



PATIENT	PRESENTING CLINICAL SIGNS
Shelley Barsa	Hematemesis for intermittent 10 days but V whole life. Abnormal PE/Chem/CBC/UA Results: WNL
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Shih Tzu	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. There is no evidence of pyelectasia or infarcts observed. Left kidney measures 3.6 cm. Non-obstructive linear multifocal hyperechoic diverticular foci with acoustic shadowing are noted in the right kidney. In the renal pelvic of the right kidney near there is a 1.3 mm nephrolith present that is hyperechoic and causing hard shadowing. Right kidney measures
SEX	Adrenal Glands
Spayed Female	The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.2 mm and the caudal pole measures 3.7 mm.
AGE	The left adrenal gland is enlarged, measuring 8.0 mm at the cranial pole and 7.1 mm at the caudal pole.
13 Years	Spleen
WEIGHT	The spleen is normal in size, shape, margination and echogenicity. No masses are seen.
Not Provided	Liver
INTERPRETED BY	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.
Greg Kuhlman, DVM, DACVIM (SAIM)	There is hyperechoic gallbladder debris adhered to the luminal margins. The gallbladder wall diffusely is hyperechoic and subjectively mildly thickened at 1.4 mm in width.
IMAGING PERFORMED BY	Gastrointestinal
Kerri Becker	Within the fundus of the stomach there is an intraluminal mass lesion present that is hypoechoic and irregular in shape. This lesion appears focal and measures approximately 2.8 cm in length, and the gastric wall measures 2.2 cm in width. The remainder of the gastric wall appears normal. The small intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.
HOSPITAL NAME	Pancreas
Northvale Vet	The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.
REFERRING VET	
Dr. Simon	
INVOICE	
75731	
DATE	
6/5/26	



PATIENT

Shelley Barsa

SPECIES

Canine

BREED

Shih Tzu

SEX

Spayed Female

AGE

13 Years

WEIGHT

Not Provided

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

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Free Abdomen

There are multiple moderately enlarged mesenteric lymph nodes present. A representative node measures 1.0 cm x 0.76 cm. These nodes are rounded and hypoechoic with mild surrounding hyperechoic fat.

No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Age related renal changes.
- Enlarged left adrenal gland.
- Gallbladder debris.
- Gastric mass lesion.
- Moderately enlarged mesenteric lymph nodes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric mass lesion is most likely neoplasia. Differentials include adenocarcinoma, leiomyosarcoma, lymphoma, less likely a benign leiomyoma. Recommend fine needle aspirate of the mass, if possible. If cytology is inconclusive, then recommend endoscopic evaluation of the stomach to obtain endoscopic biopsies of this lesion with submission for histopathology. If 3-view chest radiographs have not been taken, recommend 3-view chest radiographs to screen for possible pulmonary metastatic disease. The clinical signs of hematemesis are most likely attributed to the gastric mass.

There is concern that the enlarged mesenteric lymph nodes are most likely due to metastatic neoplasia, with the primary tumor being the gastric mass. Recommend a fine needle aspirate to further characterize the lymph node enlargement.

Recommend continued ultrasonographic monitoring of the kidneys every 3-6 months to verify the nephrolith is not causing obstruction. Given the appearance of both kidneys, recommend full staging, monitoring and managing the patient per IRIS guidelines.

Given that the left adrenal gland is diffusely enlarged, recommend screening for hyperadrenocorticism via urine cortisol to creatinine ratio. If UCCR is normal, hyperadrenocorticism is effectively ruled out. If elevated, recommend low-dose Dexamethasone suppression test.

Regarding the gallbladder presentation, suspect possible bacterial cholangitis. Recommend gallbladder aspirate via ultrasound guidance to obtain bile for aerobic and anaerobic bacterial culture and for cytology.

Prognosis is guarded pending further diagnostics.



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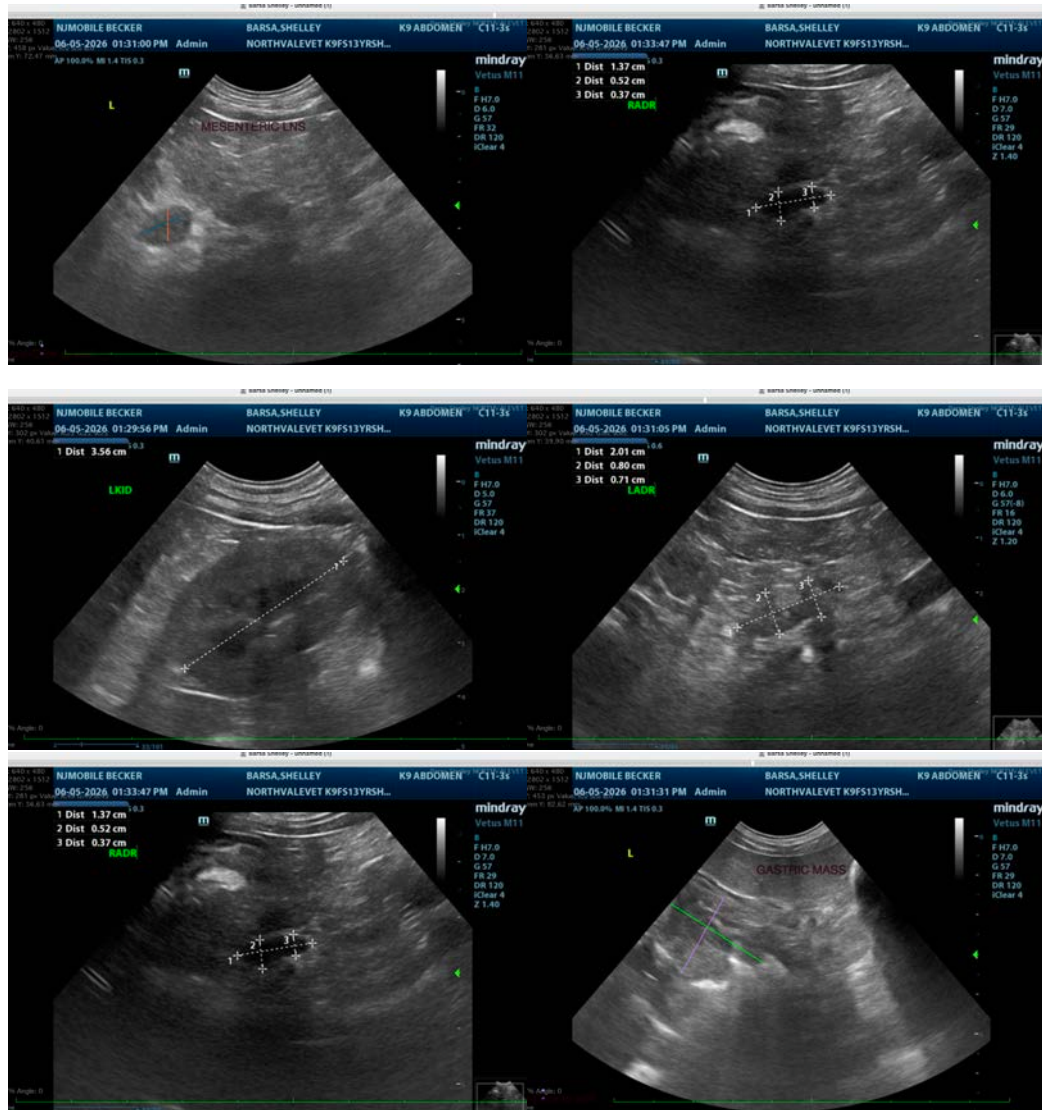
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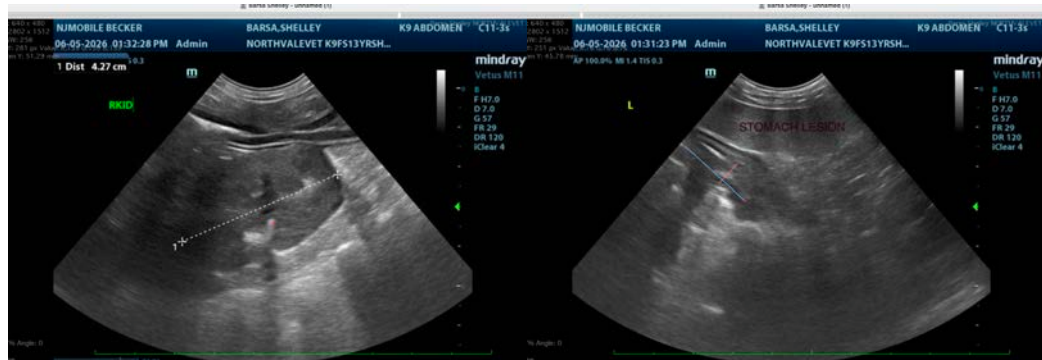
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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