



PATIENT

Lucy Harrison

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

10 Years

WEIGHT

9.4 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Walkertown Animal
 Hospital

REFERRING VET

Dr. Henry

INVOICE

74378

DATE

4/10/26

PRESENTING CLINICAL SIGNS

P presented for US due to straining to urinate. P will walk a few steps, stop, strain and then repeat. No response to antibiotics. Urine culture sensitivity done already

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder contains a moderate amount of both suspended and gravity dependent hyperechoic debris. Within the ventral urinary bladder wall there is a hyperechoic intramural lesion present that measures 4.4 mm x 9.8 mm. Dorsocaudal to the bladder there is a fluid filled structure suspected to be a fluid filled uterine stump, measuring 1.1 cm x 2.9 cm. The fluid within the uterine stump appears to be clear, with minimal echogenic debris present. There is a possible communication between the uterine stump and the urinary bladder.

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

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Mild renal pelvic dilation noted in the left kidney at 1.3 mm. The left kidney measures 4.3 cm. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted in the right kidney. The right kidney measures 4.1 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.1 mm and the caudal pole measures 5.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 5.6 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.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

Gastrointestinal

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



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Pancreas

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The right limb of the pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

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

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ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris and ventral wall urinary bladder lesion – suspect benign polyp or possibly malignant neoplasia such as transitional cell carcinoma.
- Suspected fluid filled uterine stump with possible communication with the urinary bladder.
- Mild pancreatic remodeling.
- Age related renal changes.
- Gallbladder debris.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

Recommend a contrast cystogram to verify communication between the urinary bladder and uterine stump. Another option would be to perform a CT scan as pre-surgical planning. If communication is present, surgery to correct this would be recommended. If no communication is deemed to be present, surgery to remove the suspected uterine stump would be recommended. If surgery is performed, recommend surgically removing the ventral bladder wall lesion as well and submitting for histopathology to determine etiology.

IMAGING PERFORMED BY

Kathleen Byrnes

Prognosis is open pending definitive diagnosis as to the lesion within the ventral urinary bladder wall and definitive identification resolution of the suspected fluid filled uterine stump that may be communicating with the bladder.

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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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