



## PATIENT

Iggy Matson

## SPECIES

Canine

## BREED

Shih Tzu

## SEX

Neutered Male

## AGE

12 Years

## WEIGHT

15 pounds

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Julia Bakker DVM

## HOSPITAL NAME

Orange Blossom  
Veterinary Imaging

## REFERRING VET

Dr. Stephen Romero  
DVM

## INVOICE

14746

## DATE

03/30/26

## PRESENTING CLINICAL SIGNS

- Workup for PU/PD with dribbling urine. Pet also having some vomiting and diarrhea. Trying W/D diet. Started proin trial.
- UA inactive, USG 1.015

## 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 prostate measures normal at 9.0 mm with symmetrical and uniform echogenicity.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 4.5 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.1 cm in length.

### *Adrenal Glands*

The left adrenal gland presents enlarged. The cranial pole measures 8.7 mm and the caudal pole measures 7.0 mm.

The right adrenal gland presents enlarged. The cranial pole measures 12.1 mm and the caudal pole measures 6.1 mm.

### *Spleen*

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Several small hyperechoic lesions present throughout the parenchyma consistent with benign myelolipomas.

### *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 visible stomach wall is normal in thickness and layering. The stomach is moderately distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. If patient was appropriately fasted, delayed gastric emptying could be considered. Non-shadowing foreign material is considered less



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likely but cannot be definitively ruled out. If clinical signs are consistent (vomiting, etc.), recommendations include supportive medical care, 24 hours fasting and re-image.

**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**

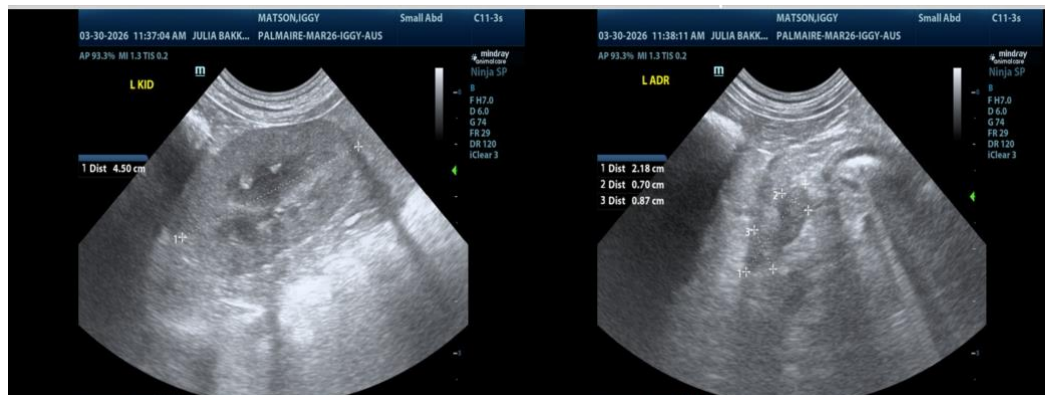
- Mild bilateral adrenomegaly potentially consistent with pituitary dependent hyperadrenocorticism.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend performing low-dose dexamethasone suppression test to confirm hyperadrenocorticism. No problems identified with urinary tract that will explain patient's clinical signs. Suspect polyuria and polydipsia most likely caused by hyperadrenocorticism which potentially is causing urinary incontinence.

No cause for patients vomiting and diarrhea are seen. The GI tract is markedly full of digested food throughout the stomach and small intestines. No obvious mechanical obstruction is seen.

Consider fasting patient longer and rechecking imaging to rule out mechanical obstruction. If mechanical obstruction is definitively ruled out, consider treatment of patient's GI disease with supportive care. Consider prokinetic such as metoclopramide or preferably erythromycin at a prokinetic dose of 0.5 to 1 mg/kg by mouth or intravenously given every eight hours.





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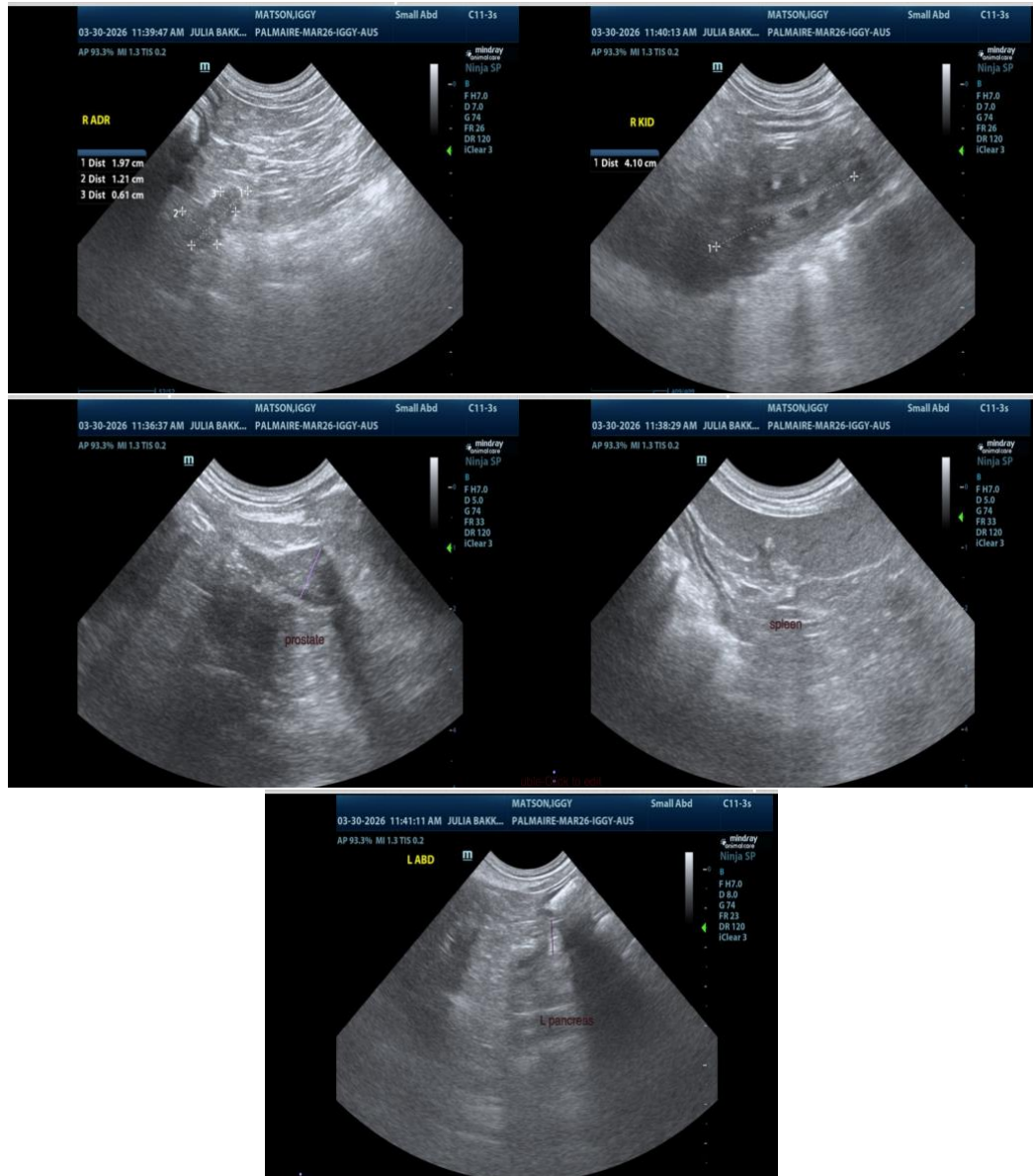
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
Veterinary Internal Medicine Specialist  
[info@SonoPath.com](mailto:info@SonoPath.com)