



**PATIENT PRESENTING CLINICAL SIGNS**

Elvis Bartzos • Azotemia, proteinuria, PU/PD, hypertension, potbelly, hl and epaxial muscle atropy,

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Alp-843 BUN-48 creat-2.1 ca-11.8 mag-2.7 potas-5.7 plt-710  
 Canine bp-150,160

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Shih Tzu **Urinary System**

**SEX** 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. Ureteral papilla was not seen.

Neutered Male The prostate was normal and measured 5.2 mm in width with uniform echogenicity and symmetrical shape.

**AGE** 10 Years 3 Months The left kidney presents normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. The left kidney measured 3.6 cm in length. There's an additional clip of the left kidney that shows mild renal pelvic dilation of 3.4 mm in width, and multiple pinpoint hypoechoic foci in the renal pelvis, suspected to be benign, nephrocalcinosis. No left-sided nephroliths are seen.

**WEIGHT** The right kidney presents normal size with normal shape and architecture. Moderate loss of corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 4.07 cm in length.

**INTERPRETED BY**  
 Greg Kuhlman, DVM,  
 DACVIM (SAIM)

**Adrenal Glands**

**IMAGING PERFORMED BY** The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.4 mm and the caudal pole measures 6.2 mm.

Kerri Becker The right adrenal gland presents enlarged in size and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.0 mm and the caudal pole measures 4.8 mm.

**HOSPITAL NAME** **Spleen**

Packanack Animal Hospital The spleen is normal in size, shape, margination and echogenicity. Normal blood flow is seen. A hypoechoic non-capsular displacing lesion in the head of the spleen was present and measures 5.8 mm in width, most likely benign, extramedullary hematopoiesis, unlikely to be round cell neoplasia such as lymphoma or mast cell.

**REFERRING VET**  
 Dr. Mahoney

**INVOICE** **Liver**

14129 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.

**DATE** 03/06/26 The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

**Gastrointestinal**



**PATIENT**

Elvis Bartzos

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

***Pancreas***

**SPECIES**

Canine

The left and right limb of the pancreas are normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

**BREED**

Shih Tzu

***Free Abdomen***

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

**SEX**

Neutered Male

There are two images of the heart submitted with this study. Function appears normal and no pericardial effusion is seen.

**AGE**

10 Years 3 Months

**ULTRASONOGRAPHIC FINDINGS**

- Splenic lesion- suspect hematopoiesis.
- Bilateral loss of corticomedullary distinction.
- Left-sided renal pelvic dilation and nephrocalcinosis.
- Mildly enlarged cranial right adrenal gland. This is most likely a normal variation and is most likely not clinically significant.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

Consider fine needle aspirate of the splenic lesion to rule out round cell neoplasia.

Given the appearance of the kidneys, the patient appears to have chronic kidney disease and with lab work provided, would be considered stage 2 CKD per the IRIS guidelines.

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

**IMAGING PERFORMED BY**

Kerri Becker

Since patient is hypertensive and has an elevated alkaline phosphatase, recommend screening patient for hyperadrenocorticism. Submit a urine cortisol to creatinine ratio, and if the UCCR is elevated, then recommend low-dose dexamethasone suppression test to rule out hyperadrenocorticism.

**HOSPITAL NAME**

Packanack Animal  
Hospital

Given that the patient is found to be hypertensive, may be the cause for the proteinuria. Recommend treating with amlodipine at 0.1 mg/kg by mouth twice per day. Given that the blood pressures are not markedly elevated, could also consider enalapril at high antihypertensive doses as well.

**REFERRING VET**

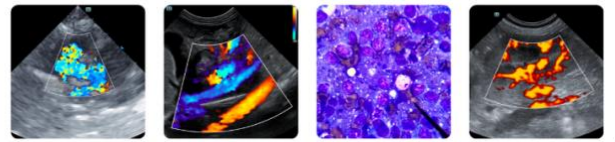
Dr. Mahoney

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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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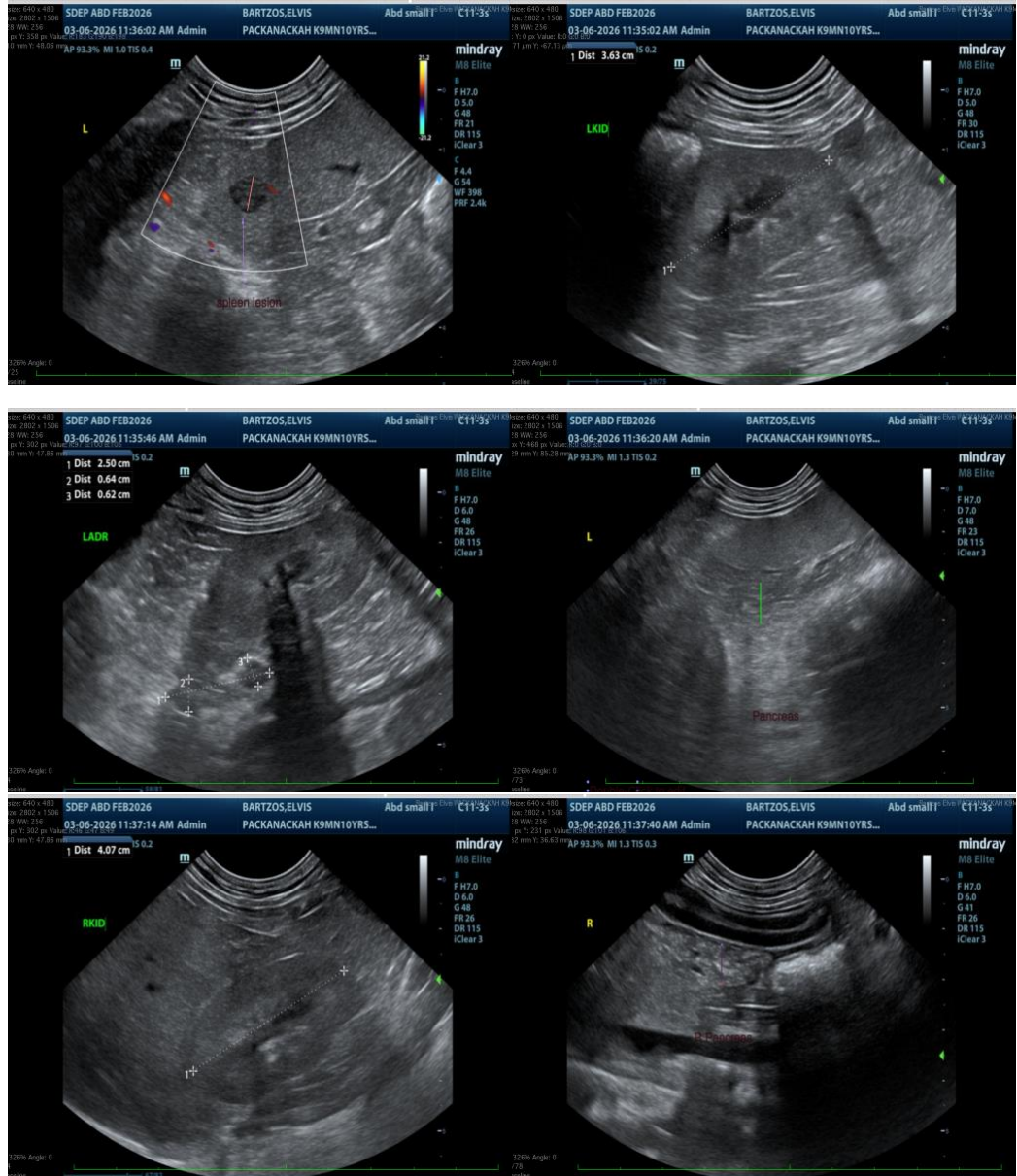
Dr. Mahoney

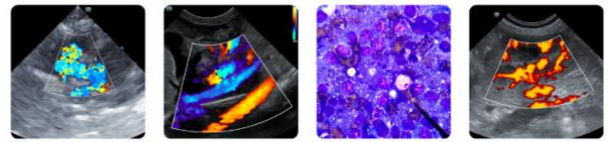
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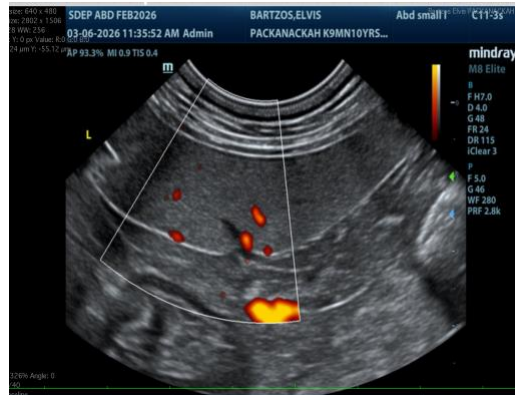
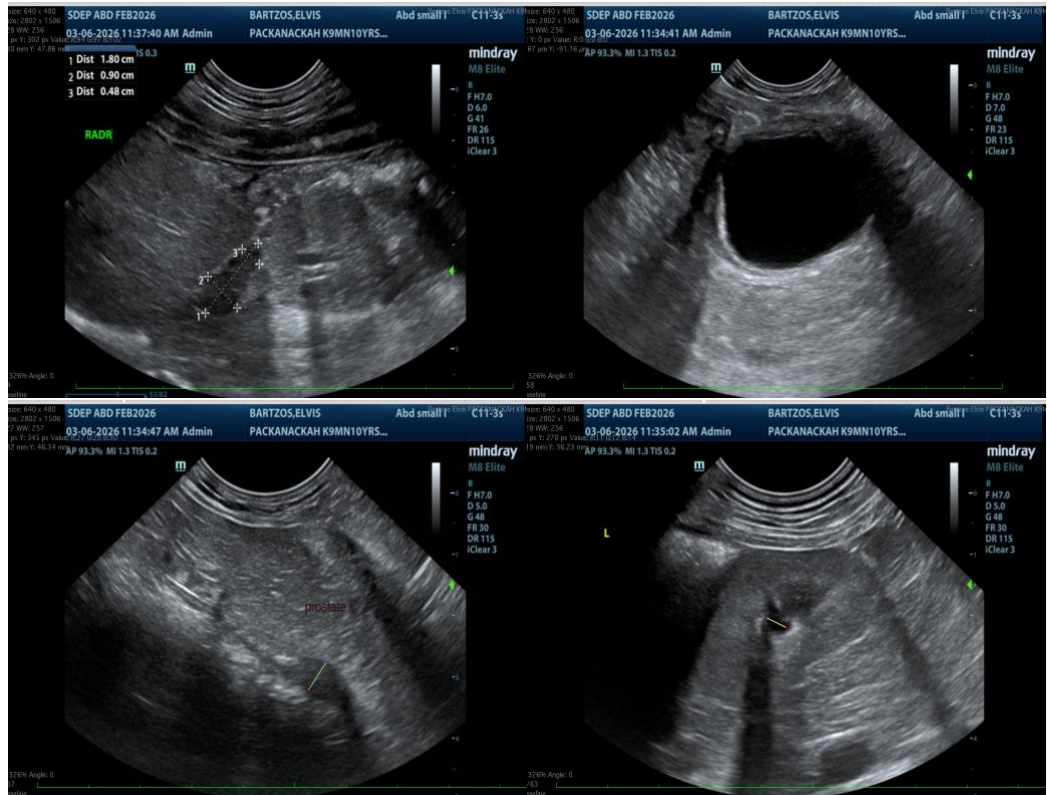
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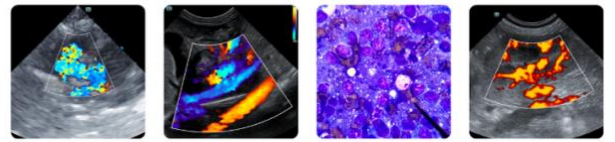
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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