



PATIENT

Turbo Butler

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

10 Years

WEIGHT

69

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Whitcraft

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Lutz

INVOICE

15476

DATE

04/26/26

PRESENTING CLINICAL SIGNS

Weight loss over the past 10 mos (over 15lbs). Chronic diarrhea. Presented last week for acute vomiting as well as PU/PD. CBC/Chem normal and abdominal radiographs normal. Expressed concern for neoplasia and recommended AUS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The apical aspect of the urinary bladder wall appears normal in thickness, mildly irregular luminal margin, moderate amount of echogenic suspended debris present within bladder. There is a mass lesion present within the trigone. It is heteroechoic, filling the entire luminal trigone region of the bladder. It measures approximately 1.4 by 3.3 cm in size. Proximal urethra contains similar intraluminal mass material. Proximal urethra is dilated at 1.9 cm.

There's an enlarged medial iliac lymph node that measures 2.1 by 1.1 cm, most likely enlarged due to metastatic neoplasia, specifically transitional cell carcinoma, and less likely this lymph node is enlarged for benign reactive reason.

A thin rim of renal cortex is the only tissue present, surrounding a markedly fluid dilated renal pelvis/collecting system. Narrow bands of hyperechoic tissue extend from the capsule towards the hilus. The renal pelvis measured 3.3 cm x 1.5 cm in size. The overall left kidney measured 9.3 cm length.

Right kidney appears normal however it is showing mild signs of becoming hydronephrotic as well. The right ureter is mildly dilated at approximately 3.2 mm in width.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.9 mm and the caudal pole measures 6.4 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.0 mm and the caudal pole measures 3.9 mm.

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.

Gastrointestinal

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



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Pancreas

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

Free Abdomen

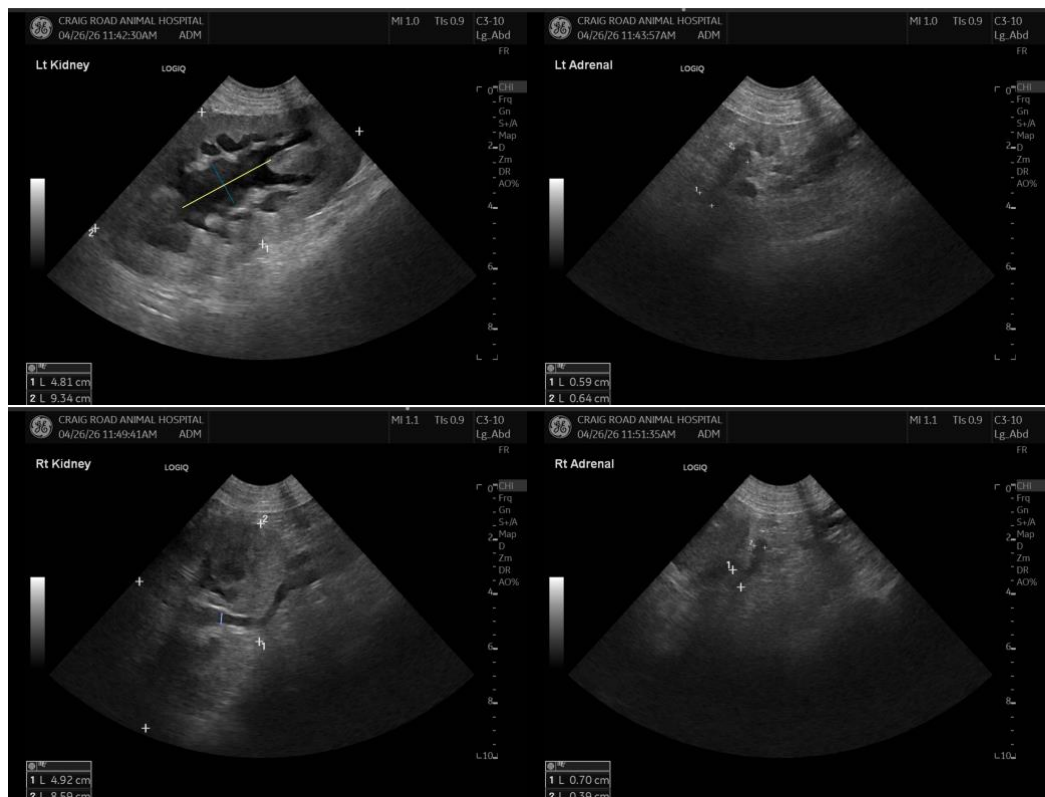
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Nephrotic left kidney and early-stage nephrotic right kidney.
- Urinary bladder masses.
- Enlarged medial iliac lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The reason for the kidneys being obstructed is most likely the mass lesion present at the ureteral vesicular junction location in the trigone area of the bladder. I recommend referral for further imaging, possibly CT scan, and to discuss placement of ureteral stints to relieve obstruction of both kidneys. Recommend BRAF testing. Differentials for the urinary bladder mass include most likely transitional cell carcinoma or other malignant neoplasia, less likely a benign process. Prognosis is guarded.





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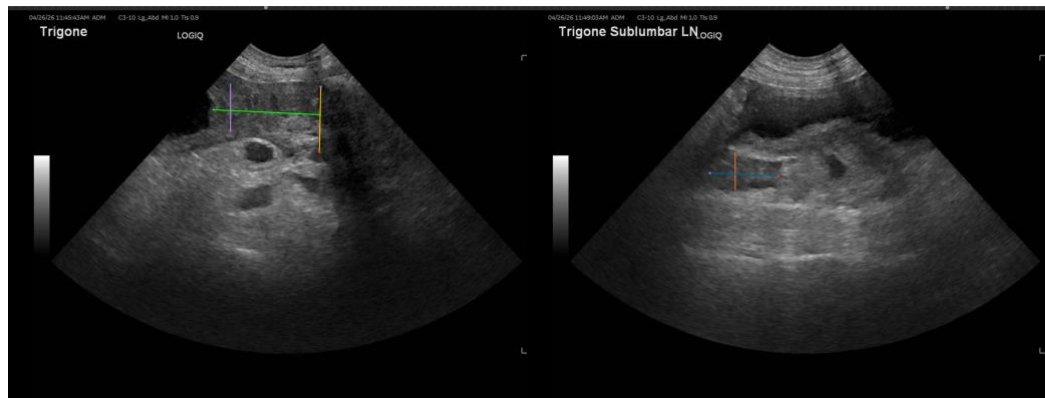
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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