



**PATIENT**

Oliver Bean Edwards

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

13 lbs

**INTERPRETED BY**

Greg Kuhlman, DVM,  
DACVIM (SAIM)

**IMAGING PERFORMED BY**

Chloe Lowe CVT

**HOSPITAL NAME**

Animal Hospital of  
Roxbury

**REFERRING VET**

Dr. Elia

**INVOICE**

16278

**DATE**

05/15/26

**PRESENTING CLINICAL SIGNS**

On and off diarrhea since January. Returns despite supportive care. Negative fecal.

Abnormal PE/Chem/CBC/UA Results: Lab work pending.

**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 is normal with symmetrical uniform echogenicity measuring 8.5 mm width.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. The left kidney measured 3.5 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 3.7 cm in length.

*Adrenal Glands*

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.6 mm and the caudal pole measures 5.3 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.7 mm and the caudal pole measures 3.6 mm.

*Spleen*

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

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

*Pancreas*



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The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

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**Free Abdomen**

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

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 Shih Tzu

**ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen right left renal mineralizations.

**SEX**  
 Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No cause for patient's recurrent diarrhea is seen on this exam. Given the intermittent nature, it does sound like the patient's diarrhea improved with supportive care and then returns once supportive care is discontinued. If supportive care has been including antibiotics such as metronidazole and the patient's diarrhea resolves on metronidazole, consider putting patient on long-term Tylosin therapy.

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It is possible patient has antibiotic responsive diarrhea. Recommend 30 mg/kg by mouth every 12 hours mixed into the patient's food. This can be used long term and eventually tapered to the lowest effective dose if it will control the patient's diarrhea. A patient of this size most likely will need approximately 1/8 of a teaspoon of Tylosin every 12 hours but precise dose will need to be calculated.

**WEIGHT**  
 13 lbs

If patient fails antibiotic therapy and antibiotic responsive diarrhea is ruled out, consider strict diet trial with hydrolyzed diet for at least two to four weeks. Ultimately, if patient fails diet trial, consider GI biopsies either surgically or endoscopically. Recommend a Texas A&M GI panel to screen the patient for possible hypocobalanemia or changes in folate that would suggest a dysbiosis. If supplement cobalamin if indicated, and if dysbiosis is suspected, recommend starting probiotics such as ProViable.

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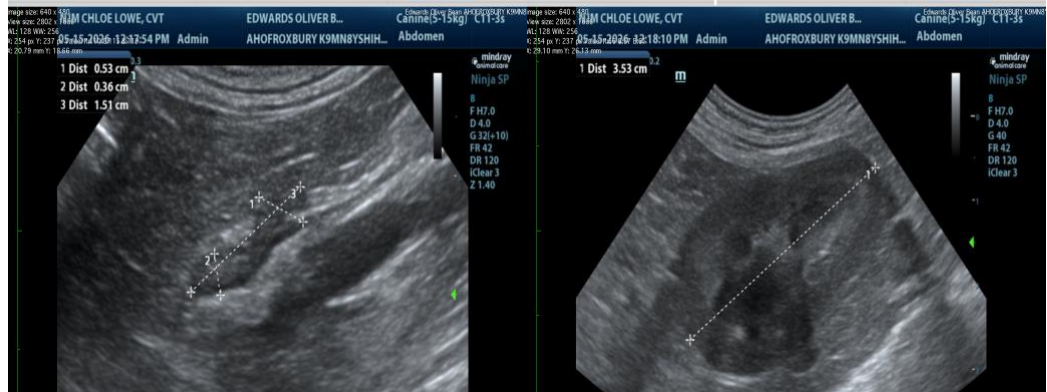
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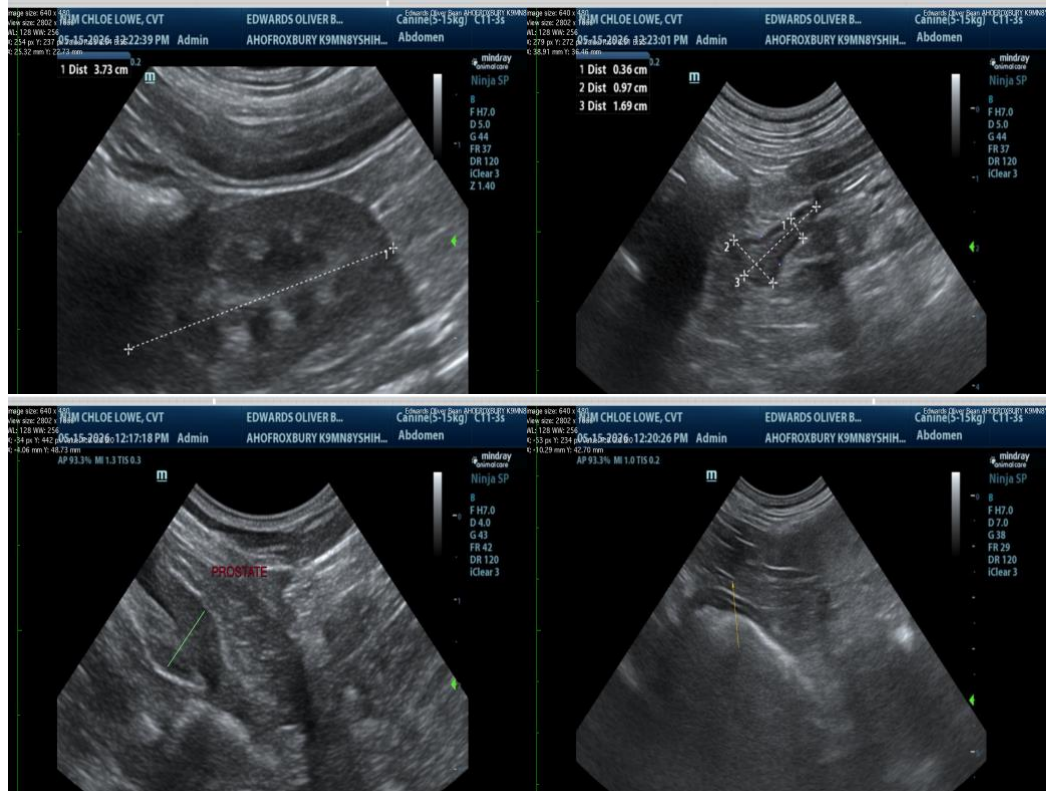
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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