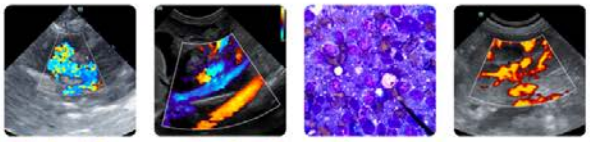

PATIENT

Bear Hogan

SPECIES

Canine

BREED

Bichon Frise x Shih Tzu

SEX

Neutered Male

AGE

9 Years 5 Months

WEIGHT

13.58 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Melinda Persson

INVOICE

72859

DATE

2/10/26

PRESENTING CLINICAL SIGNS

History of bladder stones with surgical removal 2 years ago - too small to test. Maintained on Hill's c/d Multicare diet and Royal Canin Urinary treats since surgery. Intermittent hematuria noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains two hyperechoic shadowing uroliths. The first stone measures 7.9 mm x 3.9 mm in size. The second measures 5.7 mm x 5.2 mm in size.

The right kidney presents normal size (4.5 cm in length) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney is normal in size (4.5 cm in length) and has normal corticomedullary distinction. In the left renal pelvis, there is a 3.5 mm in length, hyperechoic, shadowing nephrolith present. There is a second nephrolith present in the renal pelvis measuring 5.0 mm in width.

Adrenal Glands

The right adrenal gland appears normal in shape. There is a small (approximately 4.0 mm) hyperechoic nodule in the cranial pole that is most likely an incidentaloma and is unlikely to be significant at this time. The cranial pole measures 7.2 mm and the caudal pole measures 5.4 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.6 mm in width and the caudal pole measures 5.2 mm in width.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow noted.

Liver

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Two uroliths present in the urinary bladder.
- Left kidney nephrolithiasis.
- Small, hyperechoic nodule in the cranial pole of the right adrenal gland – likely incidentaloma and not significant at this time.

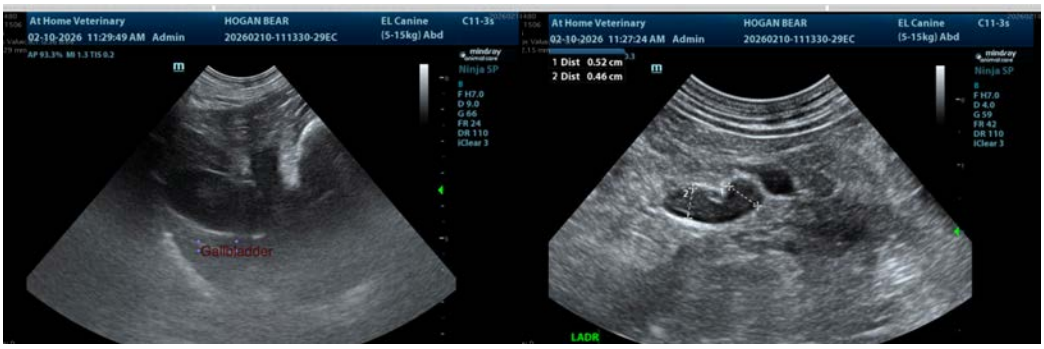
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient has recurrence of their uroliths and given that the patient has been eating the appropriate urinary diet historically, it is unlikely that a dissolution diet would provide a benefit to this patient's uroliths at this time. We do recommend cystotomy to remove the uroliths and submission to the University of Minnesota urolith lab for analysis so that optimal dietary and treatment plan can be devised to prevent future uroliths from forming.

The nephroliths in the left kidney do not appear to be causing any type of obstruction at this time. There are no significant treatment options available for the nephroliths. We would recommend periodic monitoring every 3-6 months via ultrasound to determine if these nephroliths are causing any evidence of obstruction in the left kidney or increasing in number or size.

We would recommend treatment be focused on the analysis of the uroliths from the urinary bladder sent to the University of Minnesota urolith lab, which will provide benefit to prevent future formation of any additional nephroliths, and is the best treatment plan at this time.

The remainder of the abdominal ultrasound appears normal. If not already performed, recommend submitting urinalysis and urine culture to rule out the possibility of a chronic occult urinary tract infection that may be contributing to the chronic urolithiasis seen on this exam.



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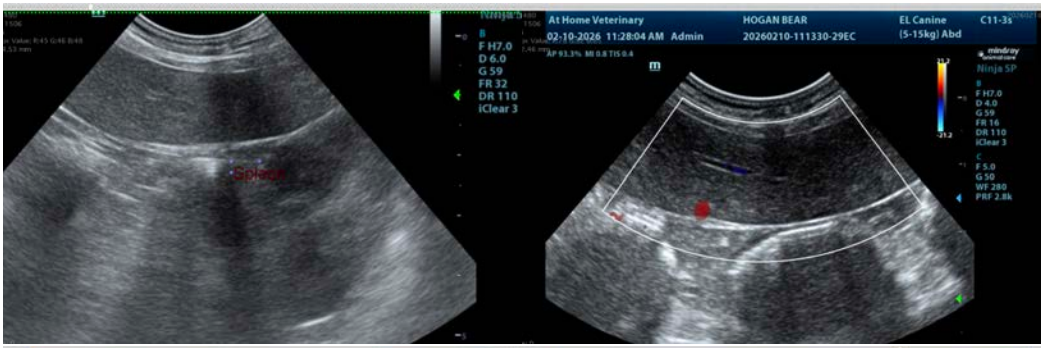

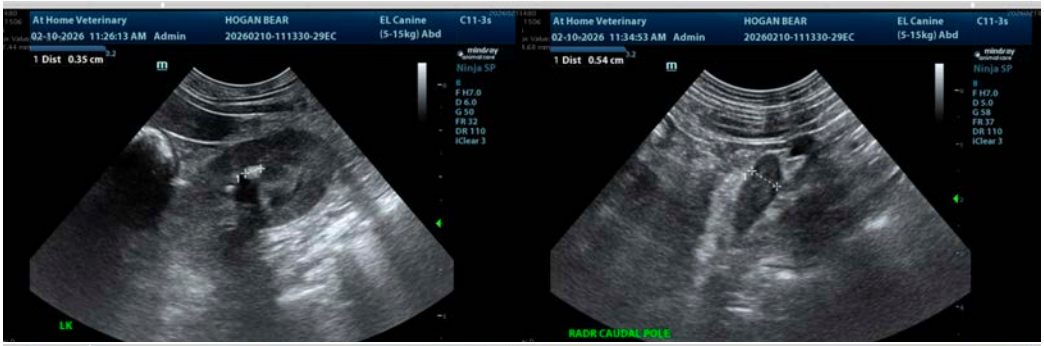

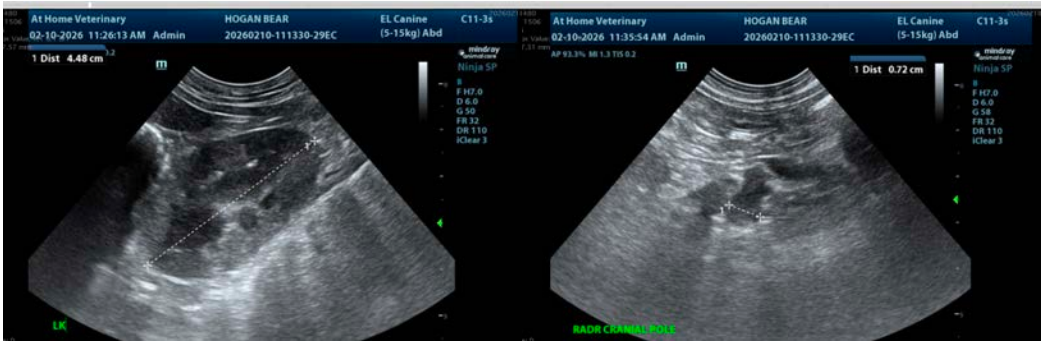

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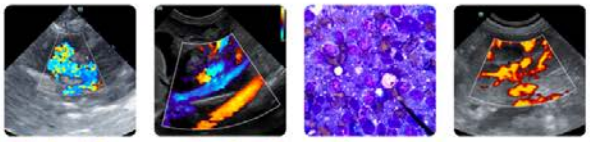

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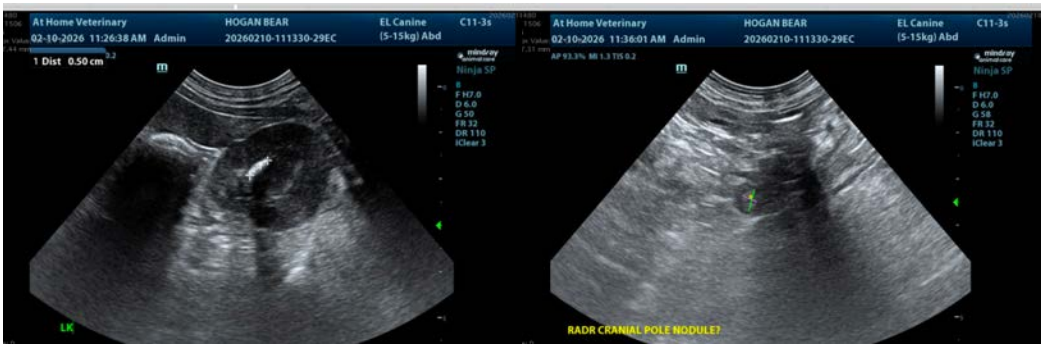

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Greg Kuhlman, DVM, DACVIM (SAIM)
Veterinary Internal Medicine Specialist
info@SonoPath.com