PATIENT

Bear Whittle

SPECIES

Canine

BREED

Shih Tzu

SEX

MN

AGE

13 years

WEIGHT

15.2 lbs

INTERPRETED BY

Greg Kuhlman, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Loetitia Saint-Jacques, LVT

HOSPITAL NAME

MountainView

REFERRING VET

Dr.

INVOICE

12084

DATE

6/4/2026

PRESENTING CLINICAL SIGNS

Markedly decreased appetite and weight loss, chronic diarrhea and mucoid stool. Relevant Medical History and Physical Exam Findings: p. has weight loss, decreased appetite, chronic diarrhea that alternates between mucoid/semi-formed and liquid diarrhea, hx of pancreatitis flare last year.

Relevant Laboratory Results / Abnormalities: cbc/chem no clinical significance that would explain symptoms, fecal negative for parasites, TAMU GI panel recommended.

Current medications (include full name, dosage, and frequency): science diet i/d, proviable, entyce as needed for appetite stimulant.

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.

Prostate is normal in size (1.2 cm in width), echotexture, and echogenicity for a neutered male. There is a non-capsule displacing, heterogenous nodule in the caudal aspect of the prostate measuring 5.4 mm x 10.7 mm.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Mild to moderate non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation. The left kidney measured 4.1 cm in length.

The right kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. Mild to moderate non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted. No pyelectasia or ureteral dilation. The left kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.9 mm and the caudal pole measures 6.3 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 6.7 mm and the caudal pole measures 6.0 mm.

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 contains a moderate amount of aggregated hyperechoic debris, some of which is adhered to the ventral wall of the gallbladder. No evidence of bile duct distention or obstruction.

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Gastrointestinal

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

Pancreas

The right limb of the pancreas is mildly hypoechoic. No surrounding hyperechoic fat is noted.

Free Abdomen

Mild left and right medial iliac lymphadenopathy with both measuring 4.6 mm in width. Several prominent mesenteric lymph nodes present with a representative node measures 4.2 mm in width.

No free abdominal fluid is seen.

Other

Cardiac image included and appeared normal.

ULTRASONOGRAPHIC FINDINGS

- Gallbladder debris – Given lab work, this finding is most likely clinically incidental.
- Prostatic nodule – Most likely an incidental finding given that the lesion is not cystic.
- Mild iliac and mesenteric lymphadenopathy – Appears to be reactive and unlikely to be neoplastic.
- Mild to moderate non-obstructive linear multifocal hyperechoic diverticular foci noted bilaterally.
- Hyperechoic right limb of the pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There appears to be no obvious cause seen on today's exam for patient reported clinical signs. It is reported that a fecal test was negative for parasites. If not already performed, a fecal enteropathogen PCR panel to Texas A&M GI Laboratory could be considered for further evaluation of possible infectious disease. Contact lab for recommendations on how long to discontinue antibiotics (if indicated) prior to obtaining a stool sample for submission.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function. The GI Panel should include a resting cortisol to screen for hyperadrenocorticism. If a chronic enteropathy is suggested from the GI Panel, recommend a diet trial with novel protein or hydrolyzed diet for 2-4 weeks. If this does not improve the clinical signs, and no other causes are identified, then at that time endoscopic biopsies are recommended for histopathology.

Given the gallbladder debris, consider starting ursodiol at 15mg/kg BID by mouth for 8 weeks. Then recommend a gallbladder ultrasound to determine if this treatment is helping resolve these findings.

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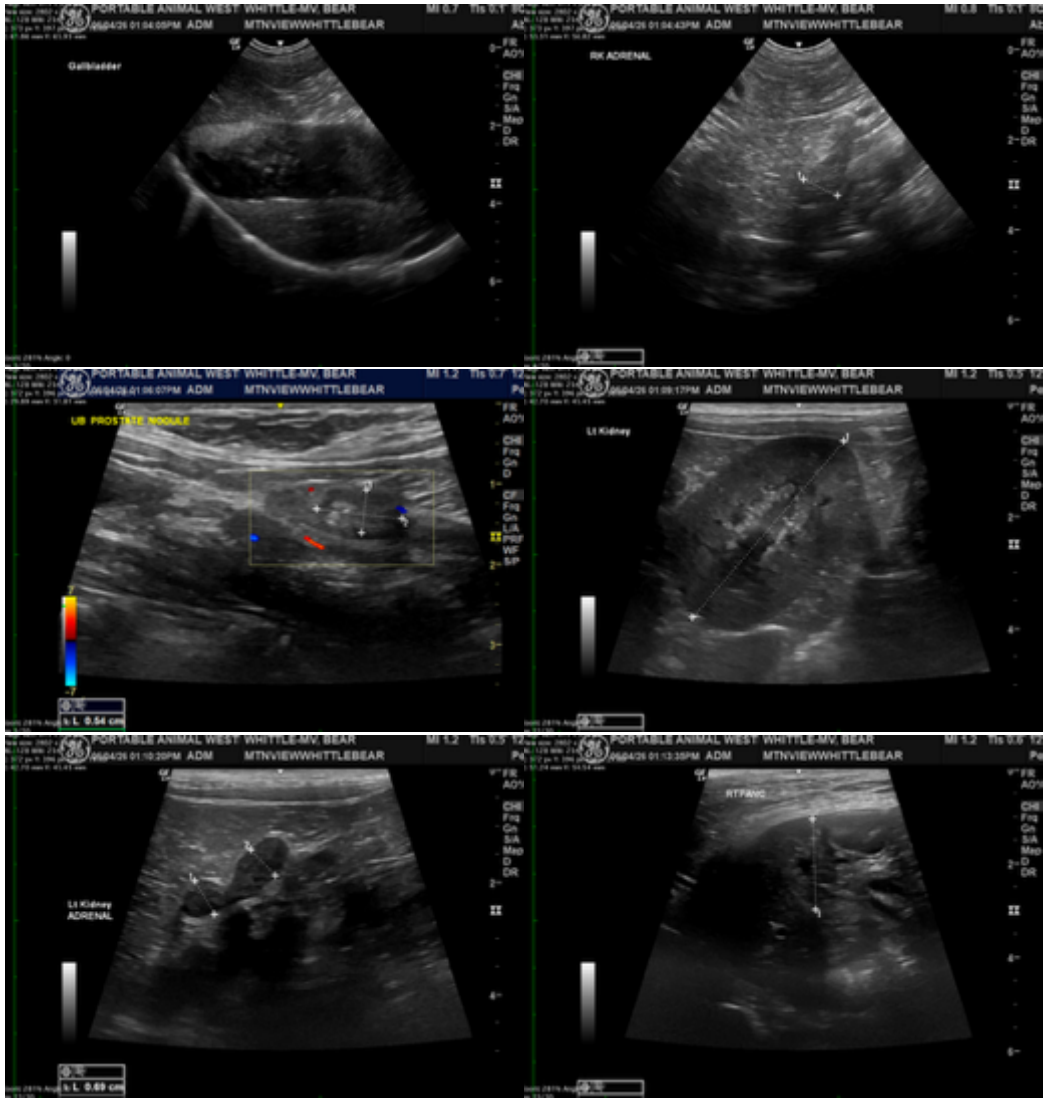
If the patient ends up having lower urinary tract signs, recommend a urine culture and recheck of the prostatic nodule after 8 weeks. If this lesion begins to enlarge and displacing the capsule, then consider BRAF testing to screen patient for transitional cell carcinoma, or prostatic carcinoma.



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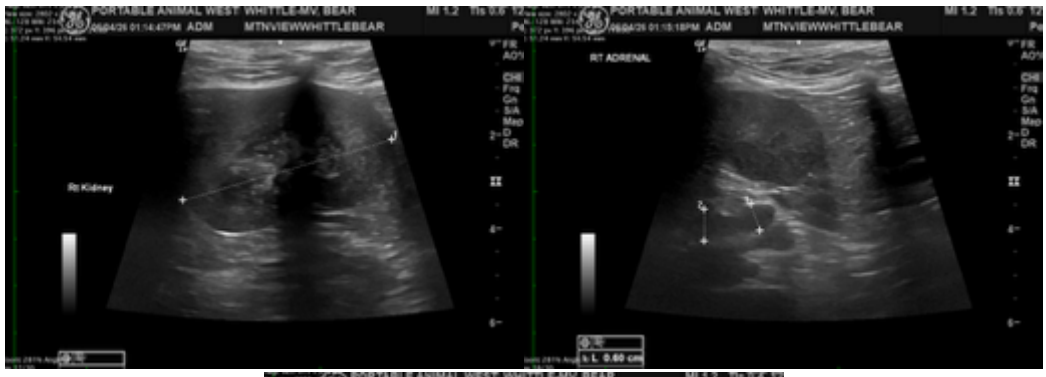

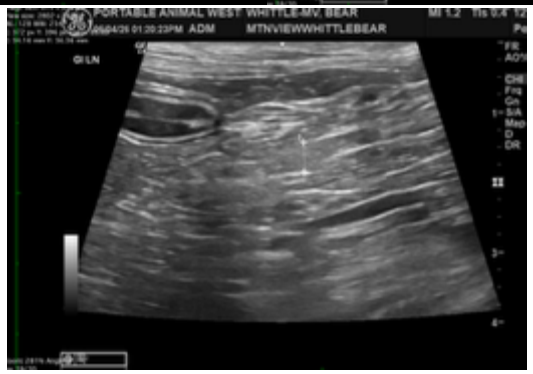

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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