



## PATIENT

Lincoln Wadelius

## SPECIES

Canine

## BREED

Mastiff Mix

## SEX

MN

## AGE

14 years

## WEIGHT

34.4 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Lacovides

## HOSPITAL NAME

Tuxedo Animal  
Hospital

## REFERRING VET

Dr. Chhabra

## INVOICE

11931

## DATE

5/12/2026

## PRESENTING CLINICAL SIGNS

History of UTI. Treated with Clavaseptin for 10 days, and a urine sample was sent for C&S a few days after completion of the course, which was positive for an Escherichia coli infection.

Baytril was started on May 5, 2026. After starting the antibiotic, appetite decreased, and vomiting and diarrhoea developed.

Current Meds: Baytril 250mg 2.5 SID

Abnormal PE/Chem/CBC/UA Results: CBC/CHEM Mild leukopenia  $4.3 \times 10^9/l$  (5.8-16.2) Mild lymphopenia 0.67 (0.98-4.2) ALP 182 u/l (23-212) UA: Clear 1.017 ph=5 wbc 28/hpf rbc 2/hpf t4 low normal Urine culture e coli sensitive to all except neomycin.

## 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 large amount of echogenic non-shadowing debris, most consistent with exfoliated cells, crystals, mucous and/or small blood clots likely combined with incidental suspended lipid. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Prostate is normal in size (9.0 mm in width), echotexture, and echogenicity for a neutered male.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 7.3 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation. The right kidney measured 6.8 cm in length.

### Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 7.4 mm and the caudal pole measures 8.4 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 5.4 mm.

### Spleen

The spleen is diffusely enlarged with a heterogenous echotexture, and a diffusely nodular appearance. There are multifocal to coalescing, ill-defined lesions present throughout the spleen. Representative lesion measures 1.2 cm in width. The spleen measures 3.0 cm in width at the hilus.

### 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.



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The gallbladder appears to contain a moderate amount of aggregating debris. There is a cluster of echogenic debris within the gallbladder that appears gravity dependent measuring 1.1 cm x 4.0 cm. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

### **Gastrointestinal**

The visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

Small intestines have normal wall layering and thickness. Some sections of small intestine appear mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. The sections that are empty appear to have normal 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

- Mild non-obstructive dystrophic mineralization noted in the right kidney.
- Splenomegaly with lesions – Appearance of the spleen is concerning for possible infiltrative neoplasia such as lymphoma, mast cell disease, or histiocytic sarcoma. The appearance is less likely due to malignant neoplasia such as hemangiosarcoma. An infectious etiology for the appearance of the spleen is possible. Bartonella could be considered.
- Pathologic urinary bladder debris – Overall, the urinary bladder appears normal. There is no observed cause for patient's continued urinary tract infections.
- Moderate gallbladder debris – This finding appears to be clinically incidental at this time.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend fine needle aspirates of the spleen and submission for cytology to determine the etiology, and to determine if a splenectomy should be considered. If splenectomy is performed, then recommend histopathology on spleen.

Recommend a longer course of treatment with an appropriate antibiotic (based off culture and sensitivity results) for the chronic urinary tract infections. Evaluate patient's confirmation to determine if recessed vulva is present and may be contributing to chronic urinary tract infections. If recessed vulva is present, then consider vulvoplasty. However, recommend determining the cause of the appearance of the spleen before considering any other surgical procedures at this time.



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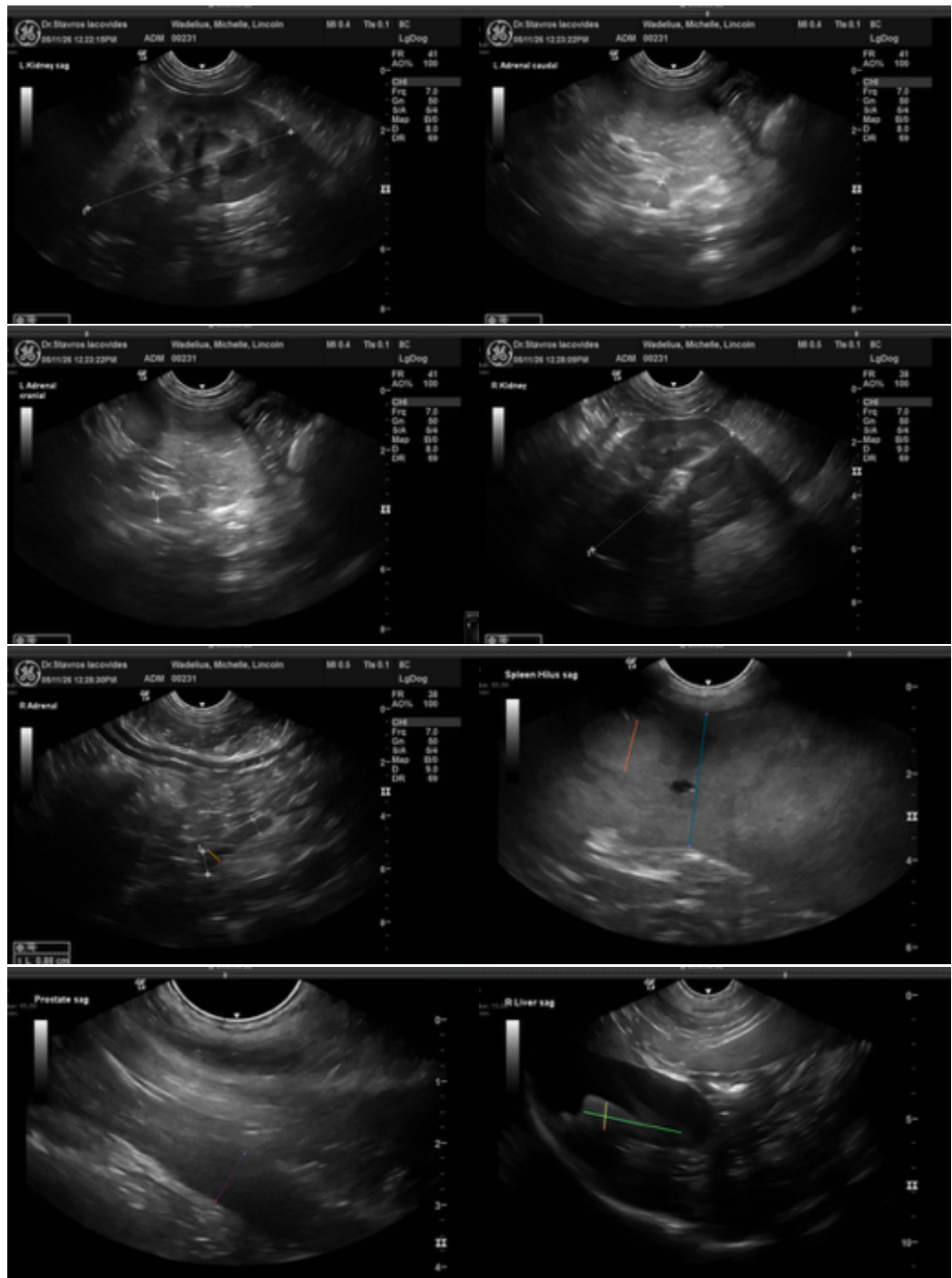
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

Lincoln Wadelius

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

**SPECIES**

Veterinary Internal Medicine Specialist

Canine

[info@SonoPath.com](mailto:info@SonoPath.com)

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