



PATIENT

Wesley Rogers

SPECIES

Canine

BREED

Chesapeake Bay Retriever

SEX

Male

AGE

8 Years 2 Months

WEIGHT

106 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Ken Leal

HOSPITAL NAME

VCA Blairstown Animal Hospital

REFERRING VET

Dr. Summers

INVOICE

73432

DATE

3/5/26

PRESENTING CLINICAL SIGNS

Blood in urine. Drips bloody urine. No straining.

Abnormal PE/Chem/CBC/UA Results: Strep noted on Culture/sensitivity. Antibiotics cleared blood initially but has recurred. BUN = 34, Creatine = 3.6 SDMA = 20.0 HCT = 33% Lepto = negative Urinalysis - glucose 2+, Blood 3+, UPC = 0.9 Specific Gravity = 1.017

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. No ureteral papillae seen. The proximal urethral wall is thickened at 6.6 mm. Urethral wall measures 3.0 mm in width and is hypoechoic.

The prostate is normal in size for an intact male dog, measuring 4.1 cm in width. It appears symmetrical. No mass lesions are seen. Mottled echotexture noted. There is a cyst in the cranial pole of the prostate that measures 4.2 mm in width. No mass associated with the cyst.

The right kidney presents mildly irregular shape, measuring 6.8 cm. There is moderate loss of corticomedullary distinction. Several hyperechoic nephroliths are noted in the renal pelvis, measuring up to 4.2 mm. The renal pelvis is not dilated.

The left kidney presents normal size (6.6 cm) with normal shape and architecture. There is moderate loss of corticomedullary distinction. Hyperechoic foci noted in the renal pelvis, measuring approximately 1-2 mm, consistent with nephrolithiasis. The renal pelvis is not dilated.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 14.4 mm and the caudal pole measures 7.4 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 6.4 mm.

Spleen

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

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. The small bowel appears to have decreased progressive motility. 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.

The left testicle appears normal. The right testicle appears overall normal. In the caudodorsal pole, a 2.8 mm hyperechoic nodule is present.

ULTRASONOGRAPHIC FINDINGS

- Thickened proximal urethra – This may be a normal variation, given that this is an intact male dog. However, given the hematuria, there is the possibility of transitional cell carcinoma.
- Mottled prostate with one small prostatic cyst – The mottled echotexture may be a normal variation or may represent bacterial prostatitis.
- Hyperechoic nodule in right testicle – Differentials include seminoma or may represent neoplasia such as Sertoli cell tumor or Leydig tumor.
- Bilateral decreased corticomedullary distinction and nephroliths present in the kidneys – Consistent with chronic kidney disease.
- Mildly enlarged cranial pole of the right adrenal gland – This may be a normal variation or may represent adrenal hypertrophy, less likely adrenal neoplasia such as adrenal cortical tumor.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BRAF test should be submitted to rule out transitional cell or prostatic neoplasia. Recommend treatment with antibiotic appropriate for prostatic disease such as Enrofloxacin for at least 30 days. Recommend re-culturing urine 3-5 days after completion of the antibiotic course.

Recommend castration and submission of testicles for histopathology.

Recommend full staging, monitoring and managing of the chronic kidney disease per IRIS guidelines.

If clinically warranted, screening patient for functional adrenal disease with a low-dose Dexamethasone suppression to rule out hyperadrenocorticism, and a urine metanephrine to rule out a pheochromocytoma could be considered. If functional disease is not suspected or not diagnosed, then periodic monitoring via ultrasound of the right adrenal gland would be recommended. If adrenal gland is increasing in size over time, then consider right-sided adrenalectomy.

Prognosis is open pending recommended diagnostics.



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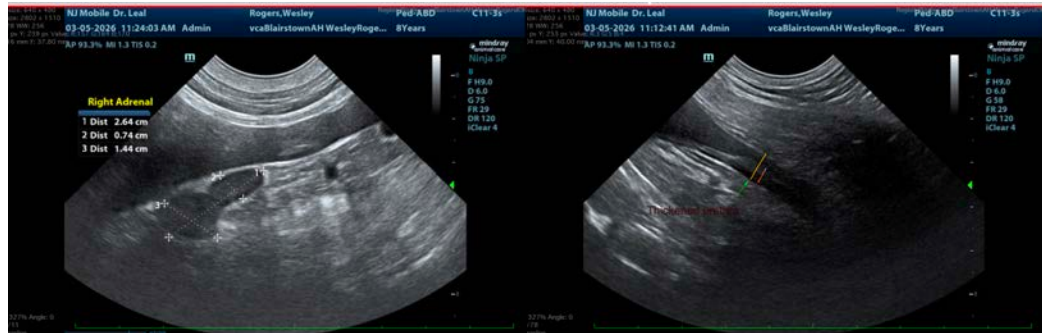
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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