

**PATIENT**

Benek Brzozowski

SPECIES

Canine

BREED

Beagle

SEX

Male

AGE

6 Years

WEIGHT

42 lbs

INTERPRETED BYGreg Kuhlman, DVM,
DACVIM (SAIM)**IMAGING
PERFORMED BY**

Julia Bakker, DVM

HOSPITAL NAMEOrange Blossom
Veterinary Imaging**REFERRING VET**

Shane Culp, DVM

INVOICE

75405

DATE

5/22/26

PRESENTING CLINICAL SIGNS

Panting a lot - picky yesterday didn't eat well - licking and chewing hind end around anus - stools are formed. Abdominal radiographs: Circular white opacity just caudal to bladder and cranial to thoracic inlet on lateral radiographs. Stomach displaced caudally on V/D view. CBC wnl. Chem ALT 156

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. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate appears to be normal for an intact male, measuring 3.3 cm in width and 2.4 cm in length. It appears symmetrical with uniform mottled echotexture, which is normal. There are several very small cystic lesions throughout the prostate consistent with prostatic cysts. They do not appear to be prostatic abscesses.

The right kidney presents normal size (6.4 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

The left kidney presents normal size (6.4 cm) with normal shape and architecture. There is mild loss of corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted.

Adrenal Glands

The right adrenal gland also has a mildly flat appearance to it. It is more normal in size, measuring 4.8 mm in width at the caudal pole.

The left adrenal gland is slightly small in size with a mildly flat appearance, measuring 3.8 mm in width at both poles.

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.



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Gastrointestinal

The stomach and intestines have normal wall layering and thickness. The small bowel is diffusely moderately distended with ingesta. 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 is a rounded, hypochoic mesenteric lymph node in the area of the left kidney measuring 7.3 mm in width.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder debris.
- Loss of corticomedullary distinction in both kidneys and renal renal mineralization.
- Mildly flat adrenal glands.
- Rounded, hypochoic mesenteric lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

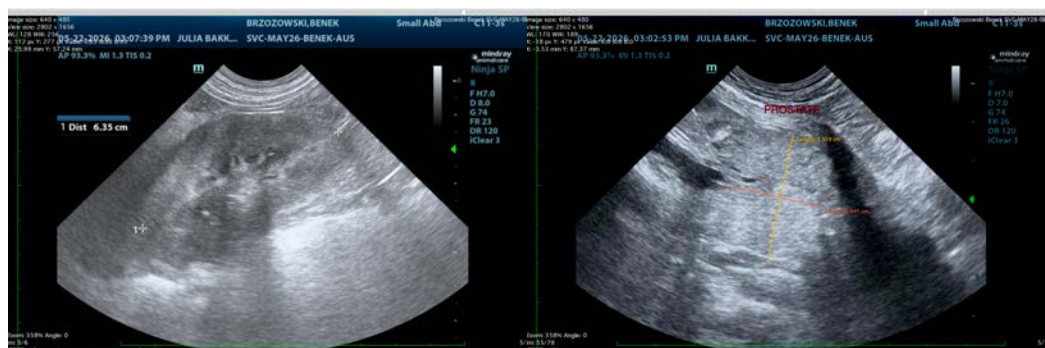
Given the appearance of both kidneys, there is concern for possible early chronic kidney disease. Recommend full staging, monitoring and managing per IRIS guidelines.

Given the patient's clinical signs, screening for hypoadrenocorticism is recommended and submit resting cortisol. If >2.0, hypoadrenocorticism is ruled out. If <2.0, then recommend ACTH stimulation test.

If urinalysis is not already performed, recommend urinalysis. If active urine sediment, recommend urine culture.

If rectal exam has not been performed, evaluate the prostate for possible pain. If patient appears painful on prostate, consider bacterial prostatitis and submit urine culture. If prostate is palpated normal on exam, you can effectively rule out bacterial prostatitis.

No particular cause for the prominent lymph node seen. Most likely reactive, less likely to be neoplastic given the size and appearance.





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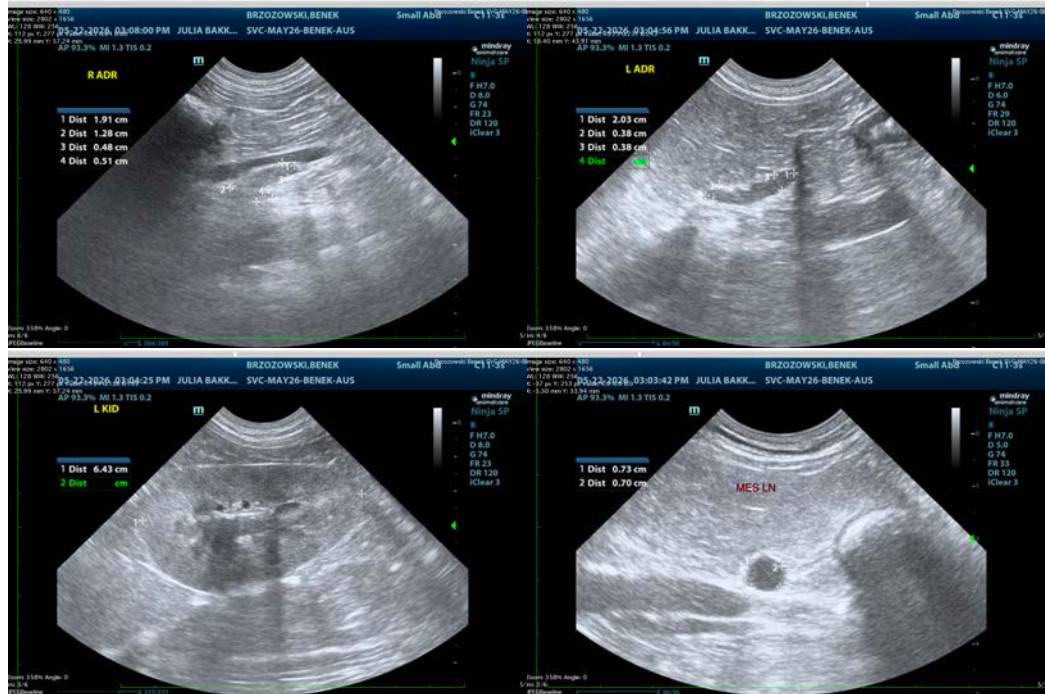
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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