



PATIENT

Gia Froats

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

12.5 years

WEIGHT

4.3 kg

INTERPRETED BY

Greg Kuhlman, DVM,
 DACVIM (SAIM)

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Hartzel AH

REFERRING VET

Dr. Bukovska

INVOICE

11908

DATE

5/8/2026

PRESENTING CLINICAL SIGNS

Dental disease, heart murmur grade 4/6, had echo done last year - mitral/tricuspid valve insufficiency and known microvascular shunt. Has been on Ursodial, Cyclosporin oph drops, Zentonil, eats Vegetarian Diet and will get Gaba/Traz for US. Recommend abdominal US to assess for bleeding mass in abdomen.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with a mild amount of echogenic non-shadowing debris, most consistent with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can present with echogenic debris. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive areas of mineralization/nephroliths are noted. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 3.7 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Non-obstructive areas of mineralization/nephroliths are noted. No pyelectasia, ureteral dilation or nephrolithiasis. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 2.9 mm and the caudal pole measures 3.2 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.9 and the caudal pole measures 4.3 mm.

Spleen

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. The spleen contains a hyperechoic, non-capsular displacing lesion in the body of the spleen that measures 6.5 cm x 6.7 cm.

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.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

Gastrointestinal



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

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Pancreas

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The observed pancreas appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

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

SEX

ULTRASONOGRAPHIC FINDINGS

FS

- Non-obstructive nephroliths noted bilaterally in the kidneys.
- Hyperechoic, non-capsular displacing splenic lesion – Most likely a benign myelolipoma, and less likely round cell neoplasia such as lymphoma or mast cell disease.
- A mild amount of urinary bladder debris.
- Hyperechoic hepatomegaly – This appearance is non-specific and most consistent with a benign steroid (endocrine) or vacuolar hepatopathy or reactive or idiopathic hepatopathy. Inflammatory and/or infiltrative disease (such as round cell neoplasia) are also possible, but considered less likely.
- Pancreatic age-related remodeling/Chronic pancreatitis – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Consider a fine needle aspirate of the splenic lesion and submission for cytology to rule out neoplasia.

Crystal Hill

Nephrolithiasis is non-obstructive at this time. Recommend periodic monitoring of patient's renal values every 3-6 months to rule out the start of an obstructive process from a nephrolith.

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The hyperechoic hepatomegaly is likely due to the patient's hypertriglyceridemia as seen on patient's lab work. If the patient is not already eating an ultra-low fat diet, then recommend switching patient onto a strict ultra low-fat diet (Royal Canin GI low fat, Hill's ID low fat.) If the owner prefers to provide a homecooked diet than I recommend balance.it to create a diet plan. Recommend rechecking fasted triglycerides every 10-14 days until they are normalized. If the triglycerides will not normalize with diet alone then consider adding medication such as Gemfibrozil.

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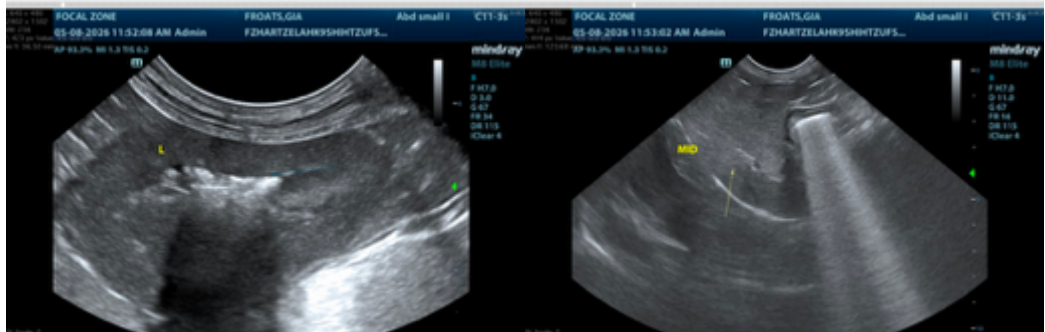
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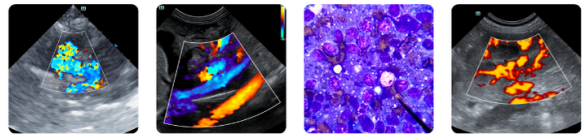
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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Greg Kuhlman, DVM, DACVIM (SAIM)

Veterinary Internal Medicine Specialist

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info@SonoPath.com

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