



PATIENT

Equinox Blackwood

SPECIES

Canine

BREED

Standard Poodle

SEX

Neutered Male

AGE

8 Years

WEIGHT

77.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Christina Miller, DVM

HOSPITAL NAME

Seven Fields
Veterinary Hospital

REFERRING VET

Christina Miller, DVM

INVOICE

73051

DATE

2/18/26

PRESENTING CLINICAL SIGNS

Historical bladder stone with cystotomy in 9/2023 (stones were CaOx). Recently hyporexic to anorexic for 1 week. No v/d normal BMs.

Abnormal PE/Chem/CBC/UA Results: Radiographs revealed cystic calculi on 2/18/2026 CBC/Chem wnl UA USG 1.041, mild hematuria, 4-10 WBC/hpf, >50/hpf amorphous phosphate crystals

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Within the urinary bladder there is a 1.9 mm x 7.0 mm, hyperechoic, completely shadowing urolith present. The ventral urinary bladder wall is thickened at 7.2 mm. The luminal margin of the ventral urinary bladder wall is irregular in shape. The luminal margin of the dorsal urinary bladder appears smoother and more regular.

The prostate is normal, measuring 8.0 mm in width, with symmetrical appearance and uniform echogenicity.

The right kidney presents normal size (6.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland is not seen on this exam.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.7 mm and the caudal pole measures 4.8 mm.

Spleen

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

Gastrointestinal

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



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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.

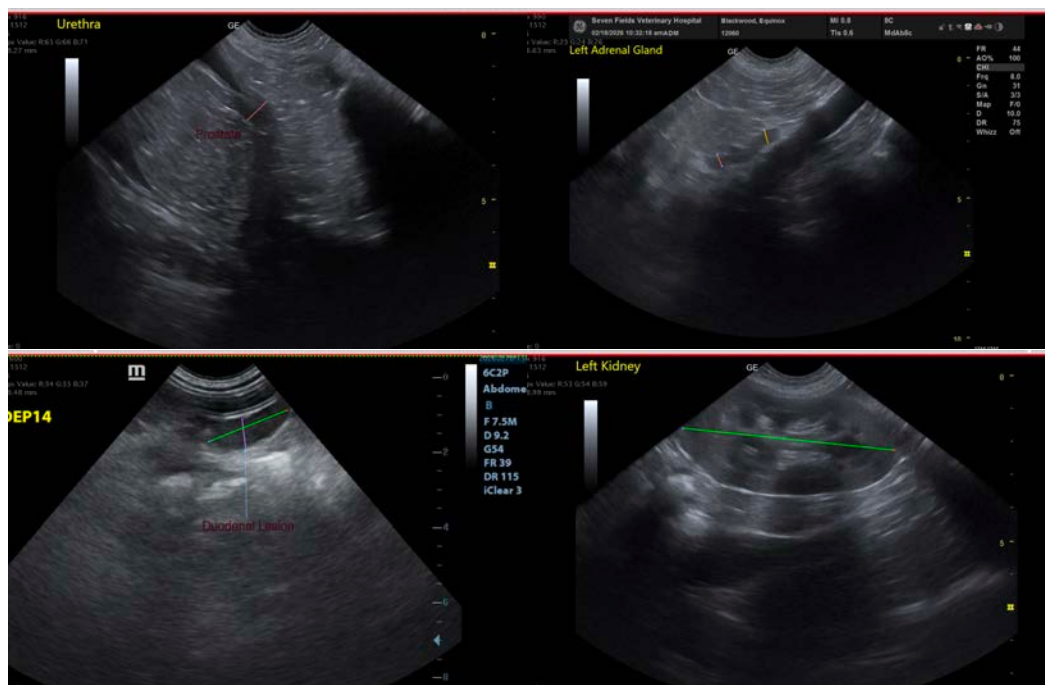
ULTRASONOGRAPHIC FINDINGS

- Hyperechoic, irregularly shaped shadowing urolith present in the urinary bladder - This explains the patient's clinical signs of hematuria.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that the patient's previous bladder stones were diagnosed as calcium oxalate and given the appearance of the urolith on this exam, I suspect it is most likely calcium oxalate again. However, recommendation would be that if the patient is not currently eating a urinary dissolution diet such as Hills CD or Royal Canin SO, to initiate one of these dissolution diet strictly for one month and then recheck ultrasound. If urolith appears significantly small or is gone in a month, then recommend continuing the dissolution diet for life and feeding it strictly. If the urolith is unchanged in one month, then recommend cystotomy and resubmission of the stone to the University of Minnesota urolith lab for determination as to the substance of the urolith. Also, the University of Minnesota will make dietary recommendation to hopefully prevent formation of future uroliths.

The remainder of the exam appeared normal. Patient's prognosis appears good at this time.





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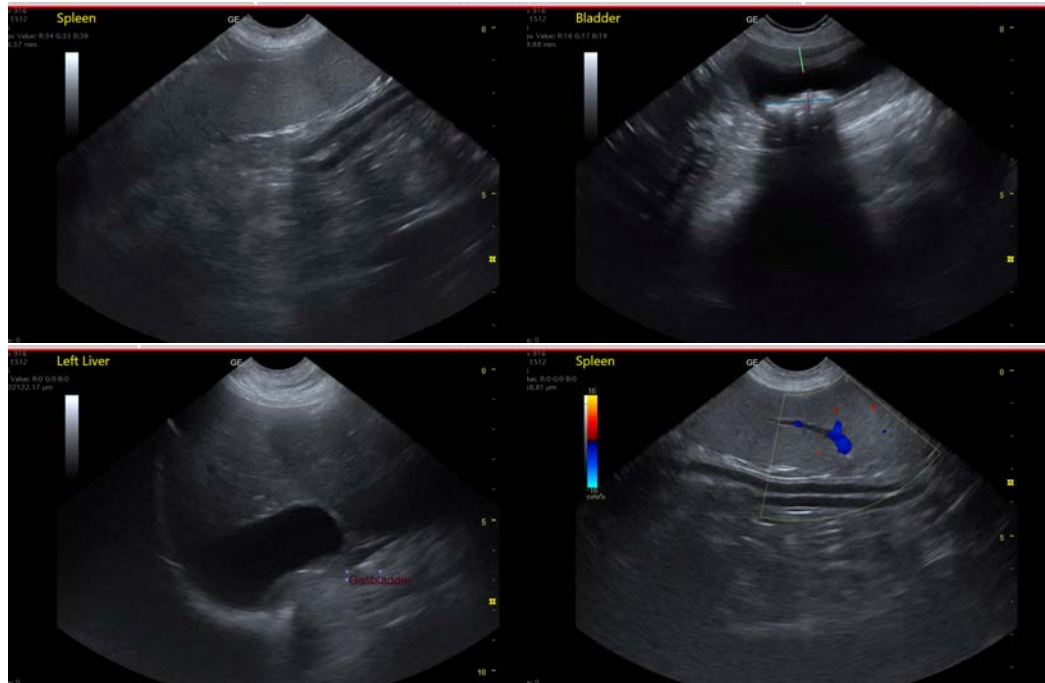
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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