



## PATIENT

Lucy Waites

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

28.4 kg

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Cassie Jackson

## HOSPITAL NAME

Huntsville Animal  
Hospital

## REFERRING VET

Dr. Shallen Langley

## INVOICE

16238

## DATE

06/01/26

## PRESENTING CLINICAL SIGNS

Presented 5/5/26 for vaccines. Was prescribed prednisone and cephalexin by another DVM 2 days prior to treat a hot spot/itchy wound on neck. Owner had no other concerns. Was given vaccines and prescribed Revolution (Trio and Bravecto declined). Owner told to stop prednisone. Owner called 5/25/26. Lucy had 2 ticks on her 2 days prior and since seemed lethargic. Owner reported appetite had been waxing and waning for last few months. She would still readily eat human food and treats. Since May 24, Lucy has been restless and asking to go out frequently. Owner thought she was wanting to urinate but since has had diarrhea in the house and is straining to defecate. Vomited once 2 weeks ago. Exam 5/25/26 - vitals WNL, rectal - traces of soft feces with no blood, abdomen M1 tense on palpation. Started Fortiflora and Simparica. Metronidazole started June 30.

UA - Urine dark tea color, USG 1.052, pH 6.5, trace protein, UBG 2+, Bili 1+, sediment quiet, WBC 4/HPF, RBC 1/hpf Bloodwork - CBC, biochem, cortisol and cPL all WNL CANDX and fecal results 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 left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 6.4 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 6.7 cm in length.

### *Adrenal Glands*

The left adrenal gland measures 1.2 cm in width and appears hypoechoic and round. This may represent benign adrenal hypertrophy or may represent malignant adrenal carcinoma.

The right adrenal gland measured 1.44 cm in width and appears hypoechoic and round. This may represent benign adrenal hypertrophy or may represent malignant adrenal carcinoma.

### *Spleen*

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

### *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*



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The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness. The stomach contains a small amount of retained fluid.

### *Pancreas*

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

### *Free Abdomen*

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

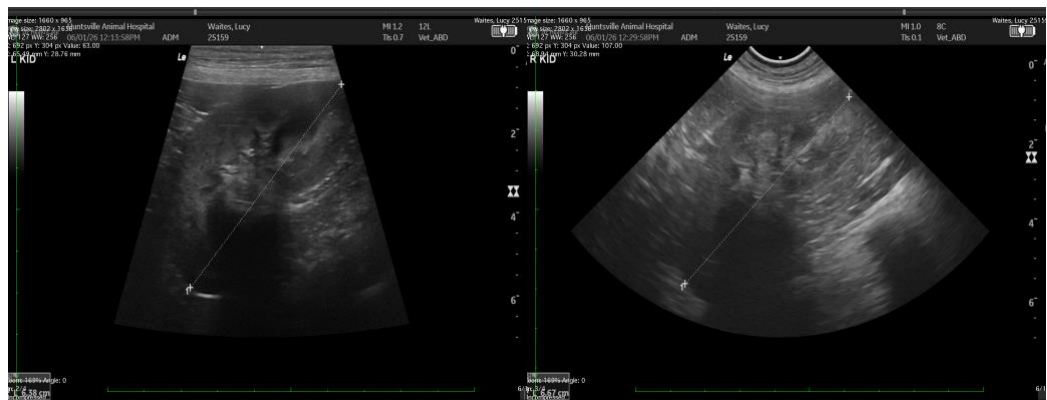
## ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenomegaly.
- Gastric fluid.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider screening patient for functional adrenal disease. Recommend submitting low dose dexamethasone suppression test to determine if hyperadrenocorticism may be present in this situation. Given the appearance of the adrenals, it would most likely be due to pituitary dependent hyperadrenocorticism. However, adrenal malignancy cannot be ruled out at this time. It is possible that given that both adrenal glands are enlarged and have similar appearance. Another differential for the bilaterally enlarged adrenal glands, although less likely, would be adrenal carcinoma. Recommend a systemic blood pressure be obtained. If patient is found to be hypertensive, consider screening for pheochromocytoma. Submit a urine metanephrine test to either Zoetis labs or IDEXX labs. If functional adrenal disease is ruled out in this case, then consider CT scan of the abdomen to further characterize the adrenal changes seen today.

The patient may have mild functional gastritis. Recommend treating supportively with antiemetics and prokinetics.





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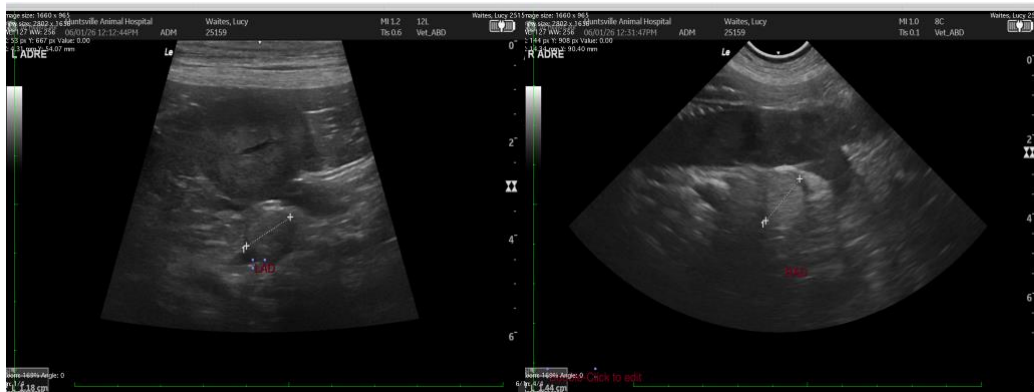
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)