

**PATIENT**

Bonnie Moye

**SPECIES**

Canine

**BREED**

Golden Retriever Mix

**SEX**

Spayed Female

**AGE**

8 Years

**WEIGHT**

52 pounds

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Aloha Veterinary  
 Hospital

**REFERRING VET**

Dr. Crocco

**INVOICE**

14544

**DATE**

03/23/26

**PRESENTING CLINICAL SIGNS**

- P presented for US due to chronic intermittent soft stools for months, vomiting 2-3 times yesterday, liquid diarrhea started on March 21st, 10# weight loss since September, Previously treated for fecal parasite in late February, cannot tolerate dry kibble- will get GI upset, currently tolerating GI biome well, Currently on Cerenia, Ondansetron, and Pepcid
- Bloodwork Unremarkable
- Collected Urine by Cysto- rec Urinalysis +/- Urine culture

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The cranial urinary bladder is moderately to markedly thickened and measures 1.4 cm in width and is hypoechoic with an irregular luminal margin. These findings are concerning for possible transitional cell carcinoma or other neoplastic disease. The remaining portion of the caudal portion of the urinary bladder is normal in thickness measuring 2.0 mm in width. The left ureter is mildly dilated at 1.7 mm in width. No obstructive lesion is seen within the ureter given the very mild dilation. This appears to be most likely a normal variation and the ureter is not highly likely to be dilated due to an obstructive lesion.

The renal pelvis of the left kidney is mildly dilated at 4.0 mm. Suspect mild renal pelvic dilation due to either pyelonephritis or possibly due to an obstructive process at the level of the ureter vesicular junction of the urinary bladder. The left kidney measured 6.3 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 6.2 cm in length.

*Adrenal Glands*

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 6.1 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 8.6 mm and the caudal pole measures 5.0 mm.

*Spleen*

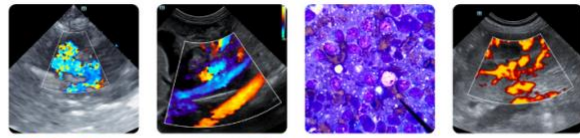
The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

*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 portal vein to caudal vena cava ratio is 0.8 which is normal. No portosystemic shunt is suspected.

The gallbladder presents normal size with a mild amount of suspended echogenic debris that appears clinically insignificant. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

*Gastrointestinal*



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The intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The stomach contains a moderate amount of what appears to be recently eaten and partially digested food. No pyloric outflow tract obstruction is seen. The patient does not appear completely fasted for this exam.

**Pancreas**

The right pancreas is mildly diffusely hypoechoic with no significant surrounding hyperechoic fat. The left limb of the pancreas appears normal.

**Free Abdomen**

Mild mesenteric lymphadenopathy was present with a representative lymph node measuring 1.27 by 0.51 cm in size. The second representative node measures 2.41 by 0.39 cm in size. These lymph nodes appear reactive and less likely to be mildly enlarged due to neoplasia.

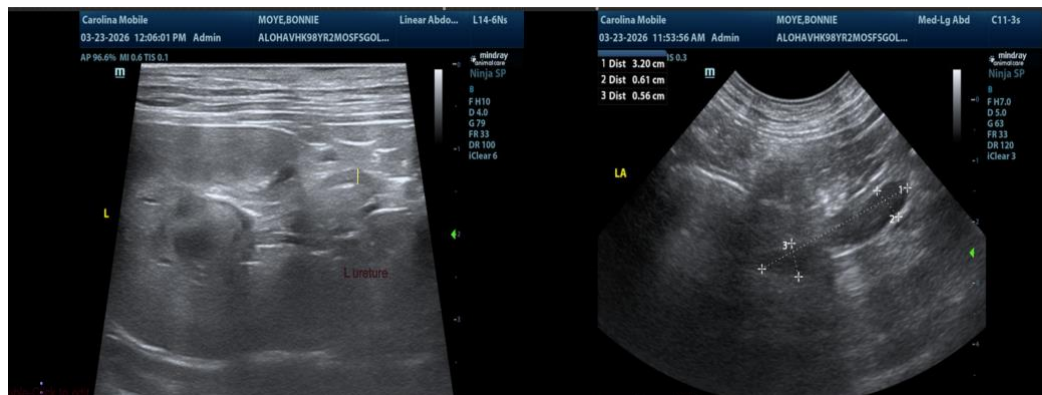
**ULTRASONOGRAPHIC FINDINGS**

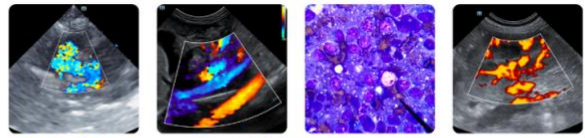
- Thickened urinary bladder.
- Dilated renal pelvis of left kidney.
- Gallbladder debris.
- Gastric ingesta.
- Hypoechoic right pancreas.
- Mesenteric lymphadenopathy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend cPLI to screen patient further for possible pancreatic disease.

Recommend submitting BRAF test to screen patient for transitional cell carcinoma. If BRAF testing is negative and patient has a positive urine culture, the changes seen to the cranial aspect to the urinary bladder wall may be due to chronic bacterial cystitis. Recommend treating any diagnosed bacterial cystitis for 30 days with an appropriate antibiotic for the antibiotic sensitivity profile. It is possible that the thickening of the urinary bladder is causing mild obstruction at the left ureter vesicular junction. Recommend rechecking ultrasound of left kidney in two to four weeks to determine if left ureter dilation is progressive or stable at that time. If left ureter dilation is progressive, then consider referral for possible ureteral stenting.





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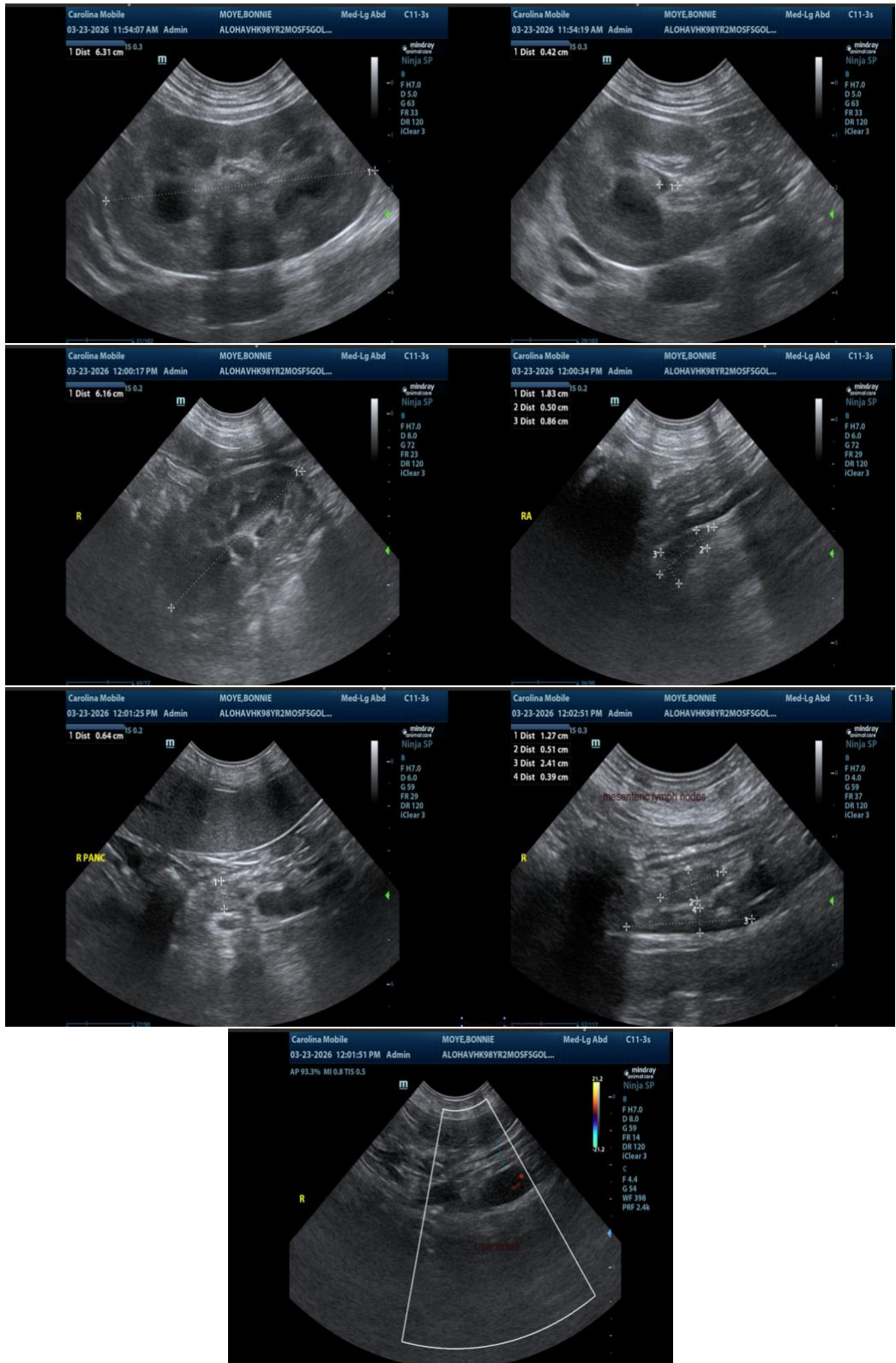
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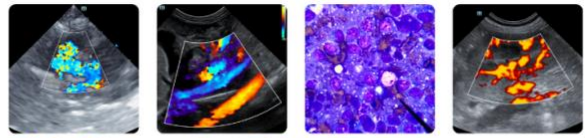
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

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Golden Retriever Mix

**Greg Kuhlman, DVM, DACVIM (SAIM)**  
Veterinary Internal Medicine Specialist  
[info@SonoPath.com](mailto:info@SonoPath.com)

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