



PATIENT

Ace Dierksen

SPECIES

Canine

BREED

Border Collie Mix

SEX

Male

AGE

9

WEIGHT

59 pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Arielle Roldan CVT

HOSPITAL NAME

Milford Animal
Hospital

REFERRING VET

Dr. Sean Grasso DVM

INVOICE

13816

DATE

02/16/26

PRESENTING CLINICAL SIGNS

- Presented for examination due to crying loudly while attempting to defecate. Still urinating normally. Owner also stated that he would cry randomly sometimes while sitting. Testicles were swollen at time of exam. Radiographs performed and attached. Patient went home with enrofloxacin and carprofen over the weekend and owner reports doing much better no longer crying.

Abnormal PE/Chem/CBC/UA Results: Canine CRP 131.9 10 - 200 mg/L Abnormal (inflammation) Rest NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is markedly small in size that contains only a small amount of urine. Complete evaluation of the urinary bladder is difficult given that there's a small amount of urine present. If clinically warranted, recommend rechecking ultrasound of urinary bladder when it is more distended with urine to determine if abnormalities are seen with the urinary bladder wall. No obvious bladder stones or bladder masses are seen.

The prostate is not clearly visualized on this exam, but no evidence of an enlarged hyperechoic prostate is seen.

The left testicle is diffusely hypoechoic with loss of normal architecture appearance. The left testicle is slightly difficult to visualize, however, it appears to measure 3.8 cm x 2.5 cm. The right testicle also has a diffuse hypoechoic echotexture with loss of normal architecture and measures 4.6 cm x 2.8 cm.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.7 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.7 cm in length.

Adrenal Glands

The bilateral adrenal glands were not clearly seen on this exam.

Spleen

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

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.



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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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

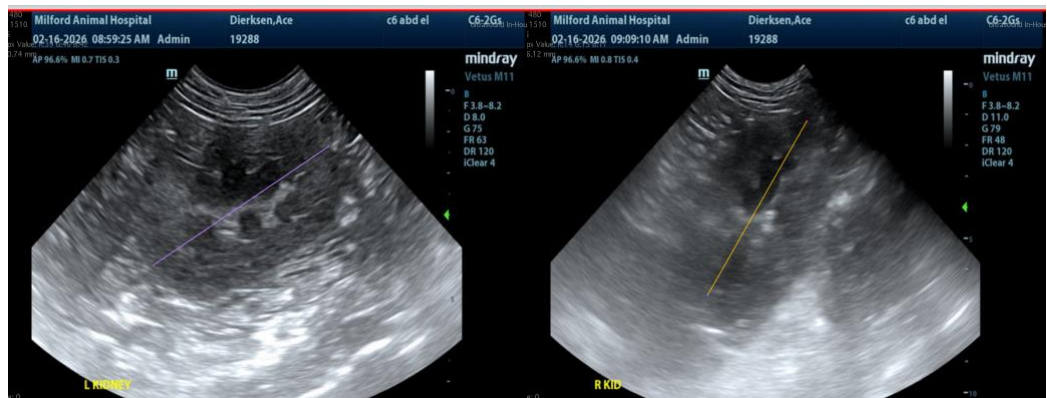
- Hypochoic testicles- possible infectious disease, possible brucellosis, orchitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend brucellosis testing and other possible infectious causes can be just general bacteria such as E. coli or similar, viruses like distemper, although if the patient is vaccinated, this is unlikely. Fungal orchitis is also possible. Tick-borne diseases can cause orchitis if the patient has not had any vector-borne disease testing. Recommend following up.

At this time, given the appearance of the testicles at presentation and on this ultrasound and the fact that the patient improved with antibiotic therapy, recommend continuing the antibiotics for a full 30 days and at the end of the treatment process, recommend neutering the patient and submitting the testicles for histopathology to rule out any neoplastic process. If there are other infectious agents, histopathology may be useful.

Brucellosis testing is strongly recommended if the patient has been bred. The patient doesn't necessarily have to have been bred to have contracted brucellosis, but if this dog has been bred, brucellosis is the top rule-out.





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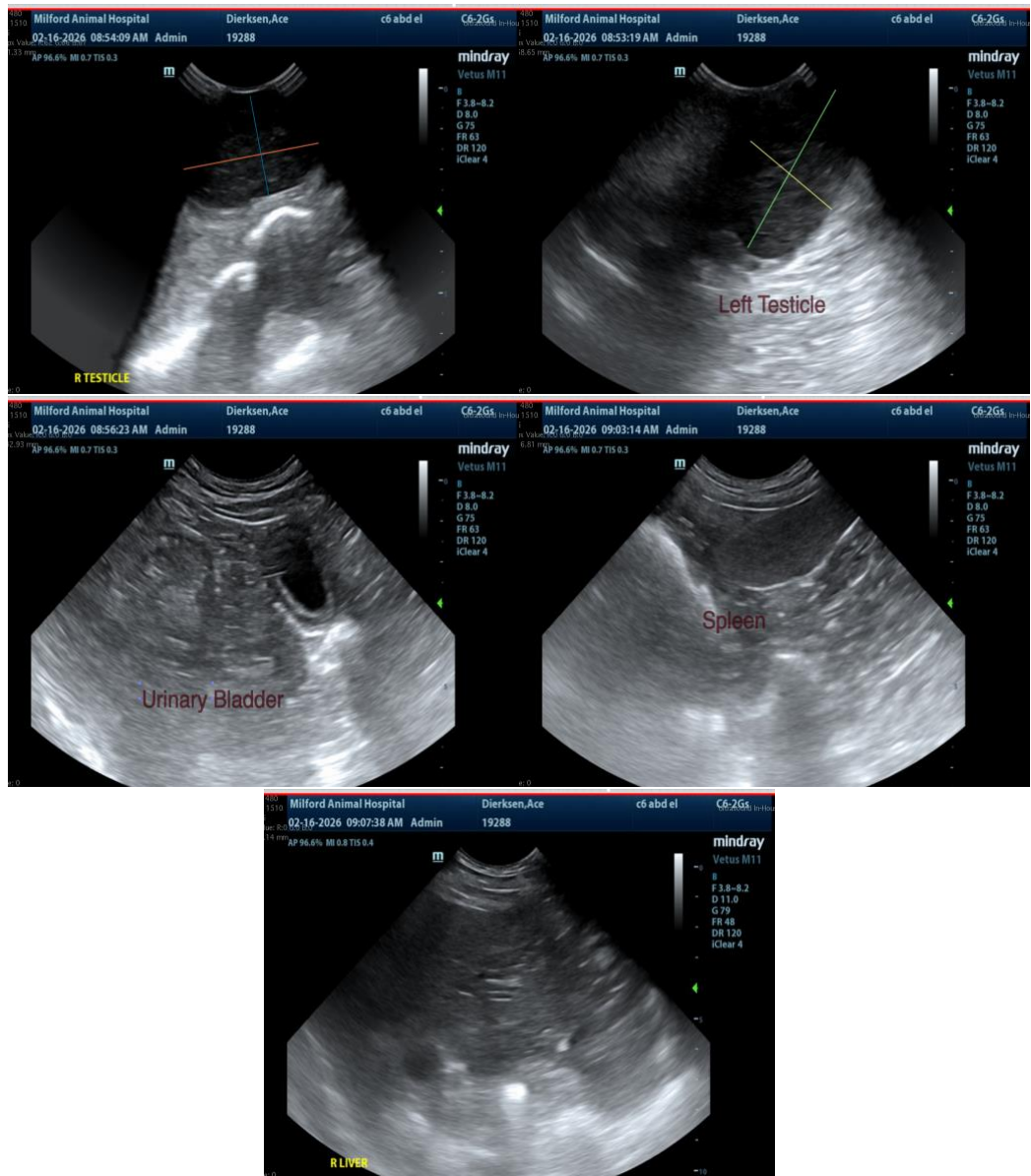
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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