



PATIENT

Finn Clements

SPECIES

Canine

BREED

Schnauzer x

SEX

Neutered Male

AGE

13.7 Years

WEIGHT

17 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Barron

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Dr. Barron

INVOICE

73888

DATE

3/20/26

PRESENTING CLINICAL SIGNS

Acutely PU/PD starting 2 weeks ago. Urine is reported as dilute. Hyperadrenocorticism is suspected.

Abnormal PE/Chem/CBC/UA Results: Mild elevation in ALT, significant elevation in ALP CBC wnl except for mildly increased platelets

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 (4.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.4 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

Adrenal Glands

The right adrenal gland measures at the upper ends of normal for size for a patient of this body weight. The phrenic vasculature is unremarkable. The cranial pole measures 6.9 mm and the caudal pole measures 4.9 mm.

The left adrenal gland measures at the upper ends of normal for size for a patient of this body weight. The phrenic vasculature is unremarkable. The cranial pole measures 5.0 mm and the caudal pole measures 6.7 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen.

Liver

The liver is diffusely enlarged and hyperechoic with diffuse mottled echotexture and rounded margins.

The gallbladder contains a mild amount of aggregated echogenic debris that is adhering to the luminal margin of the gallbladder wall. The gallbladder does not appear obstructed at this time.

Gastrointestinal

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

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.



PATIENT

Finn Clements

SPECIES

Canine

BREED

Schnauzer x

SEX

Neutered Male

AGE

13.7 Years

WEIGHT

17 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Barron

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

Dr. Barron

INVOICE

73888

DATE

3/20/26

ULTRASONOGRAPHIC FINDINGS

- Mild bilateral adrenomegaly.
- Enlarged, hyperechoic, mottled liver – Consistent with benign vacuolar hepatopathy, most likely due to endocrine disease, possibly hyperadrenocorticism.
- Gallbladder debris, likely insignificant at this time. It is possible yet unlikely that the debris is causing cholestatic disease.

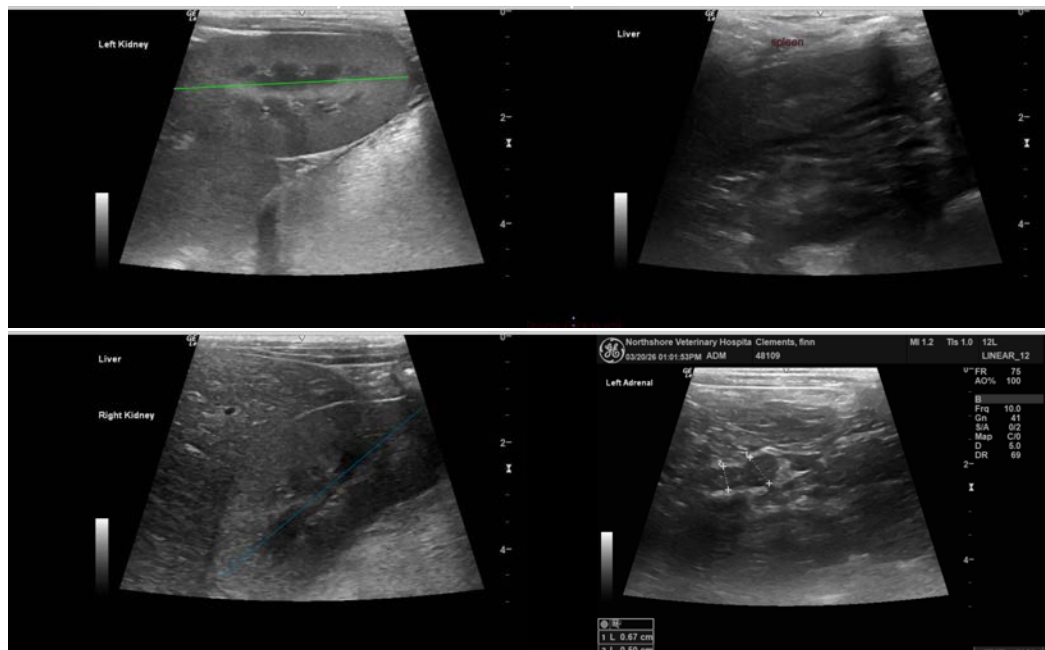
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the bilateral mild adrenomegaly, recommend performing a low-dose Dexamethasone suppression test to screen the patient further for hyperadrenocorticism as a cause of the patient's clinical signs and lab work abnormalities.

If hyperadrenocorticism is ruled out, testing for occult pancreatic or occult GI disease is recommended via a Texas A&M GI panel. Also recommend screening for hypertriglyceridemia via a fasted triglyceride level, and screening for hypothyroidism.

Recommend starting Ursodiol at 15 mg/kg by mouth split into two daily doses.

No specific cause for the patient's PU/PD seen on this exam. As previously discussed, recommend screening for hyperadrenocorticism. If ruled out, then pursue other causes for PU/PD at that time.





PATIENT

Finn Clements

SPECIES

Canine

BREED

Schnauzer x

SEX

Neutered Male

AGE

13.7 Years

WEIGHT

17 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Barron

HOSPITAL NAME

Northshore Veterinary
Hospital

REFERRING VET

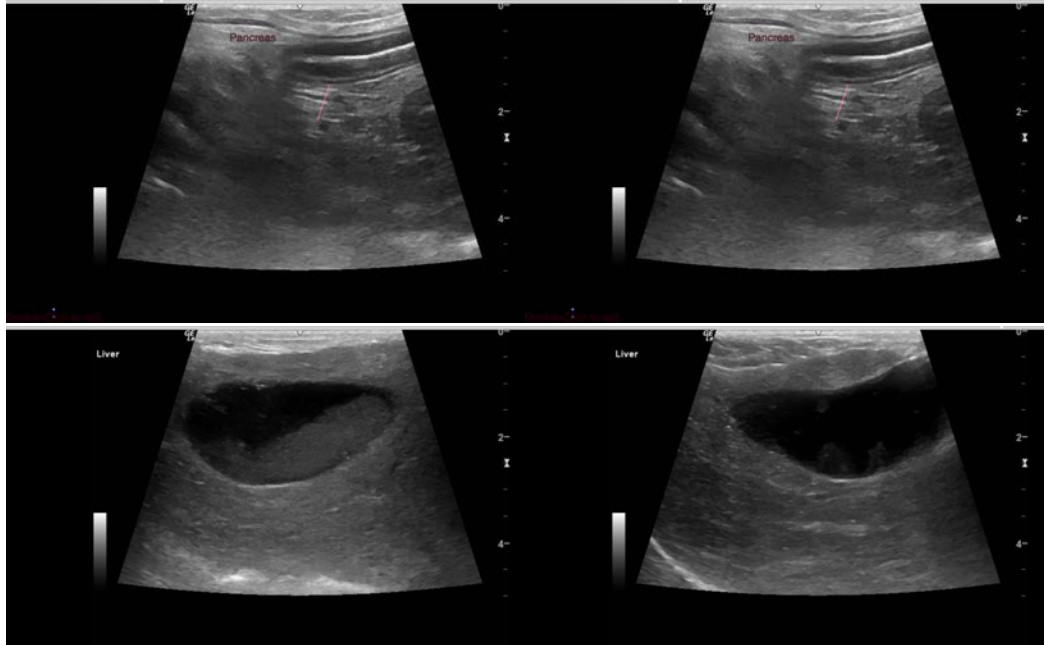
Dr. Barron

INVOICE

73888

DATE

3/20/26



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