



**PATIENT**

Bonnie Music

**SPECIES**

Canine

**BREED**

Bulldog

**SEX**

Female

**AGE**

6 Years

**WEIGHT**

83 Pounds

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kerri Becker

**HOSPITAL NAME**

The Gentle Vet

**REFERRING VET**

Dr. Dulude

**INVOICE**

36526

**DATE**

4/10/26

**PRESENTING CLINICAL SIGNS**

History: Hematuria, no bacteria, no wbc, overweight, large clots when urinates. Cysto= blood. Last estrus Jan.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The cranial aspect of the urinary bladder revealed markedly thickened (1.6 cm) luminal margin. The bladder was markedly irregular in shape. The trigone area of the bladder has more normal bladder wall thickness and a smooth luminal margin.

In the right lateral abdomen, there is a 1.5 cm in width, fluid filled structure present, suspected to be the right uterine horn. There is a similar fluid filled structure present in the left lateral abdomen, measuring 1.6 cm in width, suspected to be the left uterine horn.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 6.3 cm in length.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.4 cm in length.

**Adrenal Glands**

No right adrenal gland was seen.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.8 mm and the caudal pole measures 7.6 mm.

**Spleen**

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

**Liver**

The visible 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.

**Pancreas**

The visible pancreas appears normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.



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**Free Abdomen**

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

**ULTRASONOGRAPHIC FINDINGS**

- It is reported that the patient had their last estrous cycle in January 2026. Given this information and the findings on this ultrasound, they are highly suspicious for patient's clinical signs being due to pyometra.
- Thickened urinary bladder wall, potentially may be due to a chronic urinary tract infection causing chronic cystitis and thickened bladder wall. However, it was reported that patient did not have bacteriuria on urinalysis, I believe.
- No other abnormalities seen on this exam.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Perform ovariohysterectomy to remove uterus.
- During ovariohysterectomy surgery, consider biopsying the thickened area of the urinary bladder wall to rule out diseases such as transitional cell carcinoma.
- Culture uterine fluid.
- With the changes seen to the urinary bladder, if a urine culture was not performed, recommend urine culture to definitively rule out bacteriuria. Also, would recommend submitting a urinary bladder wall sample for histopathology as discussed, but also for bacterial culture as well.
- Consider three view chest xrays prior to surgery to rule out possible metastatic disease in the event the changes to the urinary bladder are found to be due to transitional cell carcinoma.

Prognosis is open, pending results of recommended diagnostic testing.



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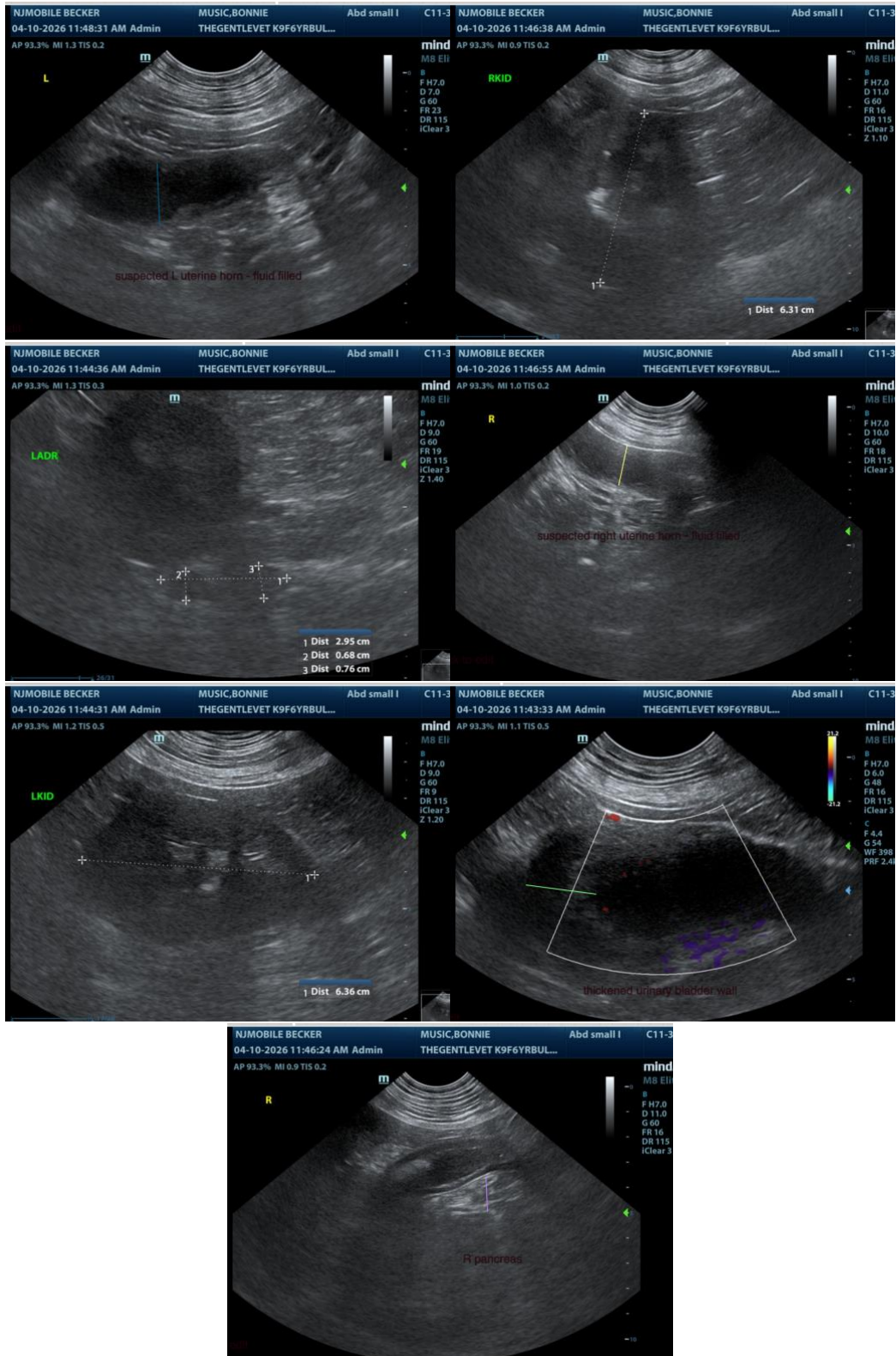
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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)**

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Bulldog

Veterinary Internal Medicine Specialist

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