



PATIENT

Libra Staubin

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Spayed Female

AGE

3 Years 8 Months

WEIGHT

98 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Chatham Veterinary
Services

REFERRING VET

Dr. Scott

INVOICE

74181

DATE

4/2/26

PRESENTING CLINICAL SIGNS

P presented for US due to frank blood in urine that continues after round of antibiotics. P is not showing any symptoms.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is diffusely mildly thickened with a mildly irregular luminal margin. Some segments of urinary bladder wall measured up to 1.0 cm in width. There is a single hyperechoic, completely shadowing urolith present within the urinary bladder, measuring 1.95 cm in width.

The right kidney presents normal size (7.4 cm) with normal shape and architecture. Normal corticomedullary distinction. Very mild renal pelvic dilation of 3.8 mm is noted.

The left kidney presents normal size (7.0 cm) with normal shape and architecture. Normal corticomedullary distinction. Mild renal pelvic dilation is noted. Renal pelvis measures 2.4 mm in width.

Adrenal Glands

The right 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 4.7 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.9 mm and the caudal pole measures 5.4 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. The spleen is folded at the cranial aspect.

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. Ratio of the portal vein to caudal vena cava is approximately 1, which is normal. There is no suspicion for a portosystemic shunt.

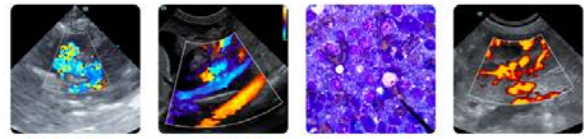
The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. The stomach is full. The patient appears to have not been completely fasted for this exam. No mechanical obstruction seen. 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.



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Free Abdomen

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

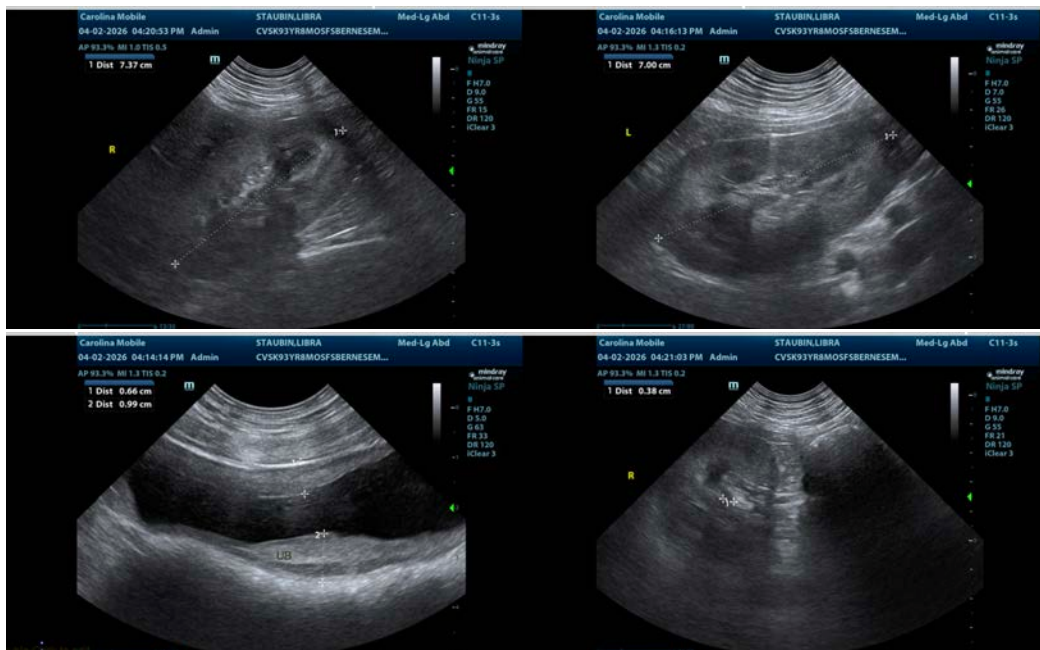
ULTRASONOGRAPHIC FINDINGS

- Diffusely mildly thickened urinary bladder wall and solitary urolith – The changes to the urinary bladder wall are most likely due to the presence of the urolith, causing bladder wall irritation and inflammation.
- Mild renal pelvic dilation, most likely insignificant.
- Folded spleen.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's hematuria is highly likely to be due to the presence of the urolith. Recommend starting a urinary dissolution diet such as Royal Canin SO or Hills CD. Feed this diet strictly for one month and reevaluate the stone to determine if dissolution has occurred or is occurring. If dissolution is occurring, recommend this diet for life to manage urolithiasis. If dissolution diet is not causing dissolution of the urolith, then recommend cystotomy, submitting the stone to the Minnesota urolith lab for analysis. They will also provide treatment recommendations.

Given the presence of the urolith and the mild renal pelvic dilation, recommend urine culture to rule out urinary tract infection as a cause of the urolith and possible pyelonephritis. If urine culture is positive, recommend treating for 4 weeks with an appropriate antibiotic based on the antibiotic sensitivity from culture results.





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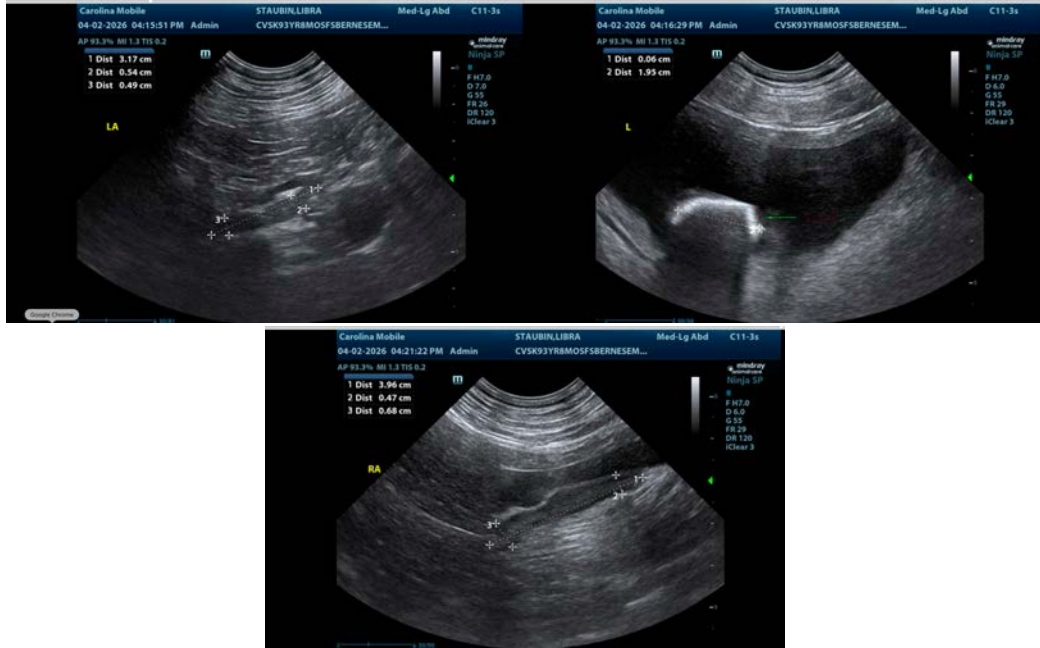
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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