

PATIENT

Pumpkin Hall

SPECIES

Canine

BREED

Mini Goldendoodle

SEX

Spayed Female

AGE

3 Years

WEIGHT

16.9 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Aloha Veterinary
Hospital

REFERRING VET

Dr. Rouco

INVOICE

16269

DATE

05/15/26

PRESENTING CLINICAL SIGNS

P presented for US due to hematuria and pollakiuria- no stones seen on rads

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains what appears to be a single markedly large urolith that is hyperechoic and shadowing and measures 1.1 cm in width. Given the fact it wasn't seen on radiographs, this may suggest that it is ammonium urate, possibly cysteine or a stone. There appears to possibly be a second stone present the measures 0.61 cm in width.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.16 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.5 mm and the caudal pole measures 3.8 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.8 mm and the caudal pole measures 5.2 mm.

Spleen

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

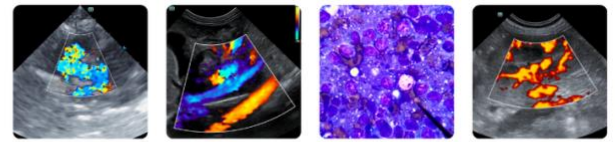
Liver

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. Portal vein to caudal vena cava ratio is within normal limits at approximately 1. No portosystemic shunting is suspected.

The gallbladder presents normal size with anechoic contents. 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.



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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

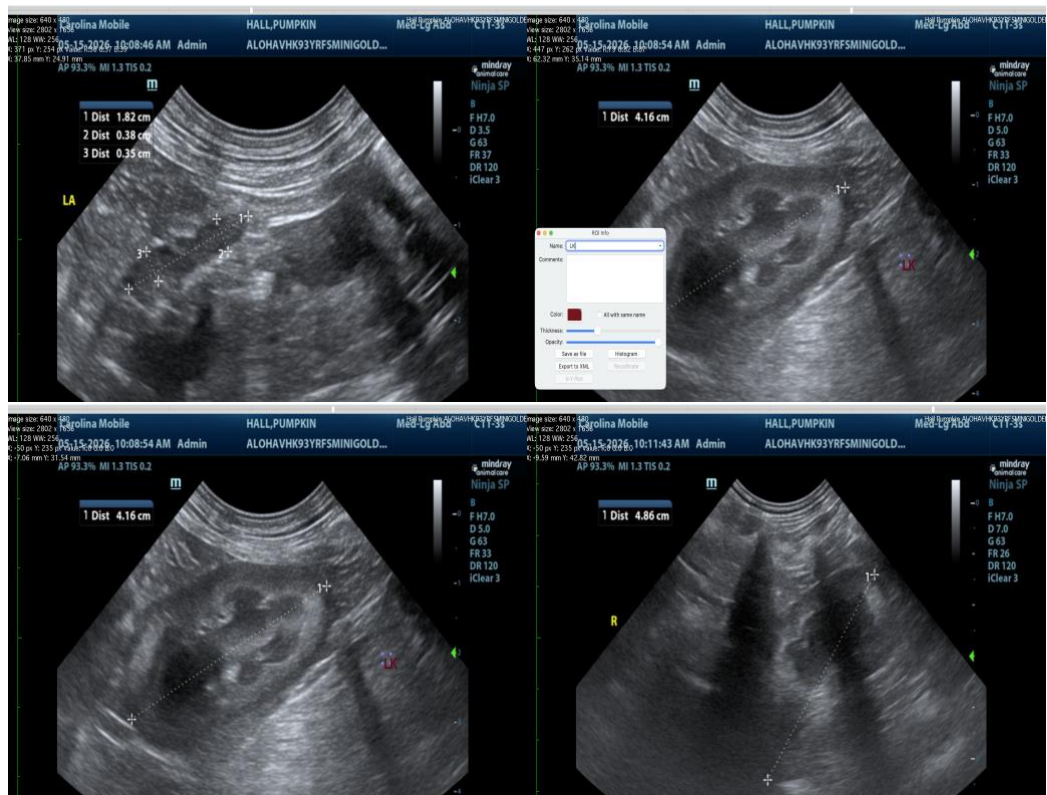
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

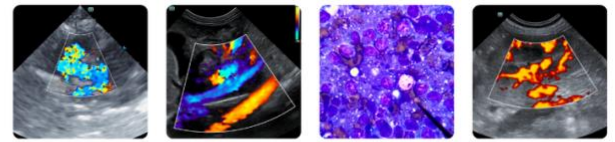
ULTRASONOGRAPHIC FINDINGS

- Urinary bladder stones.
- Full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Patient's clinical signs are most likely attributed to the UB stone. Can consider starting a dissolution diet for two to four weeks and rechecking an ultrasound to determine if stone is resolved or resolving. If it is not, consider cystotomy and submitting stone for stone analysis to Minnesota Urolith Lab for analysis. If patients' clinical signs are significant enough, consider immediate cystotomy and submitting stone. The patient does not appear fasted for exam.





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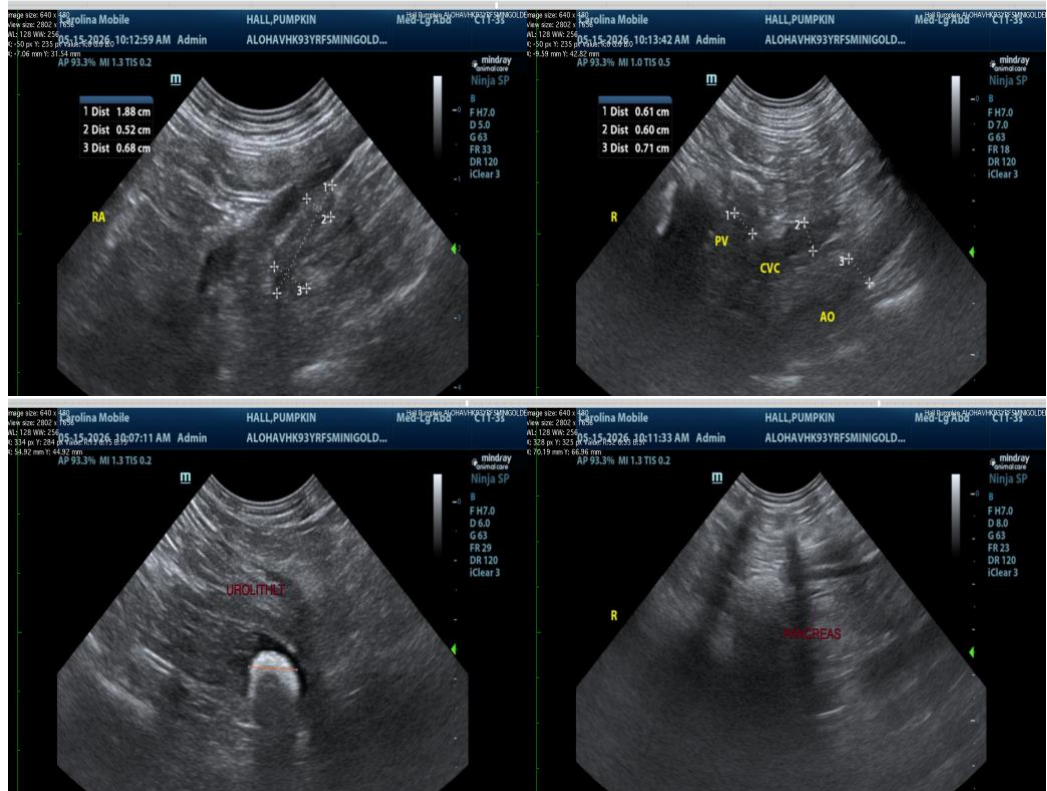
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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