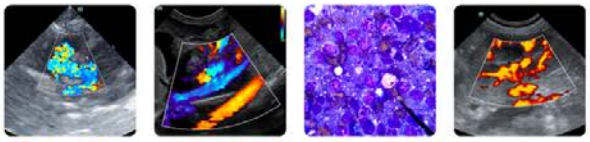


PATIENT

Rosie Kutch

SPECIES

Canine

BREED

Labrador x

SEX

Spayed Female

AGE

11 Years

WEIGHT

68.9

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kevin Moon, DVM

HOSPITAL NAME

Shiloh Veterinary Hospital

REFERRING VET

Arianna Evans, DVM

INVOICE

74434

DATE

4/14/26

PRESENTING CLINICAL SIGNS

Presented for increased respiratory effort, fever, and urinary issues 4/13. Pollakiuria 24 hours prior to presentation, no dysuria. UA was negative for bacteria, increased white/red blood cells. Increased respiratory effort during exam with increased lung sounds bilaterally and uncomfortable with abdominal palpation. Radiographs showed narrowing of distal colon, decreased serosal detail, and a possible mass cranial-mid abdomen. POCUS did not identify free fluid or obvious mass. Discontinued deramaxx 4/13, started codeine 30mg TID-QID 4/13, and on gabapentin 300 mg BID. Other relevant history: chronic bronchitis and loose stools over 4/10-4/12.

Abnormal PE/Chem/CBC/UA Results: Anaplasma and ehrlichia positive on 4Dx 4/1/26 (previous ehrlichia positive and treated) - 7lb weight loss (unintentional) since April 2025

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. Within the mid urethra there appears to be a 3.3 mm hyperechoic urolith present within the urethra. The urethra is not dilated at this time, so this urolith does not appear to be causing an obstruction to the urinary bladder at this time. In the cranial aspect of the urinary bladder there are several smaller uroliths present that appear to be adhered to the luminal margin of the urinary bladder wall, measuring approximately 1.0-1.5 mm in size.

The right kidney presents normal size (6.1 cm) with normal shape and architecture. Mild loss of corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted

The left kidney presents normal size (5.4 cm) with normal shape and architecture. Mild loss of corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland was not seen.

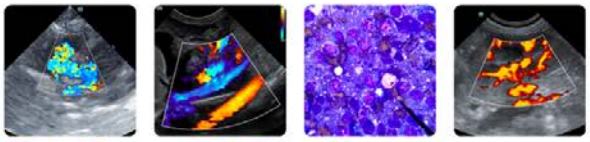
The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.5 mm and the caudal pole measures 8.6 mm.

Spleen

The visible 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.



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. One cholelith is present adhered to the luminal margin of the gallbladder wall in the mid dorsal gallbladder, measuring 3.8 mm in width. 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.

Pancreas

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

Free Abdomen

Two enlarged right-sided inguinal lymph nodes are present. The first measures 3.9 mm x 10.4 mm. The second measures 15.1 mm x 5.4 mm. These lymph nodes are hypoechoic and have rounded contours.

There are two mildly enlarged medial iliac lymph nodes present. A representative node measures 10.7 mm x 4.5 mm.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris and uroliths.
- Enlarged inguinal and medial iliac lymph nodes – These may be reactive to the patient's suspected urinary bladder disease, specifically the uroliths that are present.
- Loss of corticomedullary distinction in both kidneys.
- Gallbladder debris and choleliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder does not appear obstructed at this time. Consider switching the patient to a urinary diet such as Royal Canin SO or Hills CD. Recheck urinary bladder via ultrasound in one month to determine if the uroliths have resolved with a stricture dissolution diet. If stones remain present in one month or havenot decreased in size, then consider cystotomy and submit uroliths for stone analysis to the University of Minnesota urolith lab.

If not already performed, recommend urinalysis. If active urine sediment is present, recommend urine culture.

Recommend full staging, monitoring and managing of the patient for possible early chronic kidney disease.

Recommend fine needle aspirate of one or both of the enlarged inguinal lymph nodes and submission for cytology to rule out round cell neoplasia such as lymphoma or mast cell disease.

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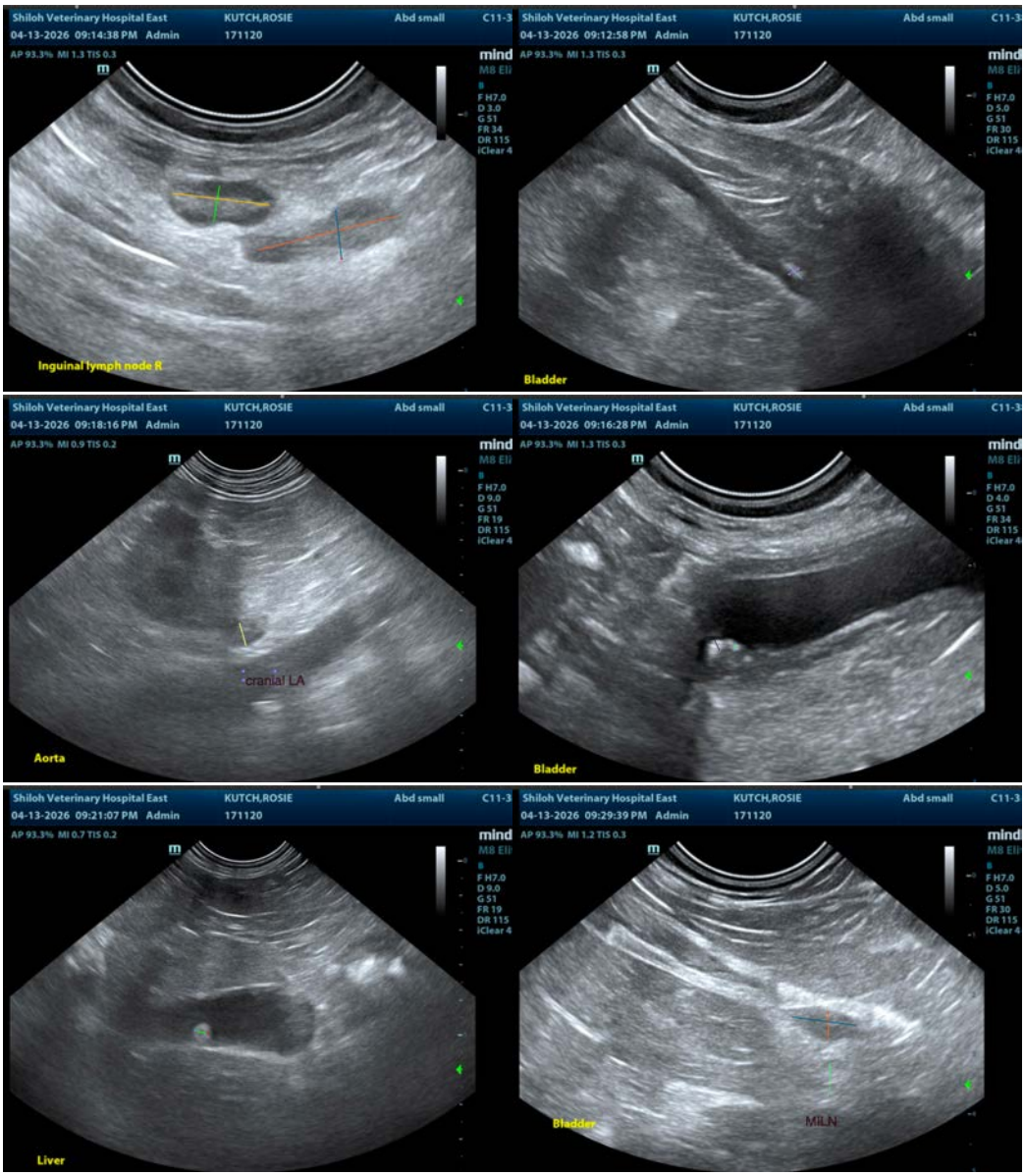
Consider starting Ursodiol at 15 mg/kg by mouth split into two daily doses, and rechecking the gallbladder via ultrasound in 6-8 weeks.

If patient's dysuria persists, cystotomy may need to be performed on an emergent basis. However, if the patient is urinating normally, consider dissolution diet to determine if uroliths can be dissolved. If not, then a cystotomy would most likely be recommended.

I did not appreciate narrowing of the distal colon on this ultrasound. No abdominal mass was identified.



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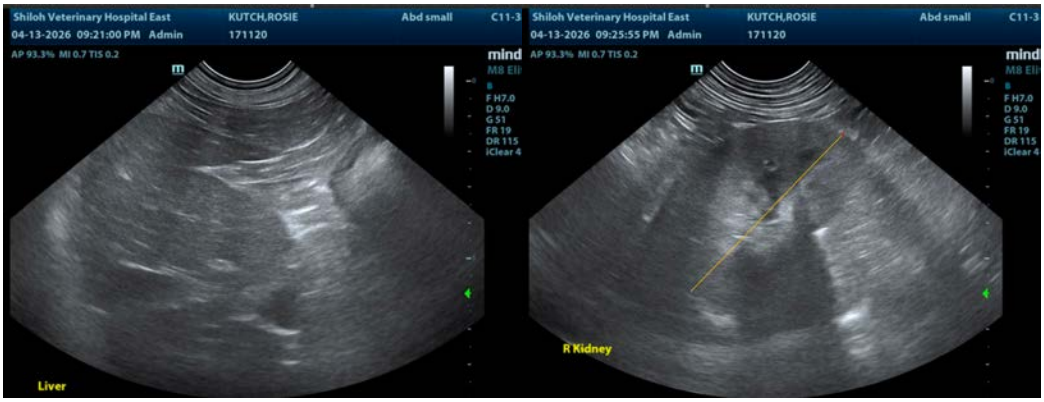

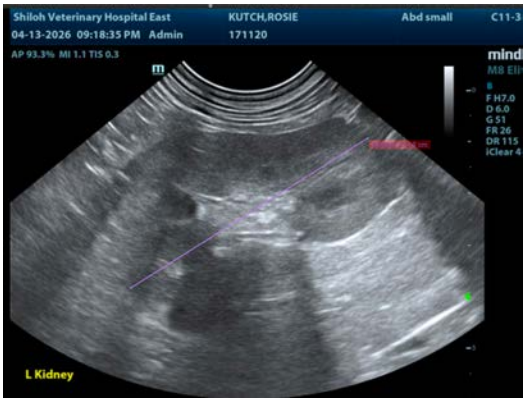

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com