



PATIENT

Archie Stoecklein

SPECIES

Canine

BREED

Old English Bulldog

SEX

Neutered Male

AGE

11 Years 4 Months

WEIGHT

67.6 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Katy Borzillo

HOSPITAL NAME

Elizabeth Animal
Hospital

REFERRING VET

Kim Allyn, DVM

INVOICE

73242

DATE

2/24/26

PRESENTING CLINICAL SIGNS

Seen last month for possible UTI and having accidents in the house. Noted that he may be straining to urinate. Treated with Simplicef and he seemed to be doing a little better, but he is still having accidents and straining.

Abnormal PE/Chem/CBC/UA Results: PE: Eyes: Pedunculated mass at left eye margin just above the lateral canthus; lenticular sclerosis typical for age Abdomen: Mildly distended, likely typical for age; no enlargement or fluid detected Musculoskeletal: Mild proprioceptive deficit and left hind arthritis in both stifles; good muscle mass; legs moving well Urinary/Genital Systems: Bladder normal on ultrasound with clear urine; prostate mildly enlarged, mottled, and mineralized for a neutered dog. Would not tolerate cystocentesis. UA: Free Catch Sample Urine Protein: 500 mg/dL Blood/Hemoglobin: 250 Ery/uL White Blood Cells: >50/HPF Red Blood Cells: >50/HPF Pending Urine Culture

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The prostate is enlarged, measuring 3.0 cm x 3.6 cm. It has a hypoechoic mottled echotexture, and throughout the parenchyma of the prostate there are hyperechoic non-shadowing foci that are consistent with early calcification.

The right kidney presents normal size (7.2 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.9 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.0 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 6.4 mm and the caudal pole measures 6.7 mm.

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. The stomach contains a mild amount of retained ingesta. No pyloric outflow tract obstruction is seen. 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

- Enlarged, hypoechoic, mottled prostate with hyperechoic foci throughout the parenchyma – These findings are concerning for possible transitional cell carcinoma or prostatic carcinoma.
- Bilateral loss of corticomedullary distinction in both kidneys – Consistent with early chronic kidney disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The clinical signs are most likely attributed to the prostatic disease seen on this ultrasound. Recommend submitting a BRAF test to screen the patient for transitional cell carcinoma/prostatic carcinoma. If BRAF mutation is detected, recommend referring patient to a veterinary oncologist to discuss treatment options and prognosis.

Regarding the kidneys, recommend full staging, monitoring, and management of the patient per the International Renal Interest Society guidelines.

Prognosis is open pending results of BRAF test.





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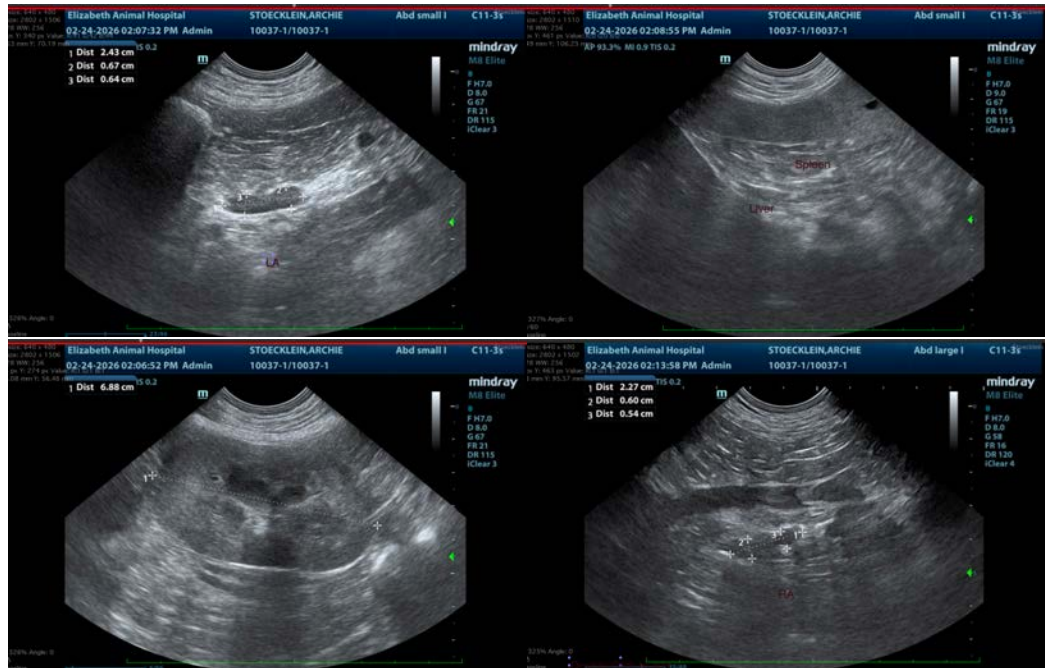
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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