



**PATIENT**

Tog Klinger

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

34 pounds

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Meghan Morse LVT  
CVT

**HOSPITAL NAME**

Walden Animal Clinic

**REFERRING VET**

Dr. Kelly

**INVOICE**

15502

**DATE**

04/27/26

**PRESENTING CLINICAL SIGNS**

Lethargic, anorexic, febril 104.5, was initially tender on limbs and spine (T-L palpation), vomited bile 1 time. Current meds: Baytril, Doxycycline, Cerenia, Metacam, SQ fluids

Abnormal PE/Chem/CBC/UA Results: PCV 35.6, WBC 56.9, Neuts 47.7, Bands 0.569, SDMA 22, Creat 3.6, BUN 52, K+ 3.4, specCPL 121

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

There is a mild amount of aggregating hyperechoic urinary debris present and one non-shadowing hyperechoic urolith present that measures 2.3 by 4.7 mm in size. Given these findings, possibly this debris is possibly due to pyuria.

Prostate is significantly abnormal in appearance. It is irregular in shape and has a heteroechoic echotexture with multiple hyperechoic foci present throughout the parenchyma and measures 2.6 by 1.5 cm. The prostate is enlarged for a neutered male dog. The appearance of the prostate is consistent with either bacterial prostatitis and/or possible prostatic neoplasia such as prostatic carcinoma or transitional cell carcinoma.

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. The left kidney measures 5.4 cm. The right kidney measures 4.8 cm.

**Adrenal Glands**

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.5 mm and the caudal pole measures 5.2 mm.

The right adrenal gland presents mildly enlarged. The cranial pole measures 9.0 mm and the caudal pole measures 7.4 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**



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Diffusely, the gastric wall is markedly thickened and hypoechoic with loss of layering and measures 1.1 cm. These findings may be due to uremic gastritis in the patient's azotemia or possibly due to neoplasia such as lymphoma, adenocarcinoma, leiomyosarcoma, although adenocarcinoma/leiomyosarcoma is less likely given that this appearance or the thickening of the stomach is diffuse.

The 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**

- Urinary bladder debris.
- Age-related renal changes.
- Enlarged prostate.
- Gastric thickening.
- Age-related hepatic remodeling.
- Mild gallbladder debris.

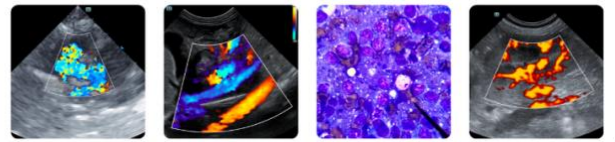
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend obtaining a urinalysis. Mostly or one reason for the urinalysis would be to determine urine specific gravity to determine if patient's azotemia is pre-renal versus renal. Other reason for urinalysis would be to determine if active urine sediment is present, recommend urine culture and antibiotic sensitivity.

Recommend catheterization to collect urine. In the event that transitional cell carcinoma is present, it is not recommended to perform a cystocentesis. Collect urine for a urine culture via catheterization and also recommend collecting urine for BRAF testing at the same time to determine cause of appearance of prostate. A neoplastic process is highly suspected in this case. Pending the urine culture, recommend starting an antibiotic such as enrofloxacin that would have good penetration into the prostate.

Recommend treating patient supportively for gastritis and rechecking appearance of stomach in approximately two to three days. If gastritis does not appear to be resolving at that time, consider fine needle aspirate of stomach with submission for cytology. If cytology is inconclusive as to cause of appearance of stomach, ultimately endoscopic biopsies may need to be performed for histopathology to determine cause of appearance of stomach if this problem appears to be chronic.

Prognosis is open pending determination as to the cause of the patient's azotemia whether it is pre-renal or renal in nature. Also determination as to the appearance of both the prostate and the stomach once the ultimate causes of these abnormalities is determined, be able to formulate a more accurate prognosis.



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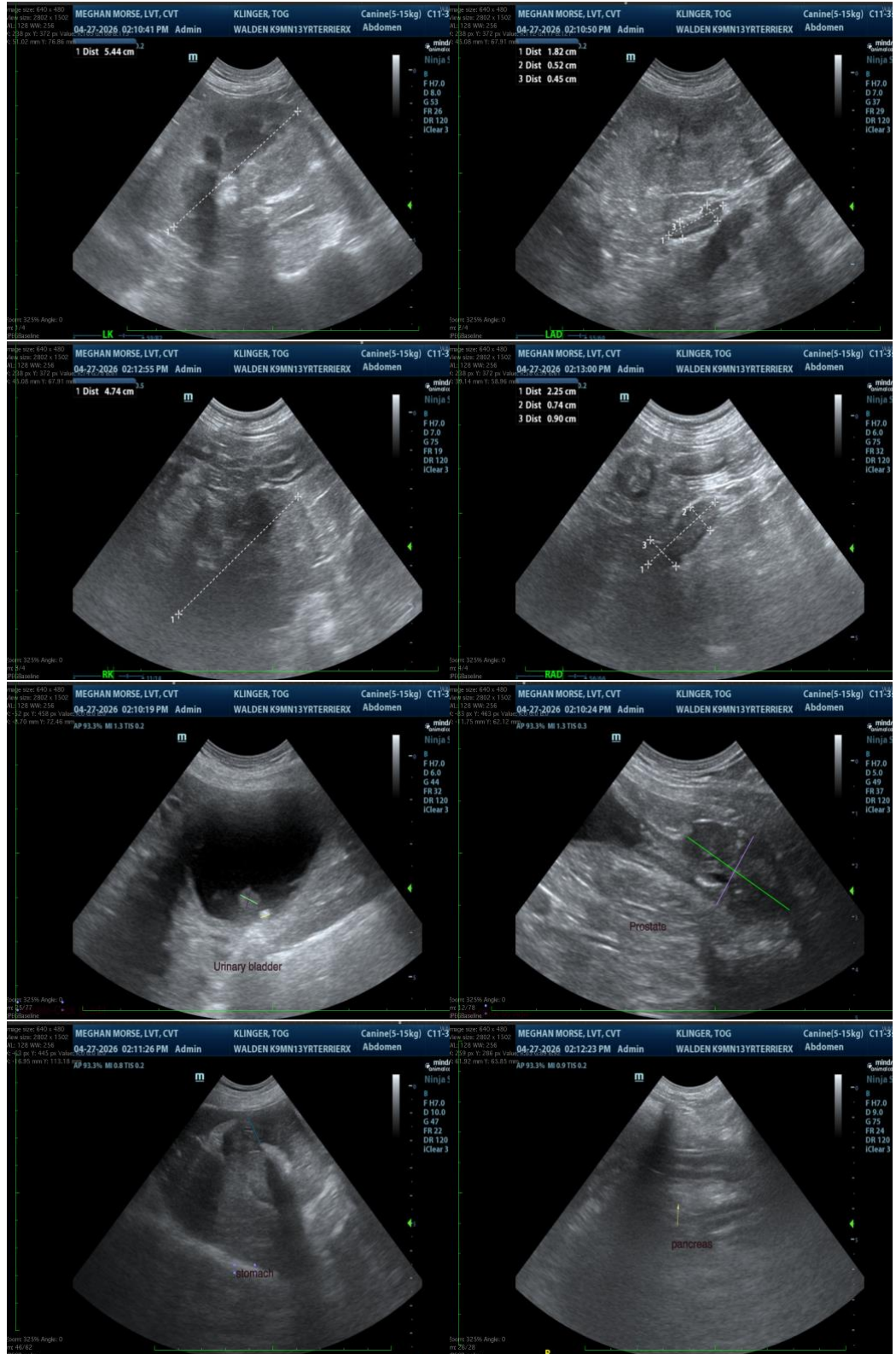
Dr. Kelly

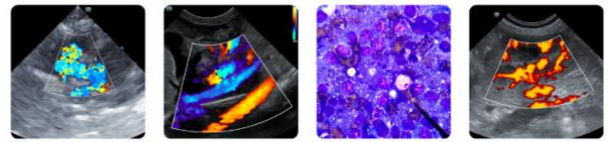
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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.

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**Greg Kuhlman, DVM, DACVIM (SAIM)**  
Veterinary Internal Medicine Specialist  
[info@SonoPath.com](mailto:info@SonoPath.com)

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