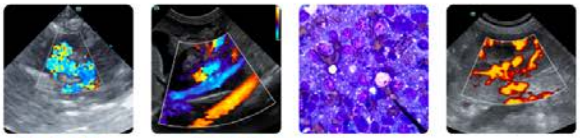




SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

**PATIENT**

Blue Semenzin

**SPECIES**

Canine

**BREED**

Bernedoodle

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

30.4 kg

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hartzel Animal Hospital

**REFERRING VET**

Dr. Bukovska

**INVOICE**

74160

**DATE**

4/2/26

## PRESENTING CLINICAL SIGNS

Owner adopted in Fall 2025. Bladder Atony, Diabetes Insipidus. Occ sees dark urine and thinks there is blood in it. On physical exam - no abnormalities.

Current Medications: Bethanechol 10 mg 1 BID, Desmopressin 0.2 mg 2 BID, Prazosin 1 mg 1 BID

Abnormal PE/Chem/CBC/UA Results: Labs attached.

## 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.

The prostate is normal in size, measuring 1.4 cm in width. It appears symmetrical and has a heterochoic echogenicity. There are several hyperechoic ill-defined lesions within the prostatic parenchyma. In the cranial aspect of the prostate there is a round lesion present that measures 4.6 mm. These lesions are not displacing the capsule of the prostate.

The right kidney presents normal size (7.1 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney presents normal size (7.7 cm) with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. Mild renal pelvic dilation noted at 6.3 mm in width.

### *Adrenal Glands*

The right adrenal gland presents normal shape and homogenous parenchyma. It measures at the upper end of normal limits to subjectively large. The phrenic vasculature is unremarkable. The cranial pole measures 7.5 mm and the caudal pole measures 7.2 mm.

The left adrenal gland is subjectively small, measuring 5.4 mm at the caudal pole and 4.9 mm at the cranial pole.

### *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.

**PATIENT**

Blue Semenzin

**SPECIES**

Canine

**BREED**

Bernedoodle

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

30.4 kg

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hartzel Animal Hospital

**REFERRING VET**

Dr. Bukovska

**INVOICE**

74160

**DATE**

4/2/26

### *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*

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

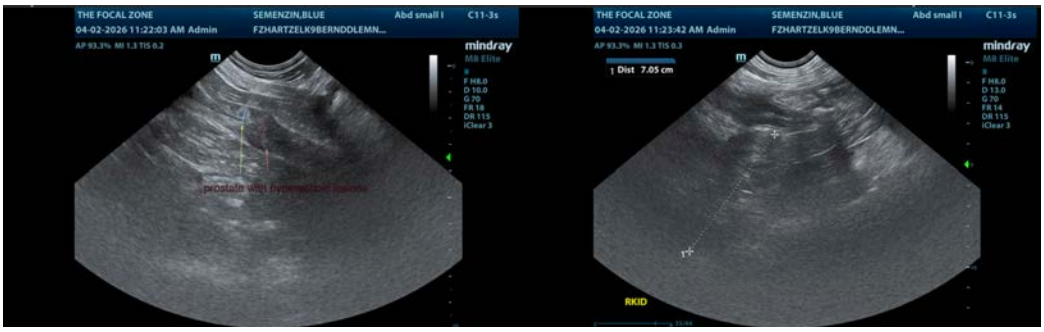
## ULTRASONOGRAPHIC FINDINGS

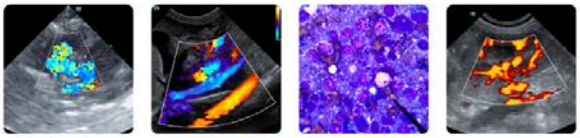
- Hyperechoic prostatic lesions – Differentials include normal variation versus bacterial prostatitis versus possible prostatic neoplasia such as transitional cell carcinoma or prostatic carcinoma.
- Mild left kidney pelvic dilation – Possibly due to pyelonephritis.
- Discordance in size between left and right adrenal glands – The left appears subjectively mildly small and the right is at the upper end of normal to slightly enlarged.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostatic lesions may be the cause of the patient's hematuria. Recommend submitting urine culture to rule out bacterial prostatitis as well as to screen for possible pyelonephritis given the left kidney pelvic dilation. Also recommend submitting a BRAF test to rule out transitional cell carcinoma. Ultimately, if no cause is identified, consider fine needle aspirate of one of the prostatic lesions with submission for cytology.

Recommend ACTH stimulation test to rule out adrenal disease and confirm that the appearance of the adrenal glands is a normal variation.





**PATIENT**

Blue Semenzin

**SPECIES**

Canine

**BREED**

Bernedoodle

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

30.4 kg

**INTERPRETED BY**

Greg Kuhlman, DVM, DACVIM (SAIM)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hartzel Animal Hospital

**REFERRING VET**

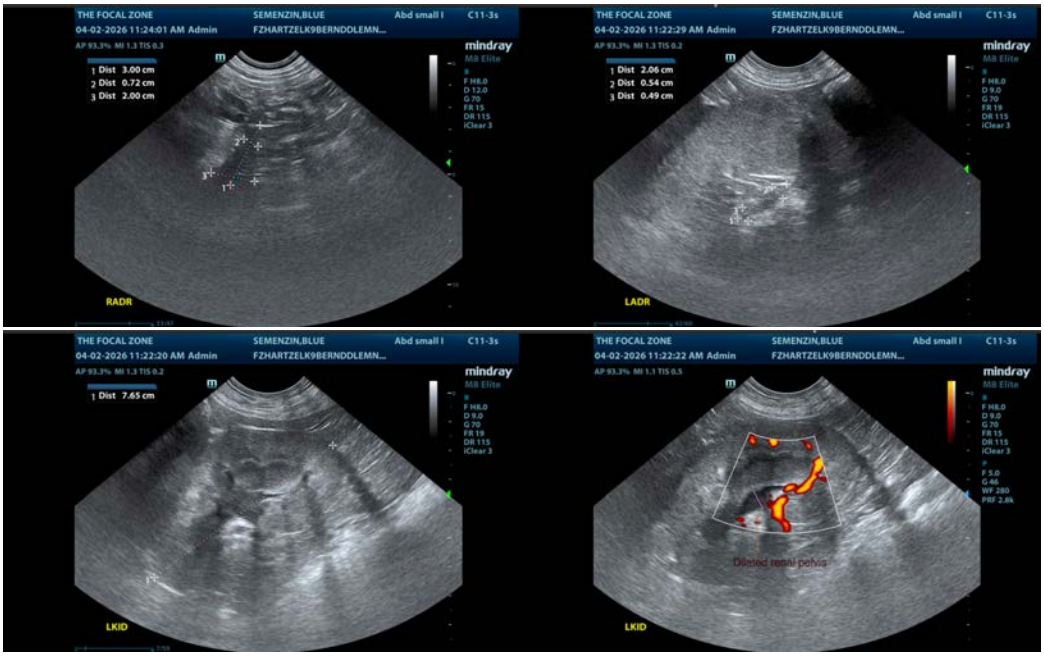
Dr. Bukovska

**INVOICE**

74160

**DATE**

4/2/26




**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.

**Greg Kuhlman**, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist
info@SonoPath.com