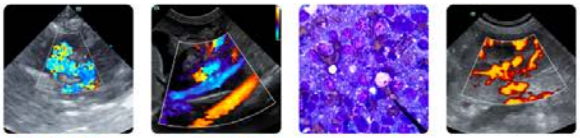

SonoPath www.thefocalzone.com info@thefocalzone.com 289.808.2608

PATIENT

Asher Wilkins

SPECIES

Canine

BREED

Rotti x

SEX

Neutered Male

AGE

2 Years

WEIGHT

76 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Queensdale Animal Hospital

REFERRING VET

Dr. Chaudhary

INVOICE

75018

DATE

5/7/26

PRESENTING CLINICAL SIGNS

Hematuria, no stones on radiographs, no improving with abx intervention
Current Medications: Baytril 150 mg 1 TPO SID

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The apical and mid aspect of the urinary bladder wall is markedly thickened at 1.2 cm in width. The trigone region of the urinary bladder appears to have more normal wall thickness. The thickened region of the urinary bladder is hypoechoic with a smooth luminal margin.

The prostate appears normal.

The right kidney presents normal size (7.9 cm) with normal shape and architecture. Normal corticomedullary distinction. There is mild renal pelvic dilation seen at 5.2 mm in width. No ureteral dilation or nephrolithiasis.

The left kidney appears obstructed. The left kidney measures 8.9 cm. The ureter diffusely is dilated, measuring 7.6 mm in width. The renal pelvis of the left kidney and collecting ducts are distended. Left renal pelvic measures 1.1 cm in width.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The right adrenal gland measured 5.4 mm at the caudal pole and 11.0 mm at the cranial pole.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The left adrenal gland measured 4.5 mm at the caudal pole and 5.5 mm at the cranial pole.

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.

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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

- Markedly thickened apical urinary bladder wall.
- Obstructed left kidney.
- Mild right renal pelvic dilation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the urinary bladder is concerning for neoplasia such as transitional cell carcinoma or other malignant neoplasia. Recommend submitting BRAF testing to screen for TCC. An unlikely possibility would be that the patient has chronic inflammatory cystitis due to chronic urinary tract infection. If urine culture has not been submitted, recommend submitting urine culture to rule out a bacterial etiology for the appearance of the urinary bladder. If no infection is identified and BRAF testing is negative, then recommend cystoscopy to obtain biopsies of the urinary bladder wall for histopathology.

The left kidney is most likely obstructed due to the mass lesion seen within the urinary bladder obstructing the left ureteral vesicular junction. The right ureter is not seen, but it is assumed based on the right renal pelvic dilation that there is mild obstruction of the right ureteral vesicular junction as well, though not as severe as the left. Recommend referral to an institution that can discuss stenting of the ureters to relieve the obstruction of the kidneys. This is an emergent problem. If full lab work has not been performed, recommend full lab work to determine if azotemia is present. If azotemia is present, recommend referring patient emergently. If azotemia is not present at this time, recommend referring patient urgently to a facility that can discuss ureteral stenting.

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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