



PATIENT

Nellie Yount

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

8 Years 8 Months

WEIGHT

44 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AH of Boone

REFERRING VET

Dr. Shutt

INVOICE

36114

DATE

3/6/26

PRESENTING CLINICAL SIGNS

- P presented for chronic UTI's non responsive to antibiotics
- previous urine culture- E.coli

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

In the ventrocranial urinary bladder, there is a 1.1 cm x 3.6 cm hypoechoic intraluminal mass present. In the dorsocaudal aspect of this mass, there is a 1.3 cm x 0.8 cm hyperechoic area within the hypoechoic mass. There is blood flow within the urinary bladder mass lesion. There is a mild to moderate amount of hyperechoic debris adhered to the luminal margin of the urinary bladder and the trigone. There is also hyperechoic debris within the urethra. The hyperechoic debris is most likely urinary crystals.

The right kidney presents normal size (5.6 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.8 cm) with normal shape and architecture. Normal 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 6.1 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 5.0 mm and the caudal pole measures 5.6 mm. In the cranial aspect of the left adrenal gland, there is a 4.6 mm x 6.0 mm hyperechoic nodule that is most likely incidental finding and unlikely to be a functional lesion, and unlikely to be a malignant lesion.

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.

Gastrointestinal

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



PATIENT

Nellie Yount

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

8 Years 8 Months

WEIGHT

44 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AH of Boone

REFERRING VET

Dr. Shutt

INVOICE

36114

DATE

3/6/26

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

- The intraluminal urinary bladder mass differentials include transitional cell carcinoma or other malignant neoplasia. Less likely this is a benign lesion. The hyperechoic portion of the mass lesion is most likely adhered to urinary crystals. Mild to moderate amount of urinary bladder debris, appears insignificant.
- The nodule in the cranial pole of the left adrenal gland is most likely incidental.
- No other significant findings on this exam.

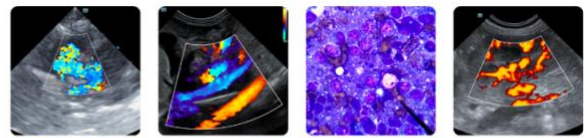
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend submitting a BRAF test to screen for transitional cell carcinoma. If TCC is ruled out, then recommend traumatic catheterization for cytology.

Recheck ultrasound in approximately 3 months to determine if the left adrenal nodule is changing in size or appearance. If it is enlarging in size in 3 months, consider left adrenalectomy. If labwork and clinical signs suggests hyperadrenocorticism may be present, consider low dose dexamethasone suppression test. Recommend obtaining a blood pressure if patient is found to be hypertensive. Recommend screening for pheochromocytoma, by submitting a urine metanephrine.

Prognosis is dependent on diagnosis as to the etiology of the urinary bladder mass.

Recommend three view chest xrays to screen for possible pulmonary metastatic disease.



PATIENT

Nellie Yount

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

8 Years 8 Months

WEIGHT

44 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

AH of Boone

REFERRING VET

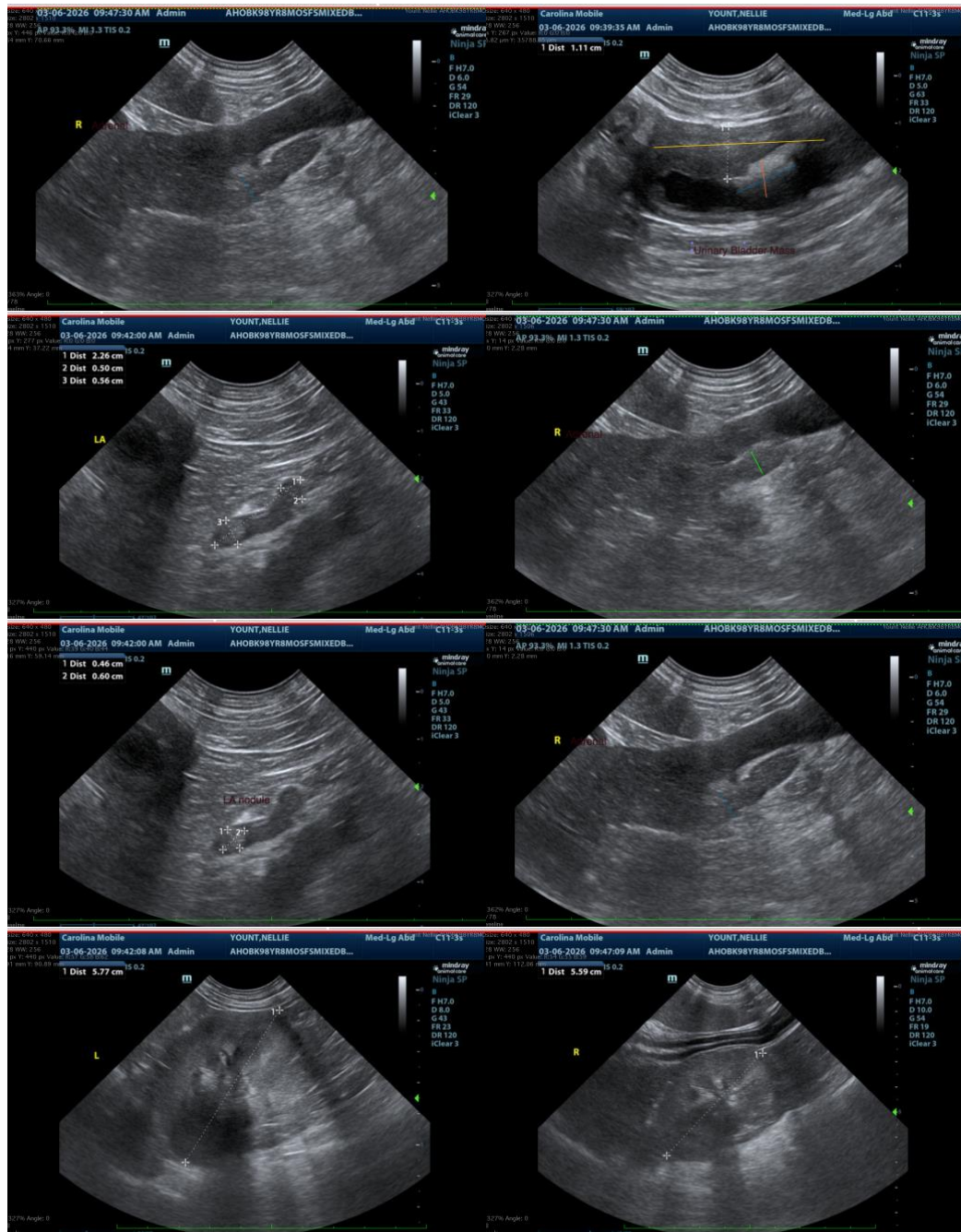
Dr. Shutt

INVOICE

36114

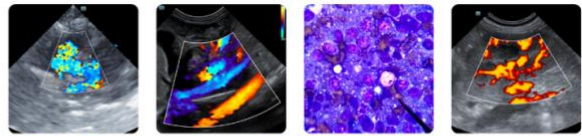
DATE

3/6/26



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.



PATIENT

Greg Kuhlman, DVM, DACVIM (SAIM)

Nellie Yount

Veterinary Internal Medicine Specialist

info@SonoPath.com

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

8 Years 8 Months

WEIGHT

44 Pounds

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

**IMAGING
PERFORMED BY**

Kathleen Byrnes

HOSPITAL NAME

AH of Boone

REFERRING VET

Dr. Shutt

INVOICE

36114

DATE

3/6/26