

**PATIENT**

Zula Whittington

SPECIES

Canine

BREED

Hound Mix

SEX

FS

AGE

2 years

WEIGHT

17.7 kg

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING
PERFORMED BY**Loetitia Saint-Jacques,
LVT**HOSPITAL NAME**

Alpine Animal Hospital

REFERRING VET

Dr. Molly Burbank

INVOICE

11630

DATE

4/6/2026

PRESENTING CLINICAL SIGNS

Pt has had 2 episodes of hematuria, first one on 3/14/26 and second on 3/27/26. Urine was collected on 3/14/26 and submitted for UA and culture which was negative. Recheck UA on 3/27 showed UTI present. Pt was treated with Amoxicillin and hematuria resolved. Pt had abdominal radiographs in Feb for episode of GI upset which did not show any bladder stones. Recheck radiographs were offered but O elected to pursue ultrasound for more thorough evaluation of kidneys and urinary tract.

Abnormal PE/Chem/CBC/UA Results: 3/14/26: UA pH 9, 3+ protein, 3+ occult blood, 4-10 struvite crystals HPF Urine culture neg CBC: moderate neutrophilia CBC: BUN 27 (RI 7-25), phos 7.4 (RI 2.9-6.6), glucose 121 3/27/26: USG 1.040, pH 9.0, 2+ protein, WBC 4-10 HPF, RBC 11-20 HPF, 4-10 struvite crystals, rods> 100 HPF urine culture= Proteus mirabilis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (6.44 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (5.78 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

Adrenal glands are small (flattened contour). Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Left adrenal measures 0.27 cm at the cranial pole and 0.3 cm at the caudal pole. The right adrenal measures 0.4 cm at the cranial pole and 0.3 cm at the caudal pole.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted. Pyloric outflow tract appears patent.

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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction or foreign material noted.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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Free Abdomen

Mesenteric and medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

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Additionally, in images labeled "right lateral" there is some trace free fluid, and enhanced hyperechoic tissue adjacent to the right kidney, in the subcutaneous and deep intramuscular area consistent with the reported IM injection.

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Assessment of heart base images is included when/if a splenic nodule/mass is present (as a complimentary add on). They are also assessed when a specific request is made for assessment of a limited second cavity (heart base and/or thorax) for an additional charge. Images of the heart (and/or) thorax were not assessed for this study. Please contact us if you would like a second cavity.

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ULTRASONOGRAPHIC FINDINGS

- Flat adrenal glands – This can be a normal patient variant and/or a sign of exogenous cortisol administration. If exogenous steroids are not being administered, hypoadrenocorticism (either relative or absolute) should be considered.
- Moderate gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.

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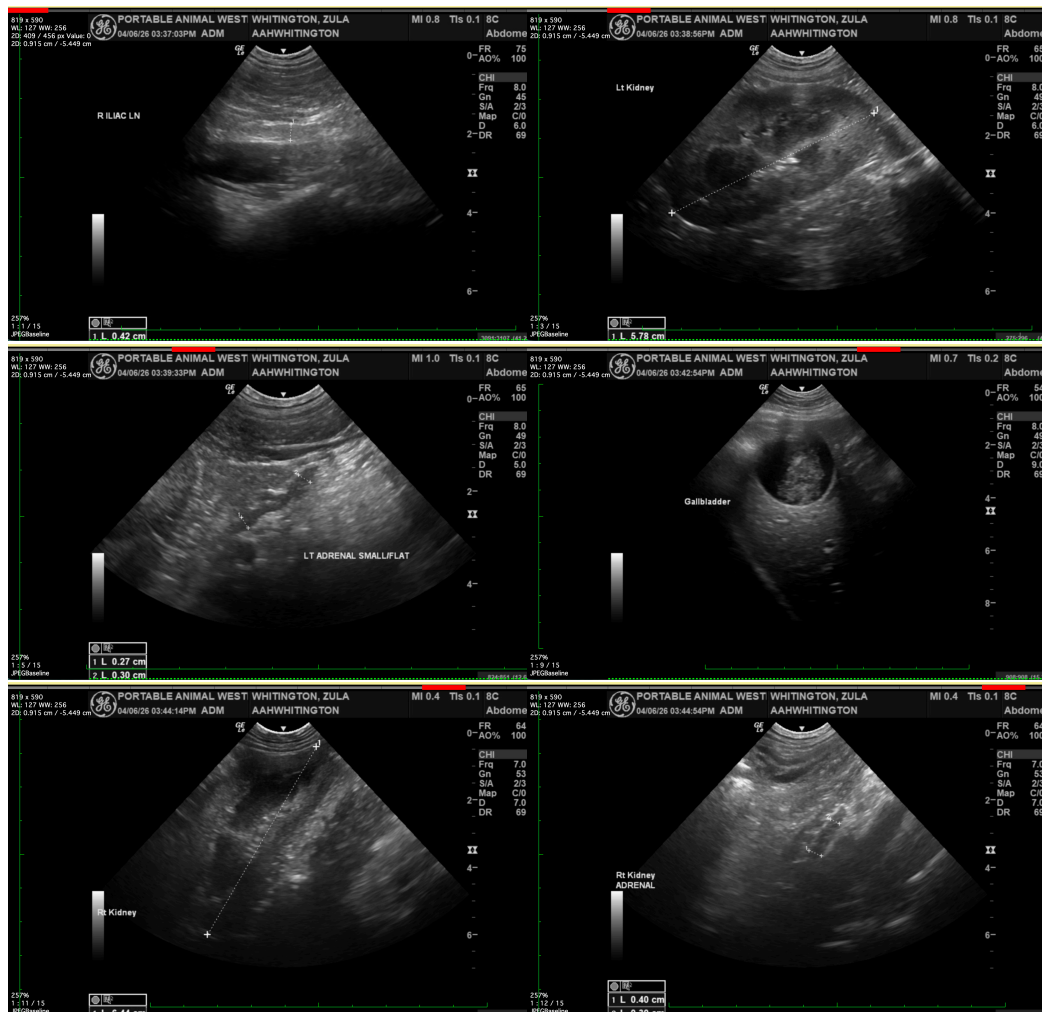
4/6/2026

- Mildly reactive mesenteric and medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Focal inflammatory changes i.e. fluid and enhanced tissue associated with the reported heartworm treatment injection. In some images, there appears to be some intraabdominal involvement/free fluid, but upon further imaging I believe the change is just very lateral to the kidney and subQ/IM.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is not a definitive ultrasonographically visible intraabdominal explanation for patient's reported hematuria.

Treatment based on culture and sensitivity results of the reported urinary tract infection is recommended, including a follow up urinalysis and urine culture one week to ten days after finishing antibiotics to ensure that the infection has fully cleared. In the meantime, additionally, a baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.



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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.

Beth Johnson, DVM, DACVIM
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