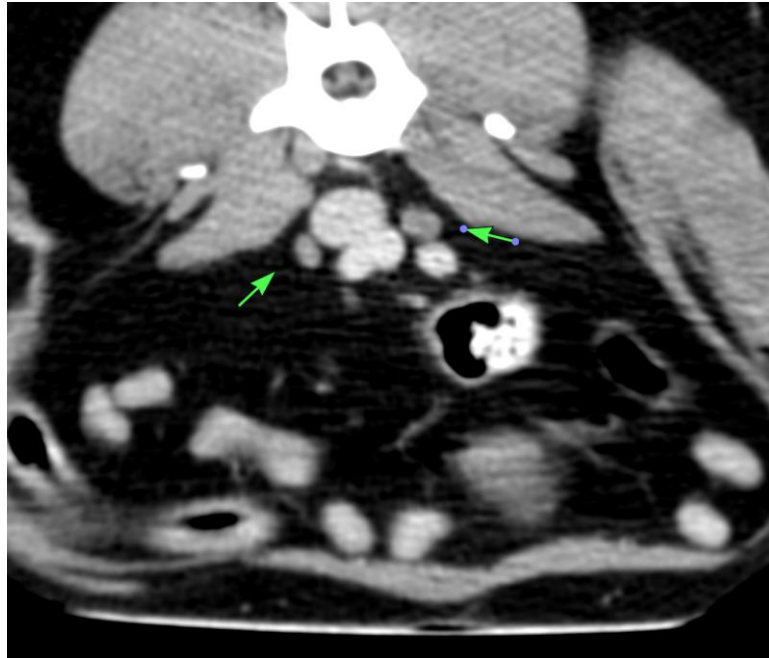
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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