



PATIENT

Zeba Andrews

SPECIES

Canine

BREED

Maltese x

SEX

Spayed Female

AGE

12 Years 11 Months

WEIGHT

21 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Pet Care Clinic of the
 High Country

REFERRING VET

Dr. Sturgill

INVOICE

74805

DATE

4/29/26

PRESENTING CLINICAL SIGNS

P hurt leg a while ago and owner reports that pet has just been off since. Owner requests US.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder contains approximately three hyperechoic shadowing uroliths. The cranial most measures 4.6 mm in width. The middle most measures 7.4 mm in width. The caudal most measures 4.6 mm in width.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measures 5.2 cm. The right kidney measures 5.7 cm.

Adrenal Glands

The right adrenal gland is diffusely enlarged at the caudal pole, measuring 11.4 mm in width. The cranial pole measures 14.9 mm in width. The right adrenal has heterochoic echotexture.

The caudal pole of the left adrenal gland is moderately enlarged, measuring 16.5 mm in width. The cranial pole is normal in size at 5.4 mm. Overall the left adrenal has a heterochoic echotexture.

Spleen

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

Liver

Liver is subjectively enlarged (swollen contour) without disruption of architecture. It has a normal homogenous echotexture. Parenchyma is diffusely hyperechoic characterized by less prominent than normal portal vein walls and increased echogenicity relative to the spleen and falciform fat. No focal lesions are observed. 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 stomach and intestines have normal wall layering and thickness. There is a mild amount of retained digested food within the stomach lumen, no obstruction seen. The colon contains a moderate amount of what appears to be very firm stool. The colon wall diffusely appears to have normal thickness.

Pancreas

The visible right pancreas appears normal.



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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Uroliths.
- Age related renal changes with dystrophic mineralization.
- Enlarged, heterochoic adrenal glands – Concern for possible pituitary dependent hyperadrenocorticism.
- Hyperechoic hepatomegaly – Consistent with benign vacuolar hepatopathy.
- Moderate gallbladder debris – Appears clinically insignificant at this time.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

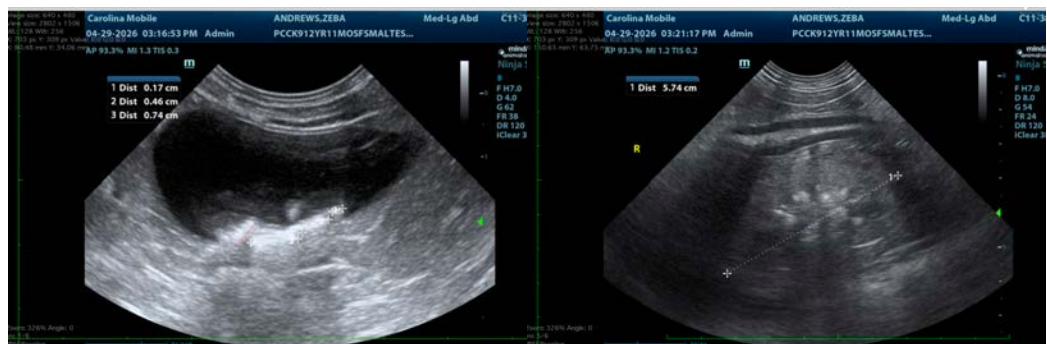
Recommend starting a dissolution diet if not already started. Recheck ultrasound in one month. If uroliths are still present, consider cystotomy and send stones for analysis to the University of Minnesota urolith lab. If uroliths are resolving or have resolved, recommend dissolution diet for life.

Given the appearance of both adrenal glands, recommend screening for hyperadrenocorticism via a low-dose Dexamethasone suppression test before considering cystotomy. If patient is diagnosed with hyperadrenocorticism, recommend starting Trilostane at 1mg/kg by mouth twice daily. Before any surgery recommend regulating hyperadrenocorticism to make patient the best anesthetic candidate.

Recommend full lab work in conjunction with low-dose Dexamethasone suppression test, including CBC/Chem and urinalysis.

Given the appearance of both kidneys, recommend full staging, monitoring and managing per IRIS guidelines.

If patient is diagnosed with cholestasis, consider starting Ursodiol as treatment for the gallbladder debris.





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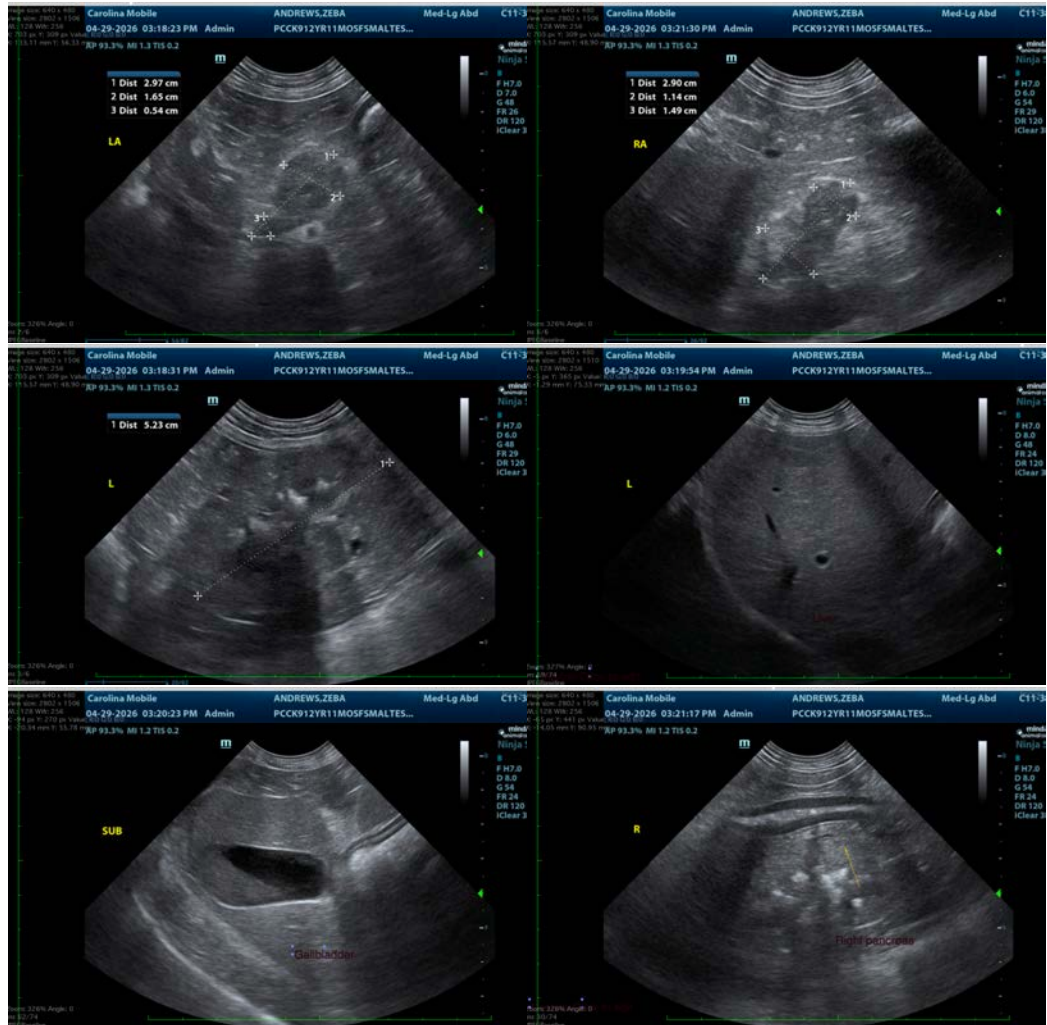
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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