

## PATIENT

Trilby Regnstrom

## SPECIES

Canine

## BREED

Lab Retriever

## SEX

Spayed Female

## AGE

4 Years 11 Months

## WEIGHT

56 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Loetitia Saint-Jacques,  
LVT

## HOSPITAL NAME

PetNetwork

## REFERRING VET

Dr. Nick Robl

## INVOICE

75411

## DATE

5/22/26

## PRESENTING CLINICAL SIGNS

P has had drops of blood in poop and pee on and off for last week. P is licking at her butt/tail a lot. Behavior otherwise normal, no diet changes. Patient presented for ongoing chronic anal gland infection/inflammation with persistent frank blood noted on feces and intermittently in urine. Owner reports signs improve temporarily with NSAIDs and antibiotics but recur after treatment discontinuation. Previous cystocentesis urine sample reportedly showed no blood, increasing suspicion that bleeding originates from urethral inflammation rather than the bladder. No additional concerns reported today. Urine with one drop of blood noted during sedated abdominal ultrasound. Blood also coming from anal gland.

Abnormal PE/Chem/CBC/UA Results: Rectum: left anal sac blood on expression; right anal sac unremarkable. Vulva exam done at time of AUS-NSF

## 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. The visible urethra appears normal at 4.6 mm total width.

The right kidney presents normal size (7.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.7 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measures 5.7 mm in width.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.7 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 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



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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.

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If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

The intestines have normal wall layering and thickness.

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The colon contains formed stool. Colon wall appears normal.

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

**Free Abdomen**

**AGE**

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Mildly enlarged right medial iliac lymph node noted, measuring 6.0 mm in width x 30.8 mm in length. The node appears reactive, possibly reactive to patient's anal sac disease, much less likely enlarged due to neoplasia. Similar appearing left medial iliac measuring 6.3 mm x 28.2 mm.

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Mild mesenteric lymphadenopathy present. A representative node measures 6.2 cm x 14.5 mm. Most likely reactive, less likely neoplastic.

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The left sublumbar lymph node measures 4.0 mm x 15.3 mm. Most likely reactive, less likely neoplastic.

The uterine remnant appears normal, measuring 3.5 mm in width, not fluid filled.

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Within the left anal sac there is a 4.0 mm x 12.3 mm hyperechoic structure present. It does not appear to be shadowing. Since there is no shadowing, foreign material is less likely but possible. It could be inspissated purulent material. The left anal sac is mildly fluid filled measuring 5.8 m in width.

No free abdominal fluid is seen.

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**ULTRASONOGRAPHIC FINDINGS**

- Full stomach.
- Likely reactive lymph nodes.
- Hyperechoic structure within the left anal sac.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

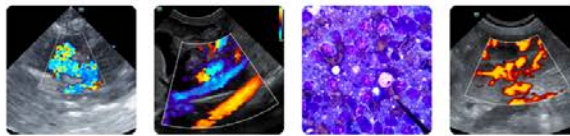
It is possible that there is a chronic infectious process within the left anal sac causing the blood that was seen. However, it is possible that this hyperechoic material may represent degrading plant material from possible foxtail. Recommend heavily sedating the patient and fully expressing anal sac and infusing with an antibiotic ointment. Often, I would use Animax. If this problem keeps reoccurring, surgical resection with anal saccullectomy on the left side and submitting anal sac for culture and histopathology should be considered.

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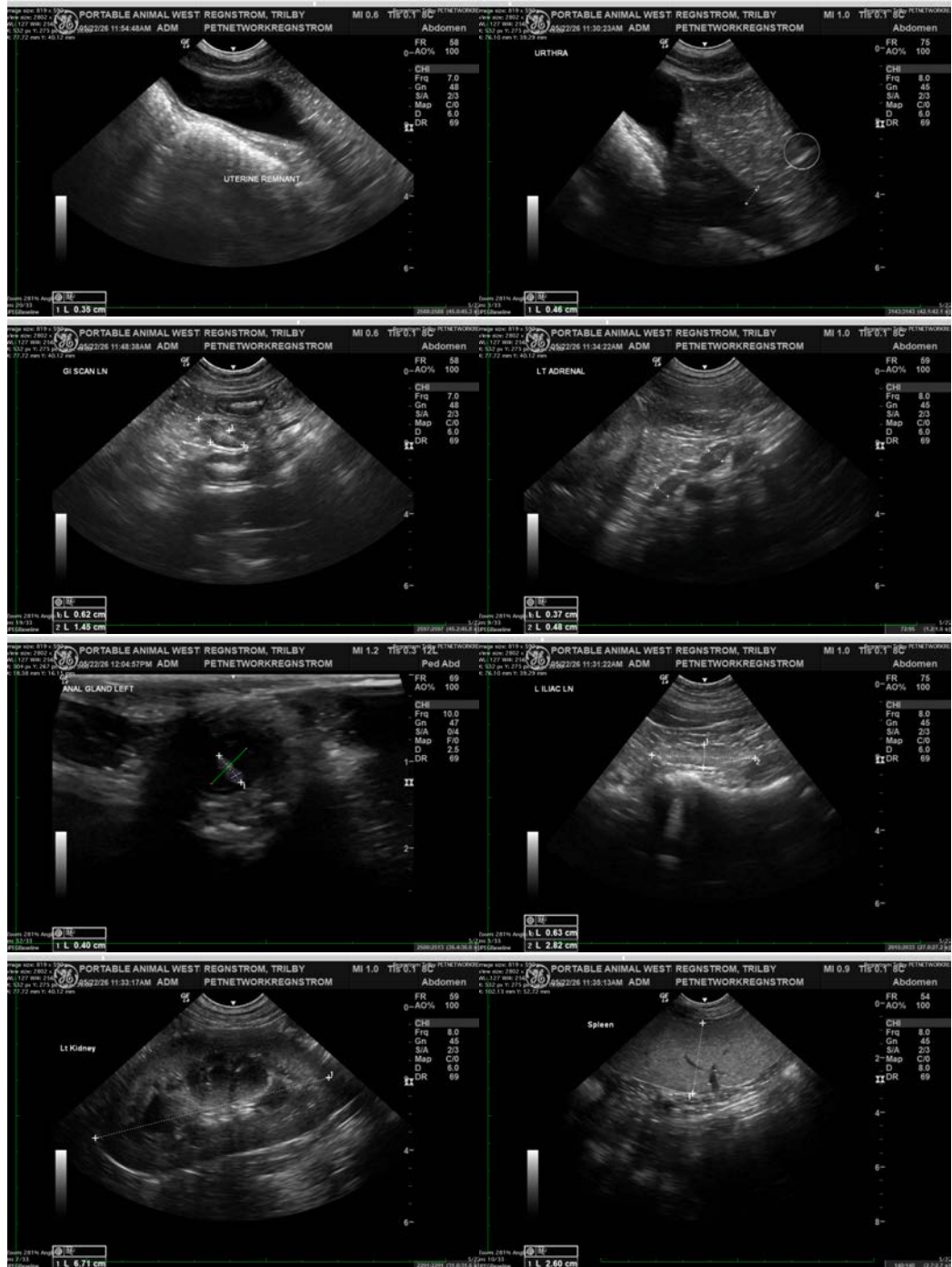
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)