

PATIENT

Bentley Gertzberg

SPECIES

Canine

BREED

Cocker Spaniel Mix

SEX

MN

AGE

6 years

WEIGHT

24 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Kerry Becker

HOSPITAL NAME

Allendale Vet

REFERRING VET

Dr. Izar

INVOICE

11404

DATE

3/3/2026

PRESENTING CLINICAL SIGNS

- V, anorexia, lethargy.
- Mild painful abd. X-rays, possible pyloric outflow obstruction.
- Meds: Cerenia, doxy

Abnormal PE/Chem/CBC/UA Results: Tbili-3.8 Rest pending possible lepto.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder contains mild, hyperechoic suspended debris within the anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen. Ureteral papillae is not visualized.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 5.4 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 5.3 cm in length.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 5.6 mm and the caudal pole measures 6.8 mm.

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 9.6 mm and the caudal pole measures 5.8 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 is markedly, diffusely enlarged with a marked amount of aggregated echogenic debris within the lumen. There is a hyperechoic rim around the debris. The gallbladder wall is hypoechoic. The appearance is that of a mature gallbladder mucocele. There is a marked amount of hyperechoic fat around the gallbladder. No obvious free fluid is observed.

Gastrointestinal

The stomach has normal thickness and layering. There's a mild to moderate amount of fluid within the gastric lumen. There is a round, hard shadowing object within the gastric lumen which is suspected to be a gastric foreign body that is most likely causing at least partial obstruction of the pyloric outflow



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tract. Small intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.

Pancreas

The visible 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

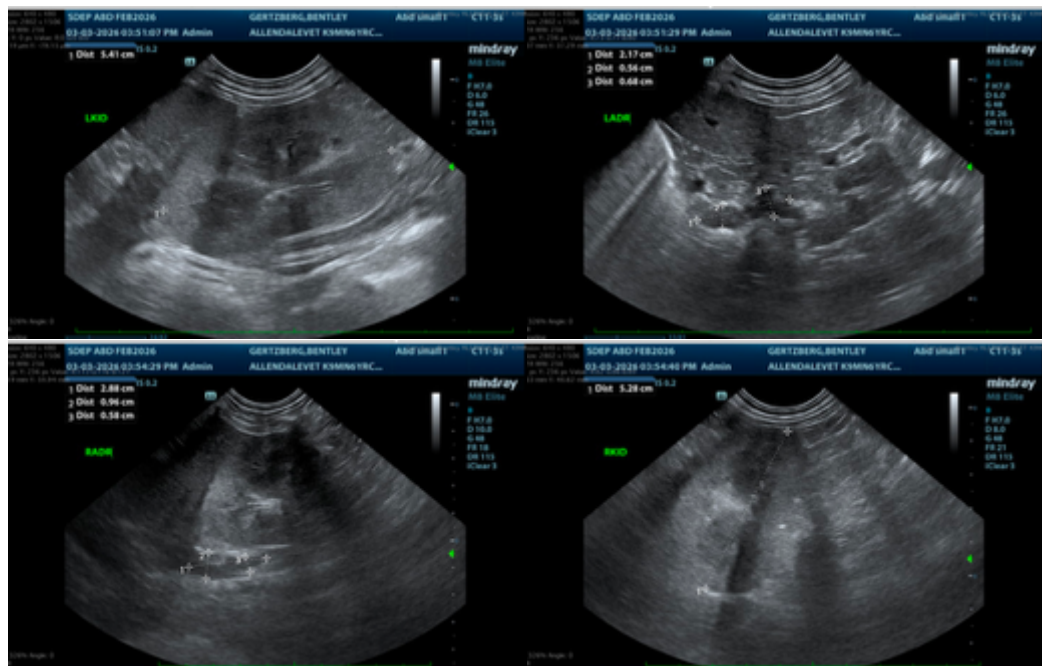
- Foreign material within the gastric lumen.
- Mild hyperechoic suspended debris within the urinary bladder.
- Markedly, diffusely enlarged gallbladder with aggregated echogenic debris within the lumen. The debris is surrounded by a hyperechoic rim and the gallbladder wall is hypoechoic. This

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend referral for emergency surgery given that the patient's bilirubin is elevated, the gallbladder mucocele appears to be obstructing the biliary tract. Gallbladder rupture is possible.

There is a strong suspicion of an obstructive gastric foreign material. Recommend referral for a cholecystectomy. Submit gallbladder for aerobic/anaerobic bacterial culture, and histopathology. Recommend gastrotomy as well to remove the gastric foreign material from the patient's stomach. The small intestines do not appear to be obstructed, and no mechanical lesion is observed within the small intestines at this time.

Recommend urinalysis, if not already done. If active urine sediment, then recommend urine culture.





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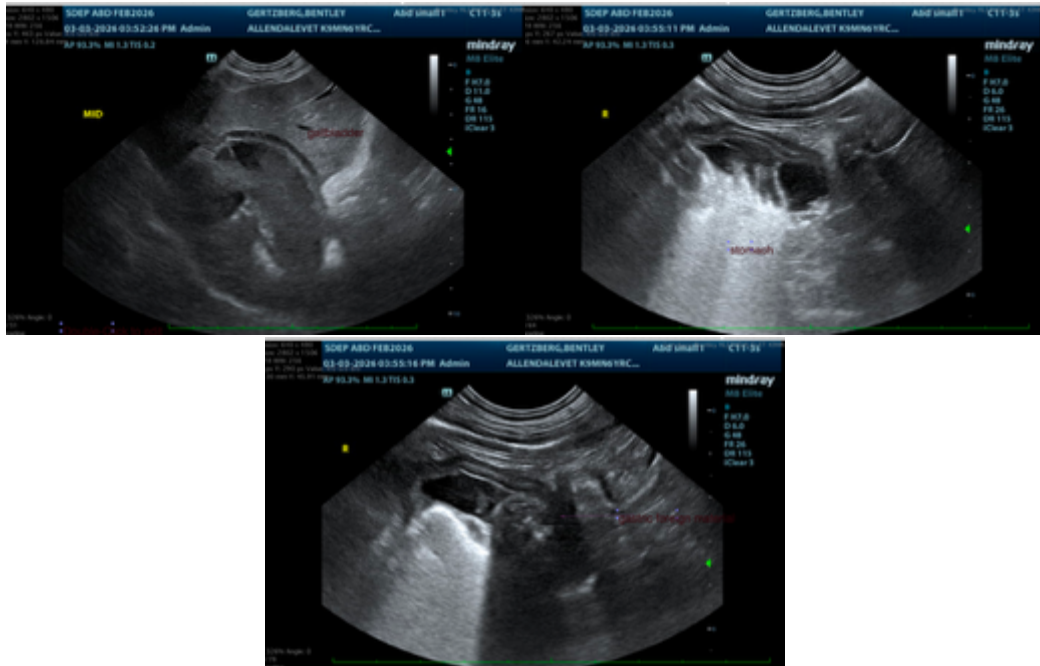
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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