



## PATIENT

Ziggy Power

## SPECIES

Canine

## BREED

Jack Russell x

## SEX

Neutered Male

## AGE

3 Years

## WEIGHT

8 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Dr. Gira

## HOSPITAL NAME

Bridgeland Vet Clinic

## REFERRING VET

Dr. Flath

## INVOICE

74672

## DATE

4/22/26

## PRESENTING CLINICAL SIGNS

Urinary accidents - urinary accidents have been occurring since he was adopted about a year and a half ago, happening weekly despite a slight improvement over the summer. He urinates a large volume on a pee pad in the middle of the night without waking the owner

Abnormal PE/Chem/CBC/UA Results: Proteinuria +1 Amorphous Phosphate Crystals 21-50 / HPF, rest NSF

## 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. No papillae seen.

The prostate appears normal, measuring 9.3 mm. It is symmetrical with uniform echogenicity.

The right kidney presents normal size (4.8 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (4.6 cm) with normal shape and architecture. Normal corticomedullary distinction. Mild non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation.

### *Adrenal Glands*

The right 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 4.0 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.1 mm and the caudal pole measures 5.3 mm.

### *Spleen*

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

### *Liver*

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion.

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 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,



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delayed gastric emptying could be considered. Non-shadowing foreign material is considered less 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.

The duodenum is normal in appearance and thickness, measuring 4.3 mm in width. Diffusely, the jejunum wall is normal, measuring 2.7 mm in width, with normal layering. The colon contains formed stool. The colon wall is diffusely normal in thickness.

### ***Pancreas***

The pancreas is overall normal in appearance with hyperechoic striations throughout the parenchyma.

### ***Free Abdomen***

Mild medial iliac lymphadenopathy present. A representative node measures 9.2 mm x 4.0 mm. Mild mesenteric lymphadenopathy is also present. A representative node measures 10.9 mm x 6.9 mm.

No free abdominal fluid is seen.

## **ULTRASONOGRAPHIC FINDINGS**

- Hyperechoic striations throughout the pancreas – Consistent with possible chronic low-grade pancreatitis episodes.
- Mild medial iliac and mesenteric lymphadenopathy – Appears reactive, possibly but not likely to be due to a neoplastic cause.
- Heterogeneous liver – This may be a normal variation or could indicate possible hepatopathy.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Consider submitting a cPLI to screen patient further for possible chronic pancreatic disease. If cPLI is found to be normal, I suspect the appearance of the pancreas on this ultrasound is a normal variation. If chronic pancreatitis is suspected based off cPLI, recommend starting an ultra low-fat diet.

Lab work including liver values were not provided with this case submission. If not recently performed, recommend performing serum chemistry to screen patient further for the possibility of hepatopathy.

No specific cause seen on this ultrasound for the patient's urinary accidents. If the reported urinalysis, culture and sensitivity are returned and no abnormalities are identified, consider possible behavioral cause for the urinary accidents.



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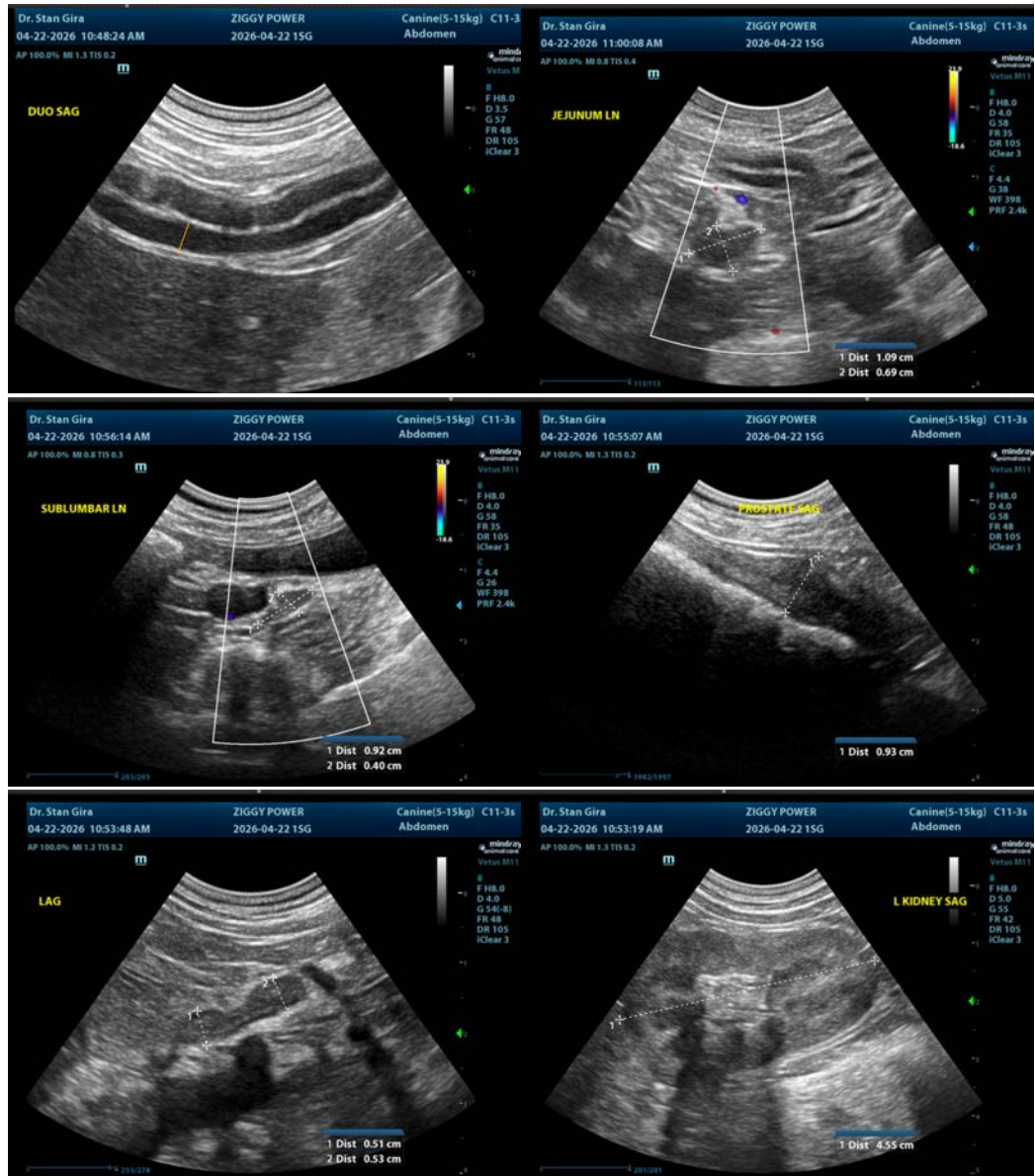
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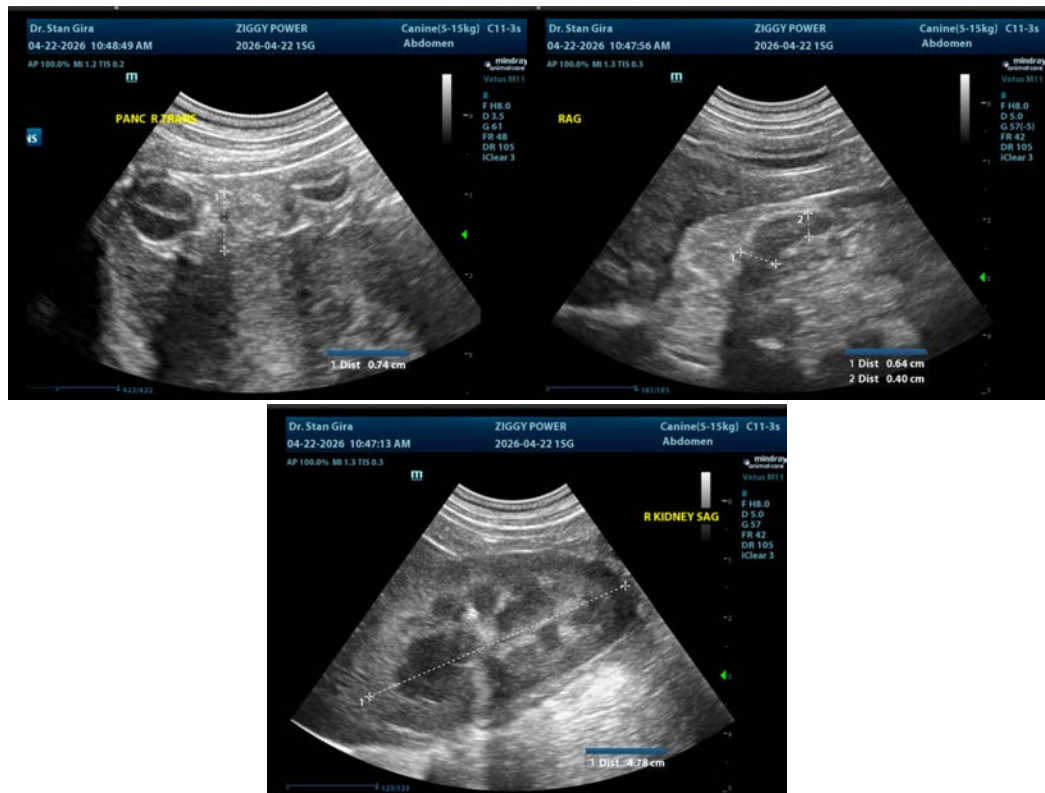
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)