

**PATIENT PRESENTING CLINICAL SIGNS**

**Coco Jurcic**  
 Hospitalized for vomiting and hematochezia since Nov 9. Unknown trigger but patient recently ate some yew berries in the yard and got into some garbage. Patient regularly eats a RAW diet. Pet poison line did not suspect that the berries were the cause of her GI signs. Baseline PE - T rectal 39.6C, tense abdomen, kyphotic posture, liquid bloody stool from rectum. Currently in hospital patient is exhibiting regurgitation of clear fluid from mouth and nose, increased expiratory lung sounds that are worse on the RIGHT cranial hemithorax. Has been on Maropitant, Ondansetron, Pantoprazole, Ampicillin, Metronidazole, Buprenorphine and will add Fenbendazole and Entero-Aid.

**SPECIES**

Canine

**BREED**

Maltese Pom X

**SEX**

Spayed Female

**AGE**

4 Years

**WEIGHT**

2.3 kg

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

There is a moderate amount of suspended echogenic debris within the urinary bladder. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The left kidneys is normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 3.48 cm.

The right kidney is small and irregular with decreased corticomedullary definition and hyperechoic cortices. The right kidney measures 1.2 cm in length.

**Adrenal Glands**

Both adrenal glands are slightly thin and flattened with an isoechoic parenchyma. The phrenic vasculature is normal. The left adrenal gland measures 0.42 cm x 1.3 cm. The right adrenal gland measures 0.38 cm x 1.1 cm.

**Spleen**

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 0.82 cm at the hilus.

**Liver**

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic

**INTERPRETED BY**

Bradley Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Hamilton Region  
 Emergency Clinic

**REFERRING VET**

Dr. Diane Ho

**INVOICE**

12170

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11/10/25



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lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

***Gastrointestinal***

The stomach is minimally distended with echogenic partially shadowing contents. The pylorus is not visualized, however, there is no overt indication of a mechanical pyloric outflow obstruction. The small intestine is nondistended and the gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The colon contains normal shadowing feces.

***Pancreas***

The pancreas is isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

***Free Abdomen***

There is no significant lymphadenopathy or free fluid.

**ULTRASONOGRAPHIC FINDINGS**

- The urinary bladder contains echogenic, suspended debris contrasted with anechoic urine. This is often related to urinary tract infection but may represent exfoliated debris or sterile inflammation.
- The changes to the right kidney are considered likely to be degenerative changes secondary to chronic renal disease. Given the absence of significant azotemia, this is likely a subclinical condition at this time.
- Both adrenal glands are flattened and isoechoic. This may be normal for this patient or potentially secondary to hypoadrenocorticism or adrenal burnout from chronic disease.
- There is no evidence of gastrointestinal obstruction noted, however, there is material within the stomach which could represent foreign material, however, normal ingesta cannot be definitively ruled out.
- The normal appearance of the intestines does not exclude acute gastroenteritis as an underlying cause of the clinical signs, especially given the history of dietary indiscretion.
- The mild elevation in total bilirubin is suspected to be a spurious abnormality given the history of difficulty with phlebotomy.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection. A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis. Consider supportive care for occult underlying gastroenteritis or occult pancreatitis as clinically indicated.



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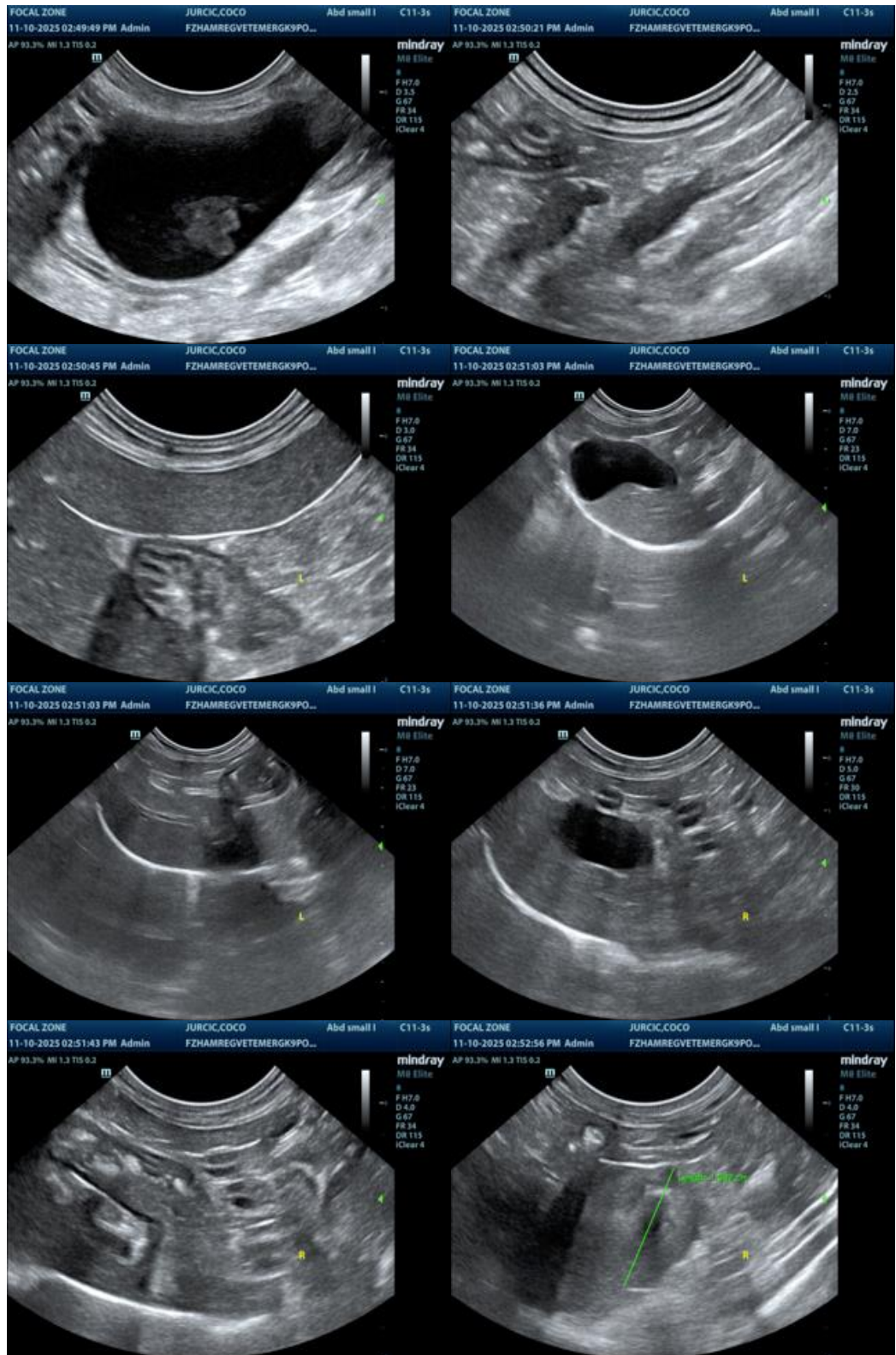
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Bradley Harris, DVM, DACVECC, DACVIM (cardiology)**

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