



PATIENT

Ernie Shaw

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered male

AGE

3 years

WEIGHT

24 lbs

INTERPRETED BY

Bradley Harris, DVM,
DACVECC, DACVIM
(cardiology)

IMAGING PERFORMED BY

Dr. Andrea Nason

HOSPITAL NAME

Cavavan Vet

REFERRING VET

Dr. Nason

INVOICE

69567

DATE

12/23/25

PRESENTING CLINICAL SIGNS

History: Ernie presented last week for brown colored urine. He was showing no abnormal clinical signs at home. Routine CBC, Chem WNL, UA showed hematuria otherwise normal, urine culture negative for growth. Since last week, the abnormal color has been intermittent. No known ingestion/exposure to any toxins or other abnormal substances, no change in diet. He has had an abrupt change in behavior where he seems easily startled awake and starts snapping. Abdominal ultrasound to evaluate for any contributing factors to the hematuria and/or behavioral change.

CBC, Chem - cystatin B 100, UA - 3+ blood/>100 RBC/hpf; USG 1.046 Urine culture: no growth

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are 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 pyelectasia is present. The capsules are uniform without significant irregularities noted. The left kidney measured 4.41 cm. The right kidney measured 5.39 cm.

Adrenal Glands

The left adrenal gland is visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.48 x 1.81 cm. The right adrenal gland is not definitively visualized.

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 measured 1.68 cm.

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 with contains anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is



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

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Gastrointestinal

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

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Pancreas

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

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Free Abdomen

There is no evidence of abdominal lymphadenopathy. No free fluid was noted. There are no overt mass effects noted.

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ULTRASONOGRAPHIC FINDINGS

The findings are consistent with a relatively normal abdomen for this patient's age. There is no definitive urolithiasis or definitive etiology for the clinical signs noted. Consider idiopathic renal hematuria as a potential cause of the persistent hematuria noted.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

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Consider an abdominal CT with angiography for further evaluation of the lower urinary tract. Additionally, internal medicine consultation with cystoscopy may be indicated.

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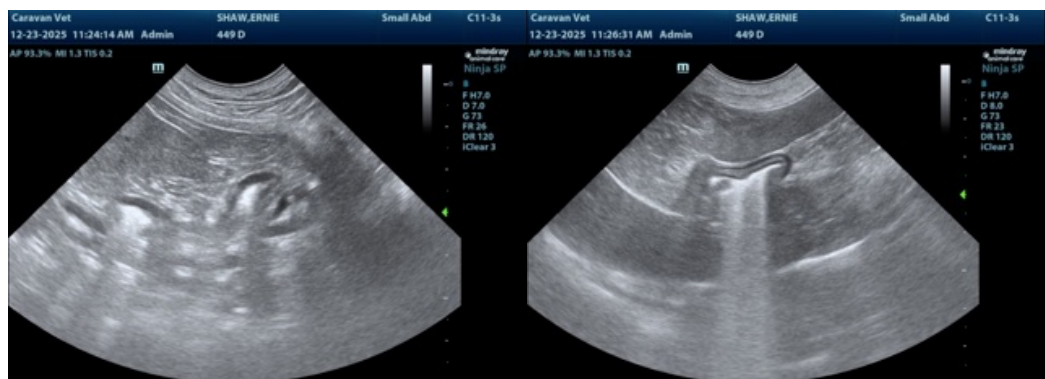
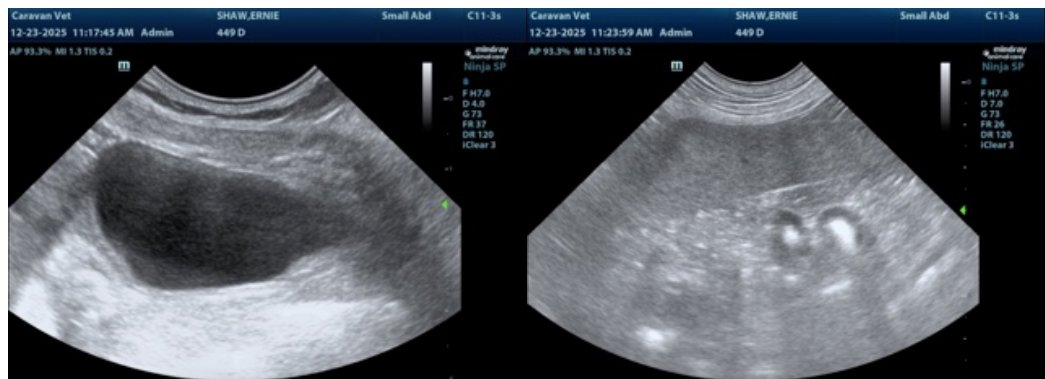
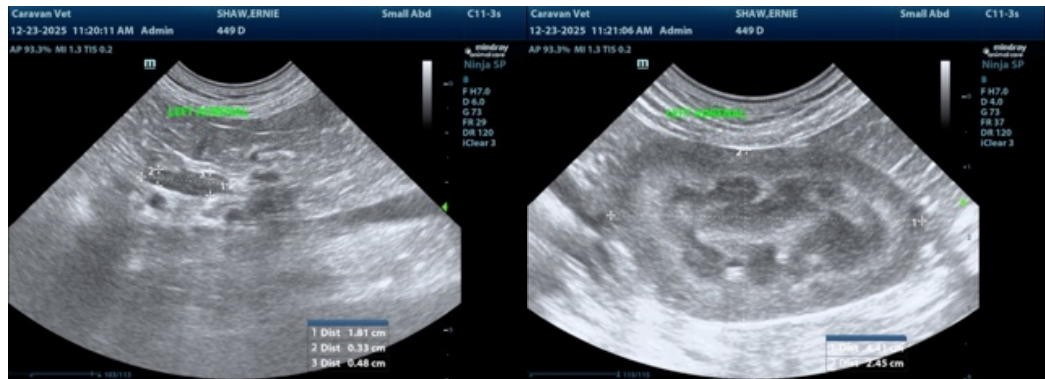
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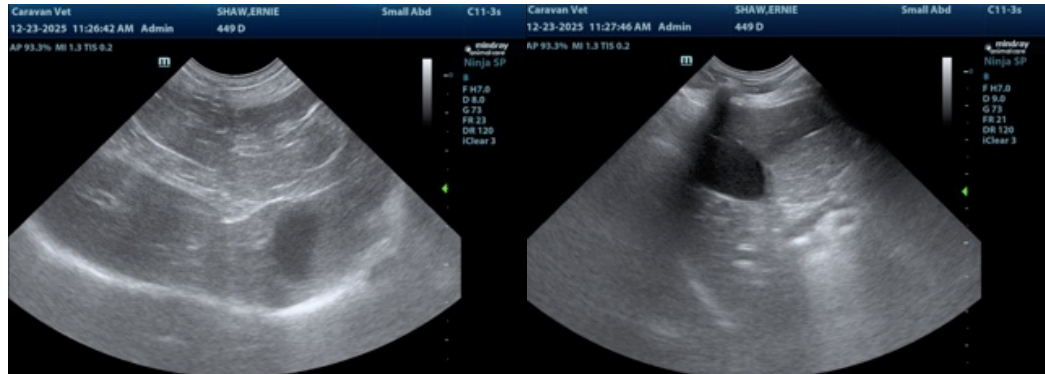
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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