



PATIENT

Roxie Flood

SPECIES

Canine

BREED

Lab Mix

SEX

Spayed female

AGE

10 years

WEIGHT

84 lbs

PRESENTING CLINICAL SIGNS

History: Inappropriate urination in the house. O would take P out on a walk and P would urinate inside the house On Proin for incontinence Hematuria

Abnormal PE/Chem/CBC/UA Results: Chem shows; Elevated triglycerides 570 (-291) Mild elevation ALKP 143 (-131) Thyroid levels wnl. T4/FT4/TSH 1.6/13.6/0.13 U/A free catch shows hematuria 3+ , 2+ proteinurea Urine sg 1053 fecal - neg

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 was noted. Ureteral papillae were normal.

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. The left kidney measured 6.5 cm. The right kidney measured 6.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left adrenal gland was slightly enlarged and measured 0.84 cm. The right adrenal gland measured 1.1 cm at the cranial pole and 0.9 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Smatt

HOSPITAL NAME

The Pets I Love

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 was noted.

REFERRING VET

Dr. Smatt

Liver

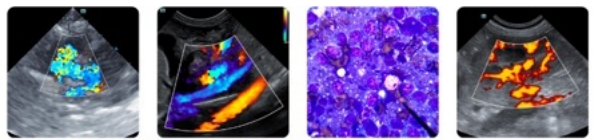
INVOICE

68685

DATE

11/13/25

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Occasional hyperechoic nodular change was noted. This is consistent with lipid plaques. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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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

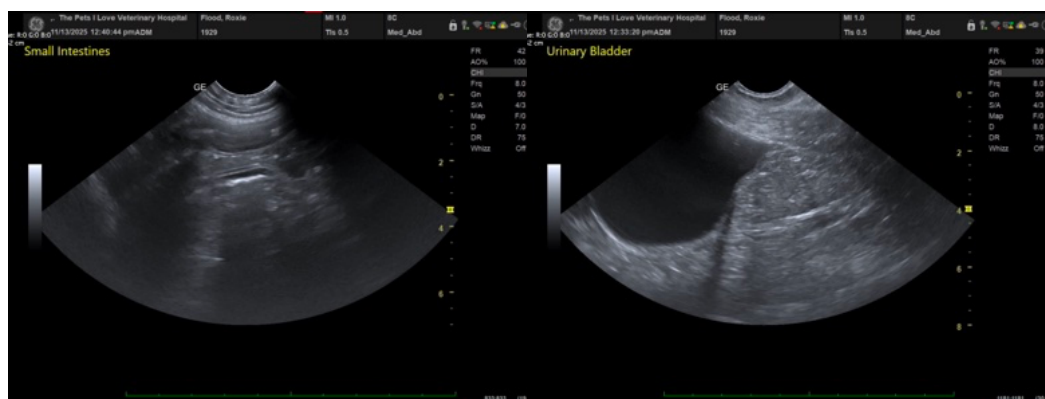
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen.
- Benign hepatopathy with remodeling and occasional non-disruptive nodular change.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of direct cause of hematuria. Occult infection, coagulopathy and idiopathic hematuria are all possible.





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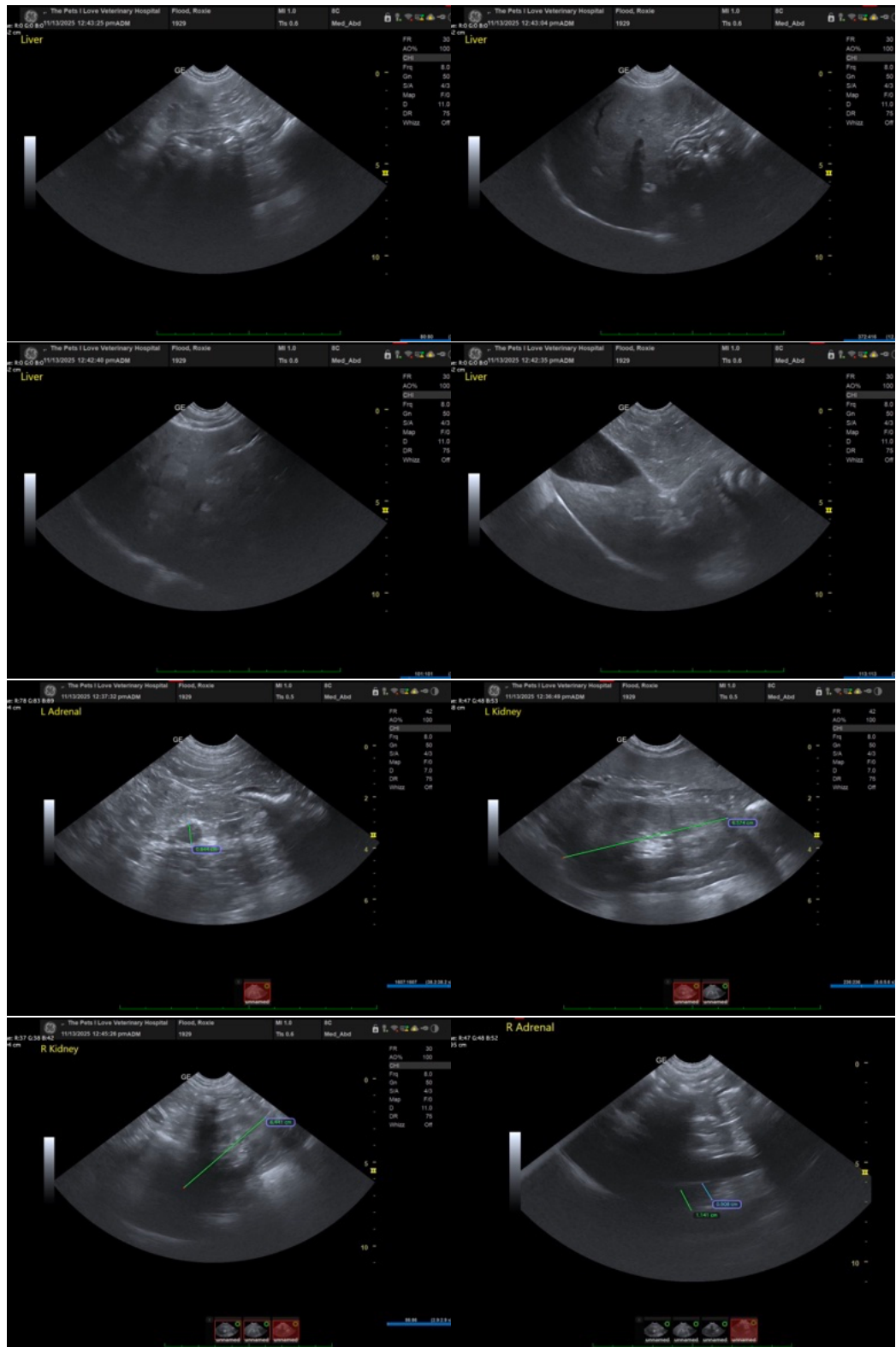
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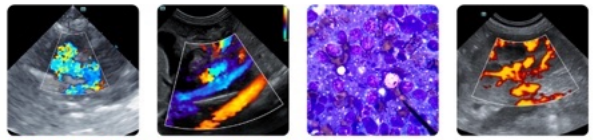
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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