



PATIENT

Remy Smith

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

Intact Male

AGE

5 Months 3 Weeks

WEIGHT

35 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Brittney Beigel, DVM

HOSPITAL NAME

Bayside Animal
Medical Center

REFERRING VET

Julia Langfitt, DVM

INVOICE

16273

DATE

05/15/26

PRESENTING CLINICAL SIGNS

O opts for US to screen for any anatomical abnormalities that could contribute to difficulty w/ house training/abnormal urinations "sprinkler like stream" P was fasted for US scan. No sedation needed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. No papilla is seen. The proximal urethra is normal and measures approximately 2.0 mm diameter.

The prostate is normal in size measuring 1.5 cm x 2.2 cm. No evidence of prostatic neoplasia seen. The testicles appear normal.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.1 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 6.7 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.8 mm and the caudal pole measures 3.6 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.4 mm and the caudal pole measures 4.8 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. The small bowel measures 2.9 mm width.

Pancreas

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



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Free Abdomen

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In what appears to be the left hemisphere, there is a hypoechoic suspected cystic lesion that measures 5.7 mm in diameter. The fluid is hypoechoic and does not appear to have hyperechoic debris within the fluid, suspected to be a benign prostatic cystic lesion, unlikely to be a prostatic abscess.

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There are numerous enlarged mesenteric lymph nodes present that are suspected to be age-related given the patient is five months old. A representative node measures 1.6 cm x 1.0 cm in size. It's unlikely that these lymph nodes are enlarged due to a neoplastic or infectious cause.

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ULTRASONOGRAPHIC FINDINGS

- Enlarged mesenteric lymphadenopathy.
- Hypoechoic cystic lesion.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the description of the patient's urinary habits, suspect lower urinary tract disease, more likely related to the penis region. Recommend a sedated exam of patient's penis to evaluate for anatomical abnormalities. If none seen, recommend cystoscopy to further evaluate for this problem.

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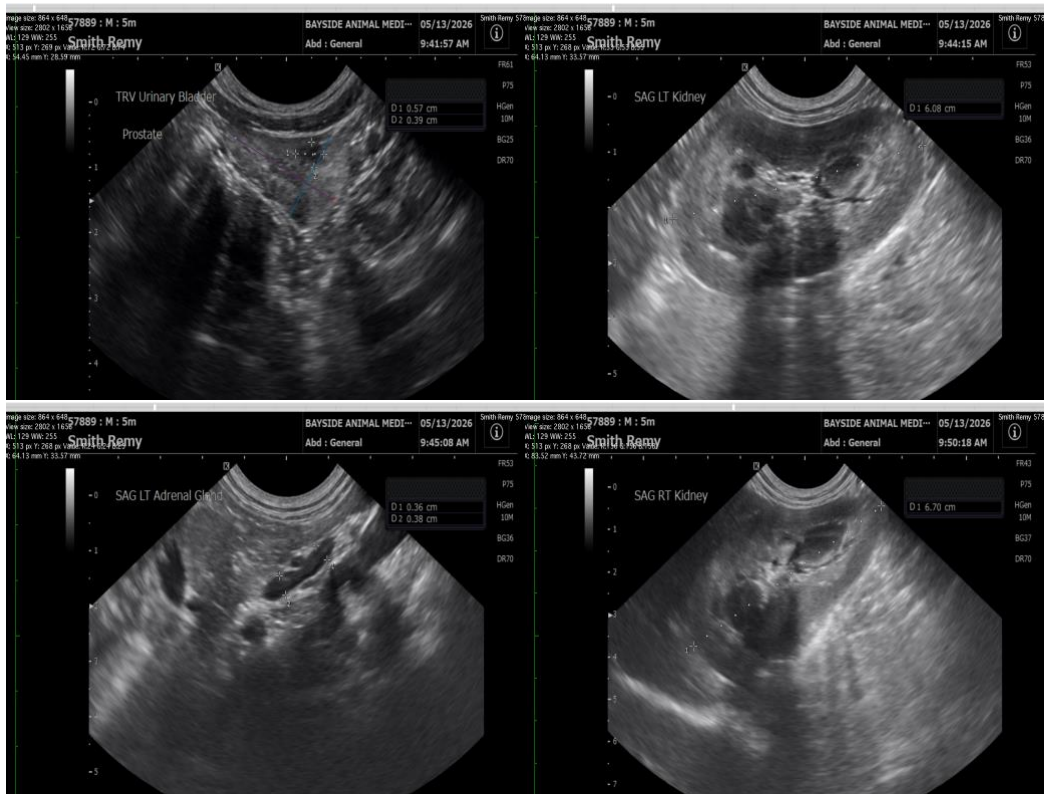
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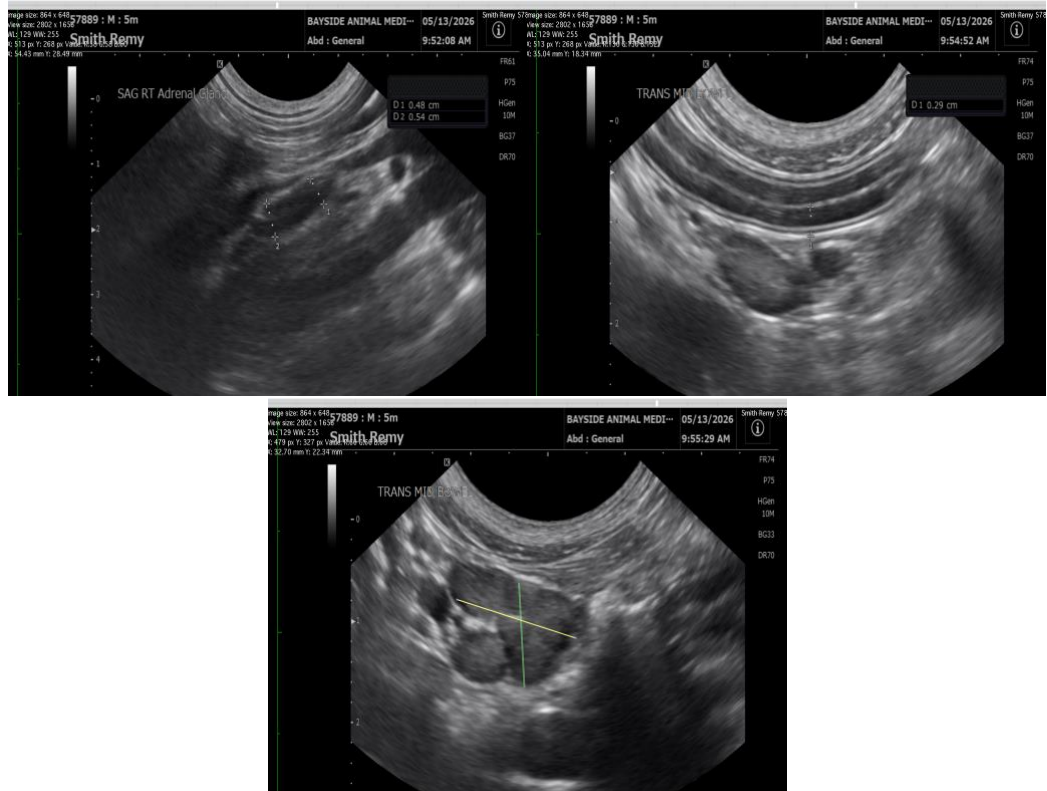
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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