



PATIENT

Talli Wieder

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Female

AGE

1 Year 7 Months

WEIGHT

48.7 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Jennifer Makem

INVOICE

75982

DATE

6/17/26

PRESENTING CLINICAL SIGNS

Patient was sedated with butorphanol. Hx of intermittent lower urinary tract signs since she was a puppy. Patient has a recessed vulva. Current signs from owner - patient is licking her vulva, walks while posturing and urinating, some urinary accidents in the house. No stranguria. No urine leaking or accidents while sleeping. Has gone through one heat cycle (per O was a prolonged heat cycle that lasted approx 4 weeks). Last heat cycle 3 months ago. Recent suspected UTI with positive culture (contaminant vs true). Here for AUS for further workup regarding chronic intermittent urinary issues. Previous tx included carprofen, clavamox, cefpodoxime. Not currently on any medications.

Diagnostics: 5/9/26 UA with culture: USG > 1.050, pH 6.5, neg protein, WBC 23/HPF, no RBC. Culture + Staph pseudointermedius, Enterococcus canintestini (tx with clavamox). Many previous UA/culture results from past year. Some normal with neg cultures and some have increased RBC/WBC when clinical signs are noted by O. Repeat urinalysis with culture sent out today.

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 right kidney presents normal size (5.3 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (5.7 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 4.5 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 4.2 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 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

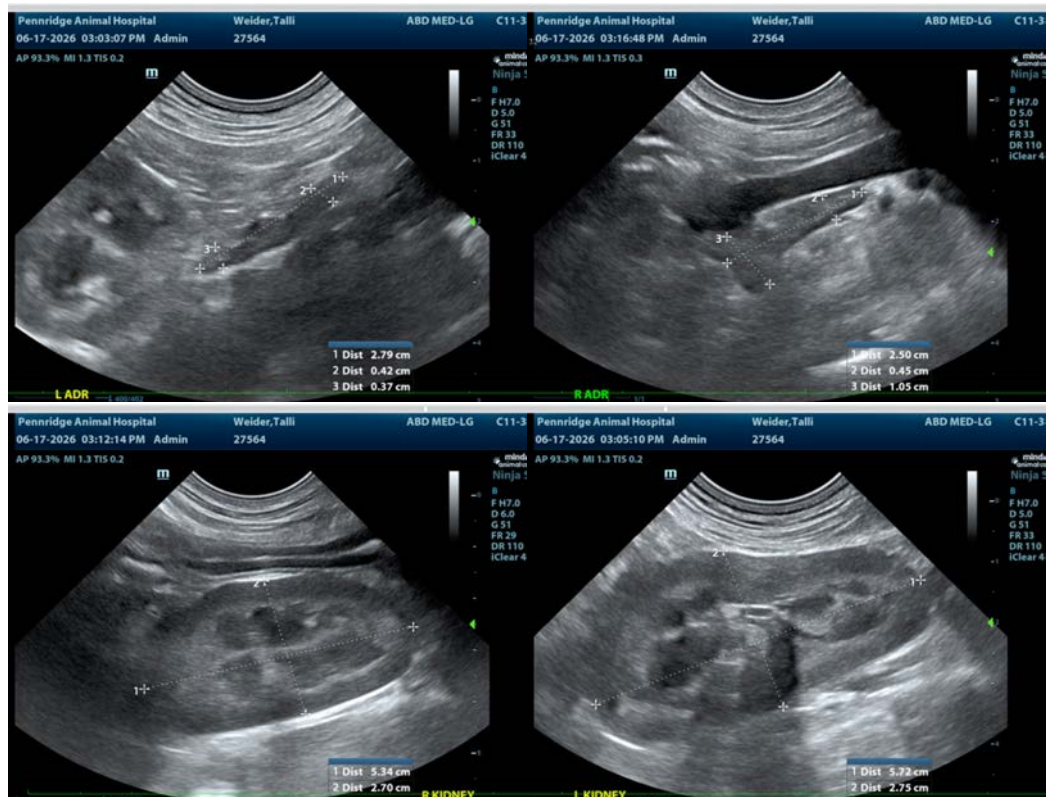
There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause for patient's chronic lower urinary tract signs seen on this exam. Recommendations to help determine the cause of patient's clinical signs would be to first consider cystoscopy to rule out anatomical abnormalities within the lower urinary tract in areas not seen on this ultrasound, specifically the pelvic urethra and the vaginal vault. If cystoscopy does not identify an underlying cause for the patient's clinical signs, then recommend vulvoplasty to correct patient's recessed vulva, which is likely to be the cause of the patient's persisting clinical signs.





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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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