



PATIENT

Romey Rafferty

SPECIES

Canine

BREED

Hound x

SEX

Neutered Male

AGE

6 Years 3 Months

WEIGHT

48.8 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Forest Oaks Animal
 Hospital

REFERRING VET

Dr. Kleisch

INVOICE

75152

DATE

5/14/26

PRESENTING CLINICAL SIGNS

P presented for acute weight loss over the last 3 months, previously 59# in January, Previously treated for UTi with normal renal values, Not eating and further weight loss

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 mild 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.

Within the lumen of the proximal urethra there is a 1.8 cm x 0.49 cm heterochoic, irregularly shaped mass lesion.

The prostate is enlarged for a neutered male dog, measuring 3.6 cm in width. It is heterochoic with hyperechoic foci present within the prostate. There are several cystic areas within the prostate consistent with prostatic cysts, less likely prostatic abscesses.

The right kidney presents normal size (6.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia or ureteral dilation. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney presents normal size (6.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia or ureteral dilation. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole is mildly enlarged. The cranial pole measures 6.3 mm and the caudal pole measures 9.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The caudal pole is mildly enlarged. The cranial pole measures 6.2 mm and the caudal pole measures 9.4 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.

Gallbladder is moderately distended with anechoic bile as well as a moderate amount of aggregating suspended 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.



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Gastrointestinal

The gastric fundus is diffusely mildly thickened, measuring 5.3 mm in width, with mild loss of layering. The stomach is empty. The pylorus is patent. The small 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.
- Proximal urethral mass.
- Enlarged, heterochoic, cystic prostate.
- Dystrophic mineralization in the kidneys bilaterally.
- Gallbladder debris.
- Mildly thickened gastric wall.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The hyperechoic foci within the prostate is concerning for calcification. Given the size and appearance of the prostate there is strong concern for possible prostatic neoplasia such as prostatic carcinoma or transitional cell carcinoma. Given the findings of the mass within the proximal urethra and the appearance of the prostate, recommend submitting a BRAF test to screen the patient for transitional cell carcinoma or prostatic carcinoma. If BRAF is negative, consider a fine needle aspirate for cytology of the prostate.

If not already performed, recommend a urine culture. Collect urine via catheterization, or if necessary via free catch.

Given that both the left and right adrenal glands are mildly enlarged at the caudal pole, consider screening the patient for hyperadrenocorticism. Submit urine cortisol to creatinine ratio. If normal, hyperadrenocorticism is effectively ruled out. If elevated, consider a low-dose Dexamethasone suppression test to definitively determine if hyperadrenocorticism is present.

The patient appears to have diffuse gastritis, cause unknown. Recommend treating supportively with antiemetics and prokinetic medications. Recheck via ultrasound in one week. If stomach still appears normal in one week, consider gastric biopsies surgically or endoscopically (endoscopically preferred as it is less invasive).



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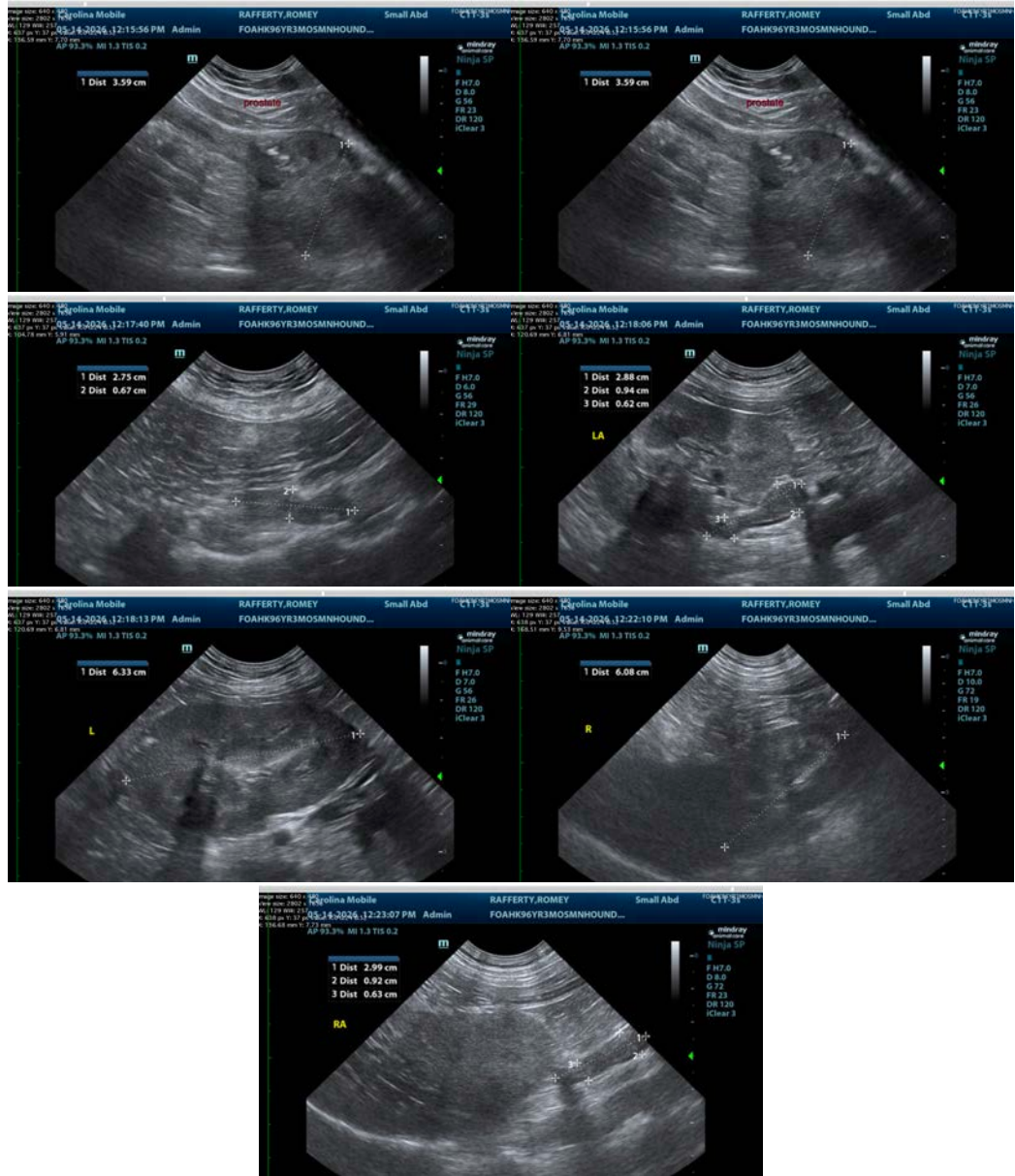
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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