



PATIENT

Belle Grace Nosbisch

SPECIES

Canine

BREED

English Bulldog

SEX

FS

AGE

5 years

WEIGHT

64 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Julia Bakker

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Dr. Traci Holder

INVOICE

11912

DATE

5/8/2026

PRESENTING CLINICAL SIGNS

Patient has recurrent UTI symptoms and a hooded vulva. Last UA for symptoms showed significant pyuria but no bacteria and culture was negative for growth. AUS recommended to further evaluate and collect another sample of urine for testing.

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 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.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measures 5.8 cm in length, and the right kidney measures 5.4 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 4.8 mm and the caudal pole measures 6.6 mm.

The right adrenal gland is diffusely mildly enlarged in size. The phrenic vasculature is unremarkable. The cranial pole measures 12.8 and the caudal pole measures 8.6 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.

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 have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The areas of the left and right pancreas is visualized and no pathology is noted.



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Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

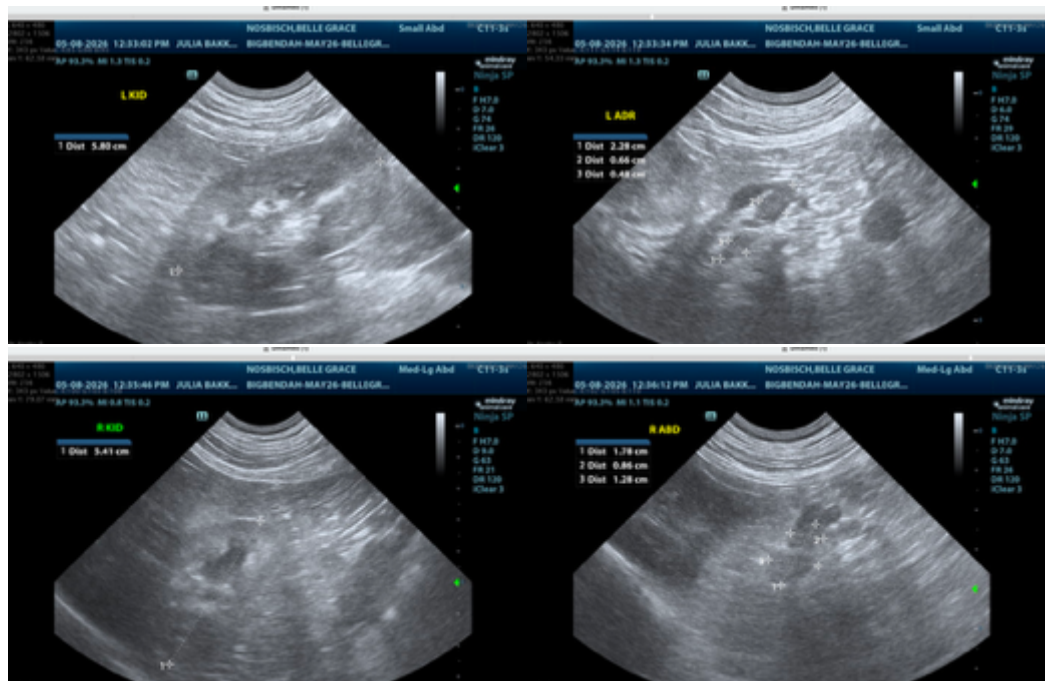
- Age related kidney changes.
- Enlarged right adrenal gland.
- Urinary bladder debris.
- Mild gallbladder debris - Appears clinically incidental at this idea.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend full staging, monitoring, managing the patient per IRIS guidelines.

Patient presented in part for this ultrasound to obtain a urine sample via cystocentesis. Recommend urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration, as well as a urine culture, and antibiotic sensitivity. No other abnormalities are observed with the urinary bladder to explain the patient's repeat urinary bladder unitary tract infections. I suspect the recessed vulva is the lead cause in the recurrent urinary tract infections. Consider a vulvoplasty.

Given the enlargement of the right adrenal may be a normal patient variation, or it may represent the possibility that the patient has hyperadrenocorticism. Recommend submitting urine cortisol-creatinine ratio to determine if further testing for hyperadrenocorticism is warranted.





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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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