



PATIENT

Arai Dean

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

9 Years

WEIGHT

75 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Insight/Highlands
Animal Hospital

REFERRING VET

Dr. Frankenberger

INVOICE

16505

DATE

05/24/26

PRESENTING CLINICAL SIGNS

History of urinary incontinence and hooded vulva. Recurrent intermittent hemorrhagic vulvar discharge has been noted over the past 2 years. A small, round, raised ulcerated lesion is present on the peri-vulvar skin. Patient is currently receiving Incurin 1 mg PO q24h. Yesterday, the client observed blood originating from the vulvar region along with a foul odor. Full abdominal ultrasound requested to evaluate for any underlying intra-abdominal abnormalities that may be contributing to the patient's clinical signs.

At the conclusion of the sonographic examination, the vulvar region was further evaluated. A large, approximately 3 x 4 cm circular mass containing purulent and hemorrhagic material was noted attached to/adjacent to the vulva. Records from the previous clinic were not provided or available today. Sedated with Dexdomitor and butorphanol for sonogram. Adequate.

WBC: 19.7k, Neutrophils 15.56k, Monocytes 1.63k, Basophils 0.18k. Chemistry within normal limits. Cystocentesis obtained at sonogram: S.G >1.050, Sedivue detected presence of bacteria (rods and cocci). In house urine cytology confirmed large presence of bacteria with minimal to no wbcs.

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 very 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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 7.2 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The right kidney measured 7.6 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.7 mm and the caudal pole measures 6.2 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.1 mm and the caudal pole measures 5.8 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.



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic 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.

Gastrointestinal

The stomach and intestines contain a moderate amount of retained ingesta. No GI obstruction is seen or suspected. Appears patient may not be fully fasted for this exam, otherwise GI tract appears normal.

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

- Bilateral renal mineralizations.
- Urinary bladder debris.
- Gallbladder debris.
- GI ingesta.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for the patient's history of urinary incontinence is seen on this exam nor are any cause for recurrent intermittent hemorrhagic vulvar discharge seen on this exam.



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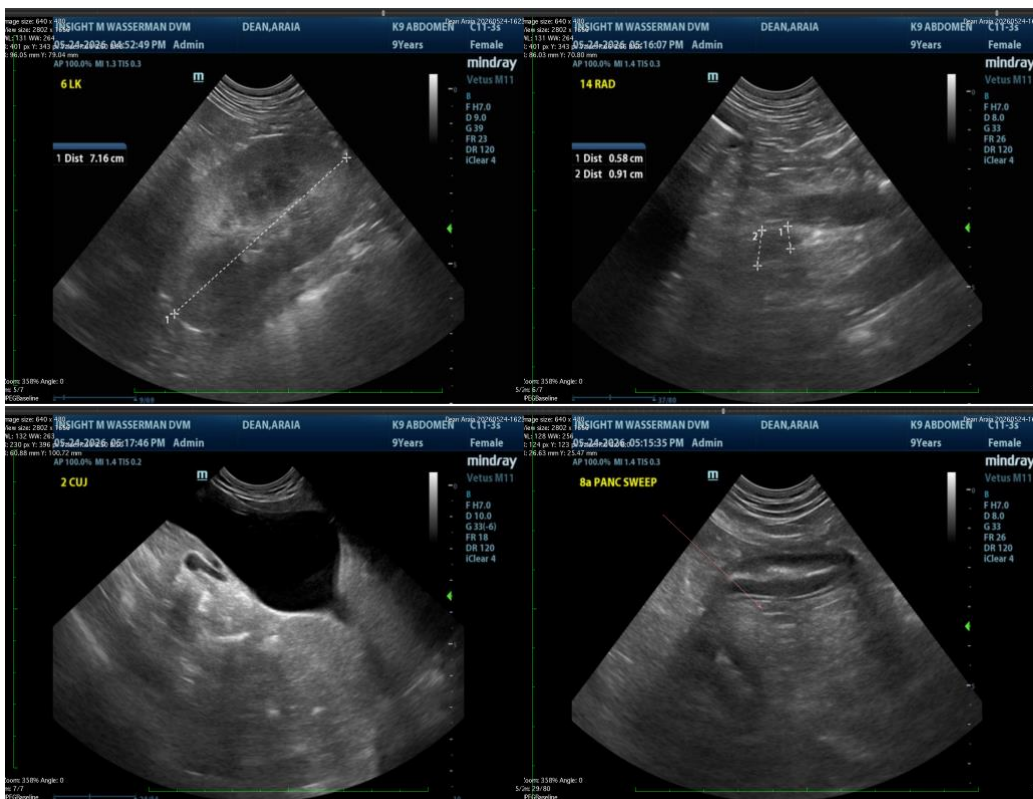
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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