



PATIENT

Biscuit Vasiliev

SPECIES

Canine

BREED

Springer x

SEX

Spayed Female

AGE

5 Years

WEIGHT

17.8 kg

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP (CFM), Cert.
 IVUSS

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

East Credit Veterinary
 Hospital

REFERRING VET

Dr. Jerabek

INVOICE

72967

DATE

1/6/26

PRESENTING CLINICAL SIGNS

Ongoing hematuria Was seen at emerg Nov. '25 for pollakiuria and hematuria. aFAST exam: urinary bladder visualized and filled (small); hyperechoic structure along bladder wall at apex, not free floating/mobile with movement of patient. Suspicion of UTI - course of antibiotics x 14 days and pain meds rx'd Previous hx of crystalluria/UTI Radiographs done - no obvious stones or nephroliths Repeat u/a done at end of antibiotics on free flow urine - ongoing hematuria and crystalluria (struvite and unclassified). Follow up Cysto urine for c/s - no growth Previous u/s June 27/25 for vomiting once daily was unremarkable Current Medications Zenrelia 8.5mg PO q24h, Bravecto, Gabapentin 200mg prior to u/s

Abnormal PE/Chem/CBC/UA Results: Values See attached Radiographic Findings Attached Primary Question to Be Answered in This Exam Looking for reason for ongoing hematuria

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. Left kidney measured 5.26 cm. Right kidney measured 5.3 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having 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. Right measured 1.1 cm x 0.84 cm at the cranial pole and 0.33 cm at the caudal pole. Left measured 2.02 cm x 0.31 cm at the caudal pole and 0.30 cm at the cranial pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

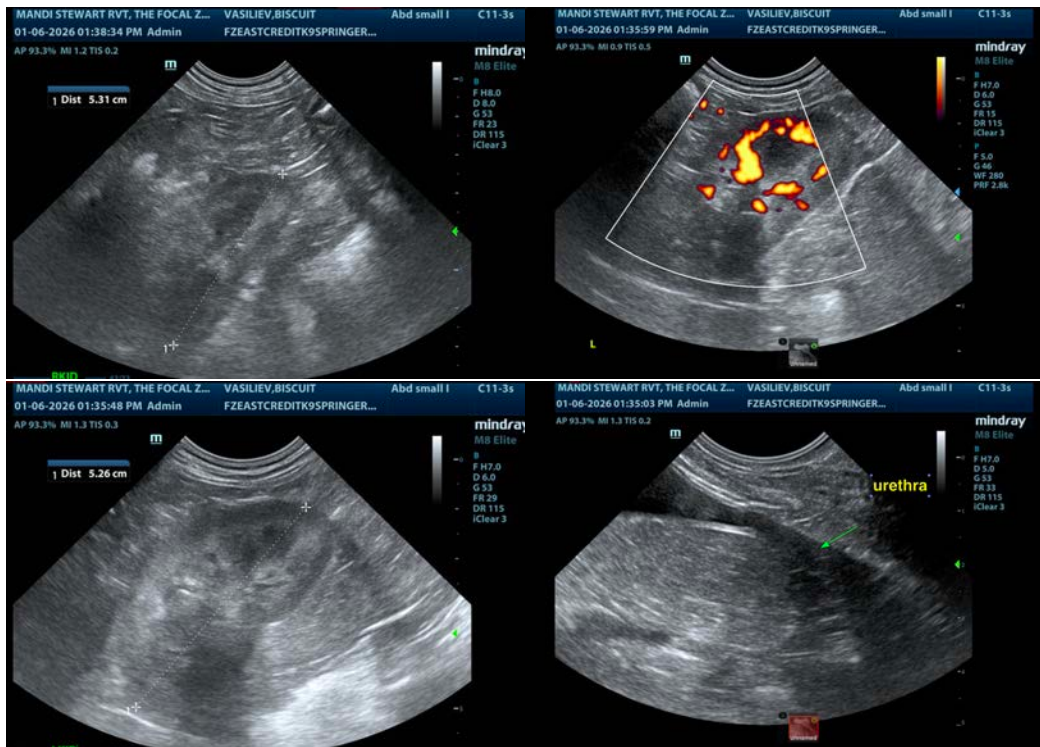
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology in the urinary tract or elsewhere. The cause of hematuria is unclear. Coagulation panel warranted. Causes may be occult UTI, coagulopathy, idiopathic causes, or sterile inflammatory disease, yet no evidence of structural disease in the urinary tract.





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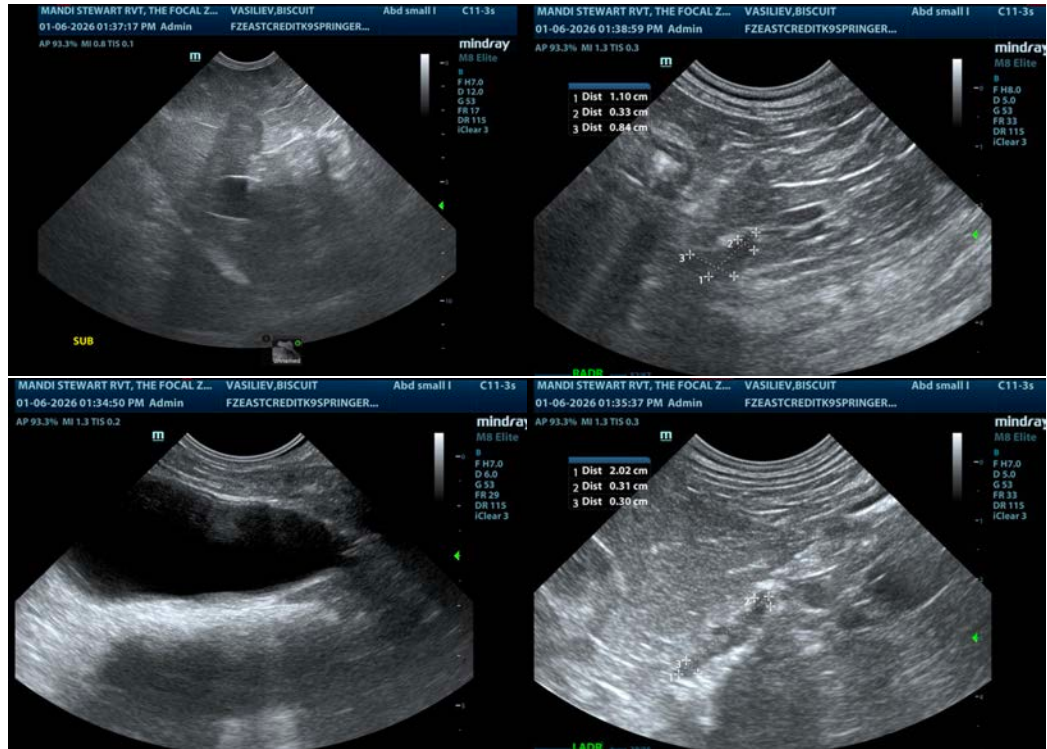
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
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