



PATIENT

Bentley Miller

SPECIES

Canine

BREED

Maltese

SEX

Neutered Male

AGE

15 Years

WEIGHT

9.5 lbs

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Brandon

HOSPITAL NAME

Dillsburg Veterinary
Center

REFERRING VET

Dr. C

INVOICE

74516

DATE

4/16/26

PRESENTING CLINICAL SIGNS

Bentley presented on 4/10 for back end tremors 2 nights prior and not wanting to eat the night prior. He had lost some weight (9.7# in March, was 10.2# from last spring until this spring). Urine was obtained via cysto and p developed large amount of bruising on caudal abdomen.

Abnormal PE/Chem/CBC/UA Results: Globulins elevated 4.5, Alk phos 622 (was 50 in 2024), chem otherwise unremarkable, CBC stress leukogram, T4 low less than 0.5, blood in urine - traumatic stick - likely, Accuplex 4 neg x 4, IPS NEOP and neg Giardia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The cranial pole of the urinary bladder is diffusely thickened at 3.6 mm in width. Thickness at the caudal pole of the urinary bladder is normal.

Kidneys present 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, mineral or infarcts observed. There is a benign cortical cyst present in the caudal pole of the left kidney that measures 5.1 mm in width. Left kidney measures 3.0 cm. Right kidney measures 3.3 cm.

Adrenal Glands

The right adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 3.9 mm and the caudal pole measures 2.2 mm.

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole measures 2.5 mm and the caudal pole measures 3.3 mm.

Spleen

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

Liver

Liver is relatively normal in size and contour. Parenchyma is mildly heterogenous and coarse with mild likely age-related parenchymal remodeling noted. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder presented a marked amount of aggregating hyperechoic debris within the lumen. No mucocele identified at this time.

Gastrointestinal

The stomach and 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. No evidence of pancreatitis.



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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Diffusely thickened cranial urinary bladder – May suggest possible chronic bacterial cystitis.
- Age related renal changes.
- Age related hepatic changes and gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

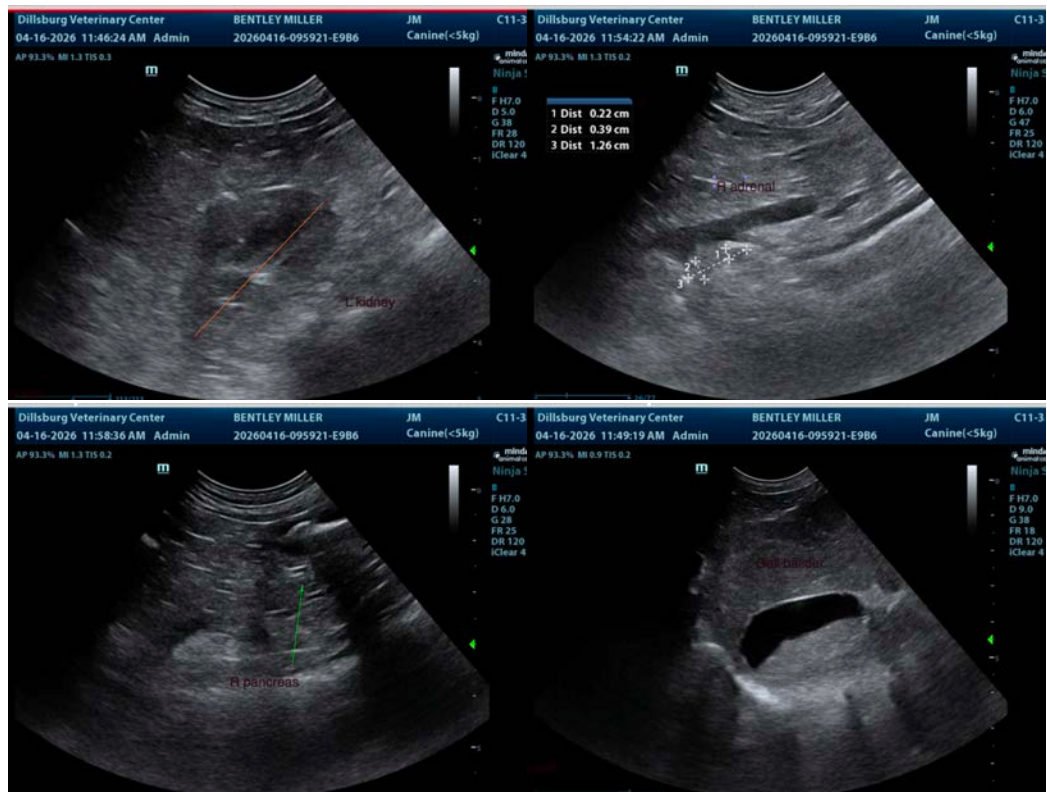
I suspect that the patient’s elevated liver values may be due to cholestasis caused by gallbladder debris.

Since the patient did have hematuria, even though traumatic stick was suspected, recommend submitting urine culture to rule out bacterial cystitis.

No cause for the patient’s tremors seen on this exam. Consider possible orthopedic or neurologic pain.

Given that the patient has lost some weight, recommend screening for occult GI disease, which may be causing malabsorptive disease. Submit a Texas A&M GI panel to screen further for malabsorptive disease.

If not already performed, recommend 3-view chest x-rays to screen further for other disease process that may be causing the clinical signs.





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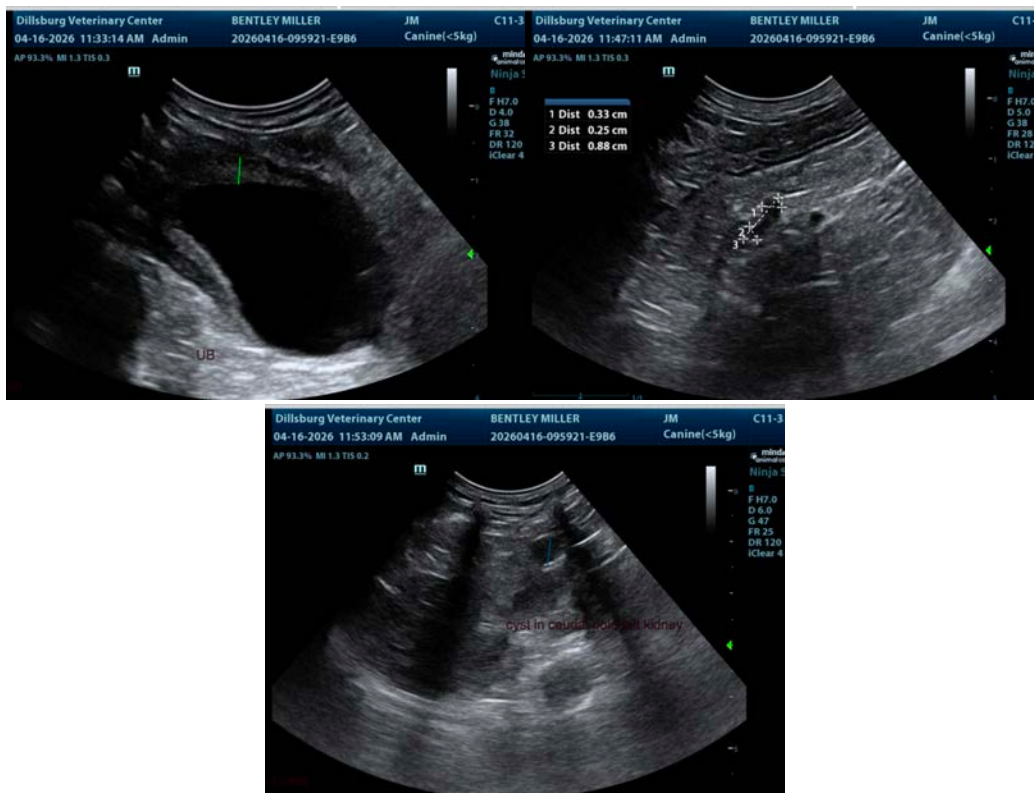
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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