



**PATIENT**

Lulu Hamrah

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

Not Provided

**INTERPRETED BY**

Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

Midland Park  
 Veterinary Hospital

**REFERRING VET**

Dr. Shokoff

**INVOICE**

14749

**DATE**

03/30/26

**PRESENTING CLINICAL SIGNS**

- Recurring UTI elev. creat. chronic allergies, decr. in USG
- Just completed course of Clavamox- recheck UA pending

Abnormal PE/Chem/CBC/UA Results: creat- 1.6 wbc-5.0 lymph-0.88 ua ph-8.0 protein-2+ blood-3+ usg-1.019 wbc>50 rbc>50 rods 26-50 struvite crystals 4-10

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The left kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 7.2 cm in length.

The right kidney presents normal size with normal shape and architecture. Mild loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 7.4 cm in length.

*Adrenal Glands*

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.5 mm and the caudal pole measures 7.9 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 12.5 mm and the caudal pole measures 5.5 mm.

*Spleen*

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

*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*



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The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

**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.

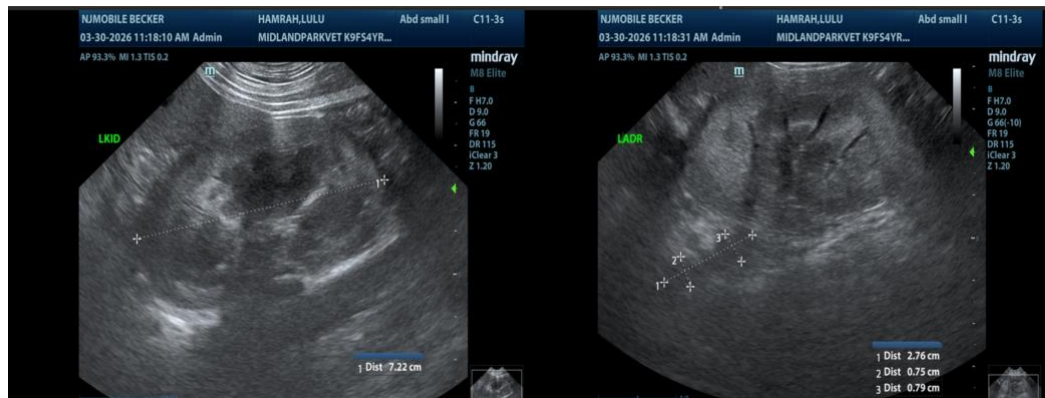
**ULTRASONOGRAPHIC FINDINGS**

- Potential early chronic kidney disease.
- Mild urinary bladder debris.
- GI ingesta.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend full staging, monitoring and managing per international renal interest society guidelines.

No obvious cause for patient's recurrent urinary tract infections identified given that these infections are reported to be recurrent. Recommend treating as a complicated urinary tract infection. Treat with an appropriate antibiotic based off of a urine culture and antibiotic sensitivity for 30 days. Reculturing urine three to five days after completion of antibiotic course. Consider possible anatomic abnormalities that may be contributing to urinary tract infections such as recess vulva. If urinary tract infections persist despite appropriate treatment and no anatomic abnormalities are identified at that time, consider cystoscopy to further evaluate the lower urinary tract and obtain urinary bladder biopsies and rule out other diseases that may be contributing to recurrent lower urinary tract infections.





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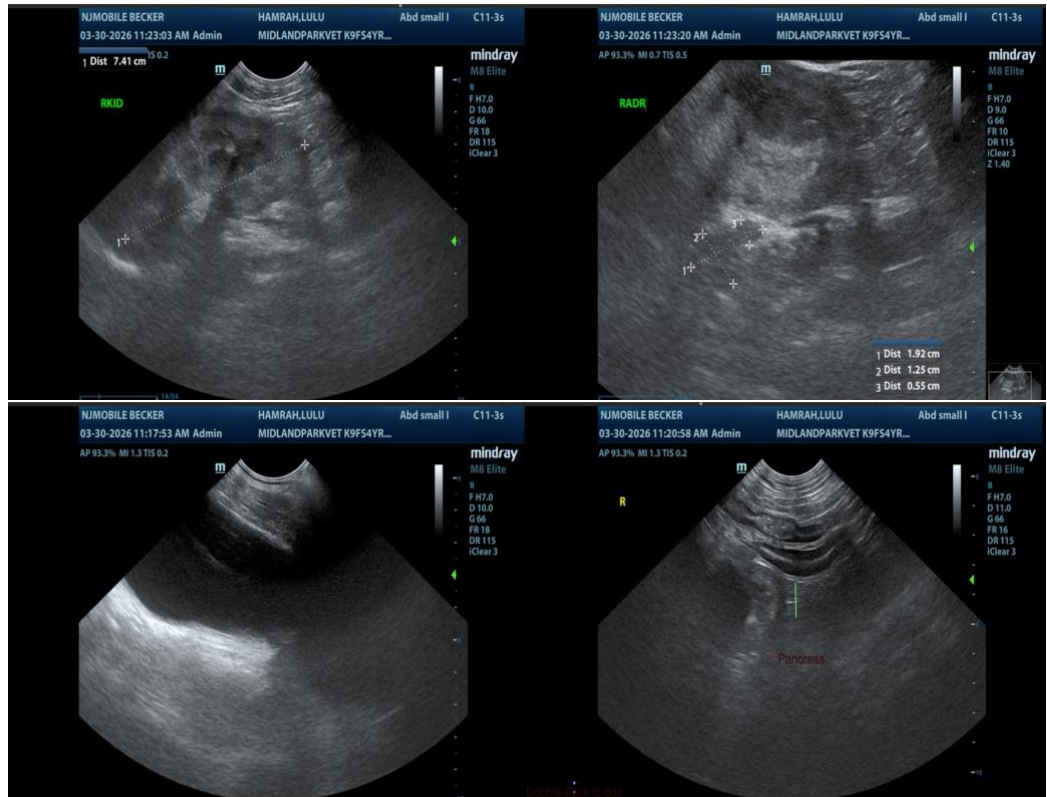
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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