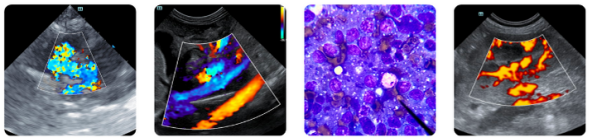


PATIENT

Dino DeJesus

SPECIES

Canine

BREED

Mini Schnauzer

SEX

MN

AGE

13 years

WEIGHT

17 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom Veterinary Imaging

REFERRING VET

Dr. John Fifarek

INVOICE

11756

DATE

4/21/2026

PRESENTING CLINICAL SIGNS

Pet has recurrent UTIs and has hematuria and lethargy. Last urinalysis shows wbc, rbc, protein in free catch urine, SPG 1.019, rods.

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 moderate 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. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate appears diffusely enlarged with a heterogeneous echotexture and it appears diffusely hypoechoic. In the caudal pole there is a 4.0 mm hypoechoic mildly capsular displacing lesion present.

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. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 4.2 cm in length and the right kidney measures 4.3 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.0 mm and the caudal pole measures 4.3 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.4 mm and the caudal pole measures 4.7 mm.

Spleen

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

Liver

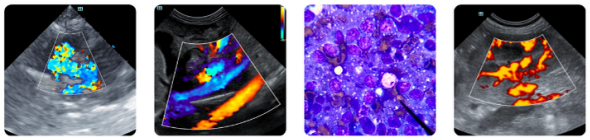
Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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.

Pancreas



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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

- Age related kidney changes. Mild changes in the left kidney and moderate changes in the right kidney.
- Hypoechoic, diffusely enlarged prostate with a hypoechoic capsular displacing lesion present. Given that the patient is reported to be neutered, the prostate being enlarged with a lesion are concerning for possible neoplastic process, either prostatic carcinoma or transitional cell carcinoma.
- Moderate amount of urinary bladder debris.
- Age related hepatic changes.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given that there were rod bacteria seen on a free catch urinalysis, consider urinary catheterization to collect urine for BRAF testing. Also collect a sampling for a urine culture and submit for culture antibiotic sensitivity.

Recommend treating patient for 30 – days with an appropriate antibiotic. If a UTI is concern this could be the cause of patient's lethargy if there is a possible degree of occult pyelonephritis. Given the patient has age related changes to both kidneys recommend full staging, monitoring, and managing per International Renal Interest Society (IRIS) Guidelines for chronic kidney disease.

The prostate findings may be the cause of the patient's reported lower urinary tract signs. Recommend submission for a BRAF test to screen further for possible urothelial neoplasia. If BRAF is positive, recommend referral to a veterinary Oncologist to discuss prognosis and treatment. If the BRAF is negative, consider cystoscopy to further evaluate.

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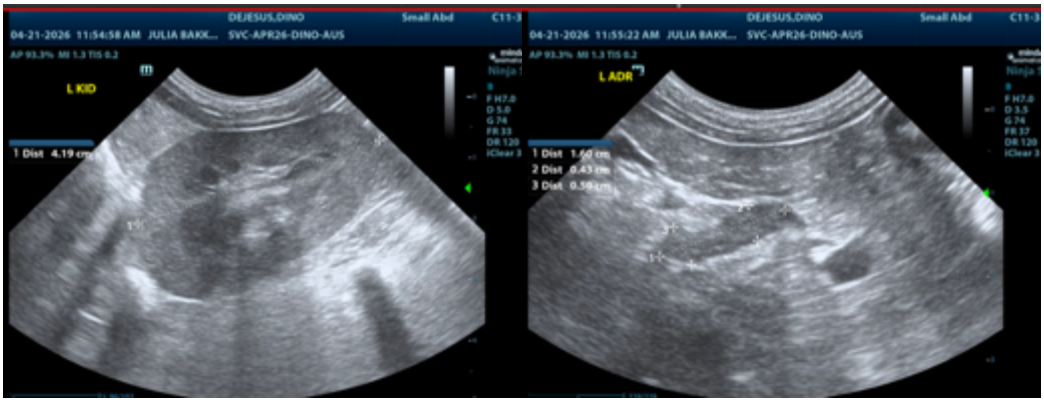

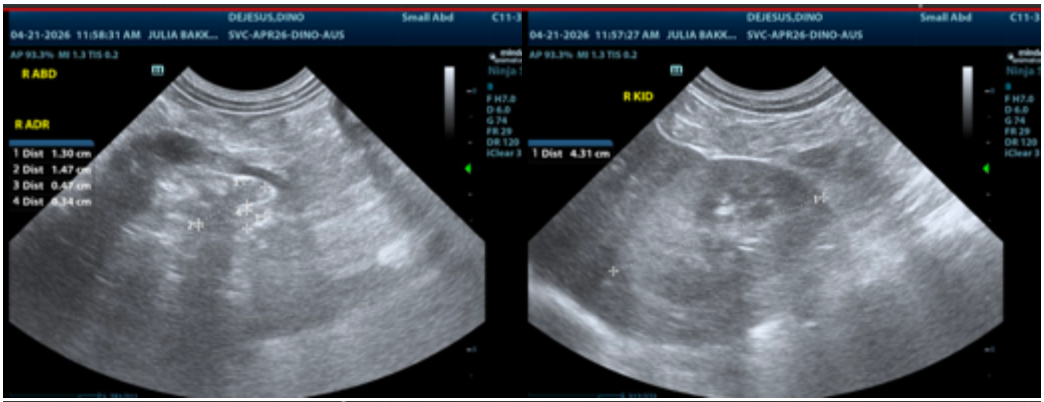

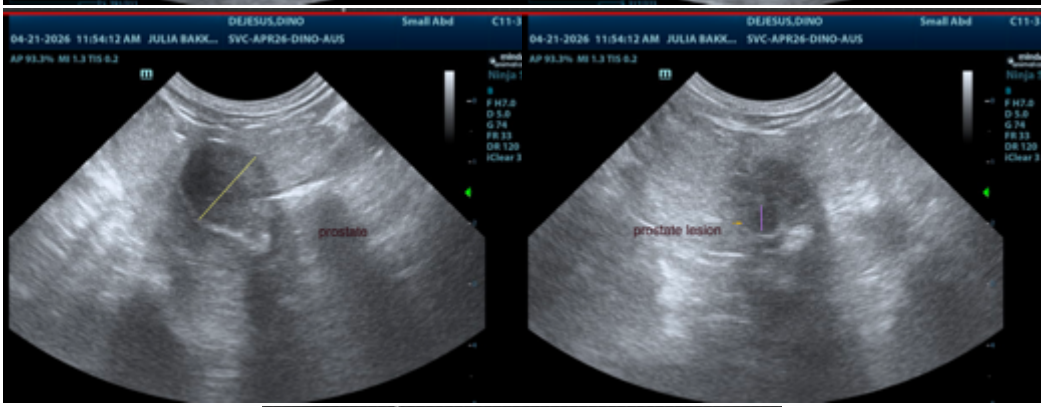

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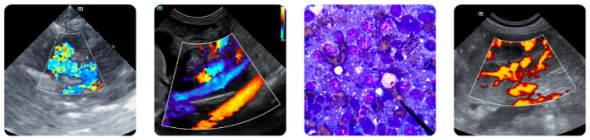

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com