



**DATE PRESENTING CLINICAL SIGNS**

11/18/25 Patient History: P presented on 9/27/25 for ER follow-up for hematuria. P was treated for GI stasis and antibiotics for possible UTI. O notes that after the initial course of treatment, he was 85-90% improvement. Since then, O notes p improved but is still concerned he may be having issues and the urine seems to be discolored. Radiographs were negative for urolith or bladder sludge. A urinalysis revealed concentrated urine but not signs of a UTI. A MiDog Urinary culture was negative for concerning bacteria or fungi.

**PATIENT**

Greyson McEntire

**SPECIES**

Rabbit

**BREED**

Mini Lop Mix

**SEX**

Neutered Male

**AGE**

6/2/2020

**WEIGHT**

5.4 pounds

**INTERPRETED BY**

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

**HOSPITAL NAME**

Chadwell Animal  
Hopsital

**REFERRING VET**

Dr. Mengers

**INVOICE**

12318

Current Medications: Currently none.

Labwork Results: Diagnostics attached, reported as: Radiograph: heterogenous material stomach and SI. Gas in cecum; difficult to visualize bladder due to GI tract overlay. Urinalysis: Free catch; color -brown, cloudy; USG 1.042, pH 9, protein 1+, glucose Negative, WBC 0-2/hpf, RBC 0-2/hpf, bacteria- none; crystal - occasional ammonium Mg phosphate; occasional granular cast. MiDog Culture Urine - potential clinically relevant microbes detected: bacteria- none; fungi - none

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented with suspended debris. Hard fecal balls were creating an impingement upon the bladder, creating the appearance of calculi, however, the bladder wall separation evidenced hard fecal balls as opposed to calculi.

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 3.65 cm in length. The right kidney measured 3.05 cm in length.

**Adrenal Glands**

Both **adrenal glands** were sonographically unremarkable.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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

### ***Gastrointestinal***

Examination of the **gastrointestinal tract** revealed a full stomach of shadowing ingesta with slight free fluid present. A large amount of GI artifact was obscuring visibility in this patient. No evidence of gross pathology.

### ***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.

### ***Free Abdomen***

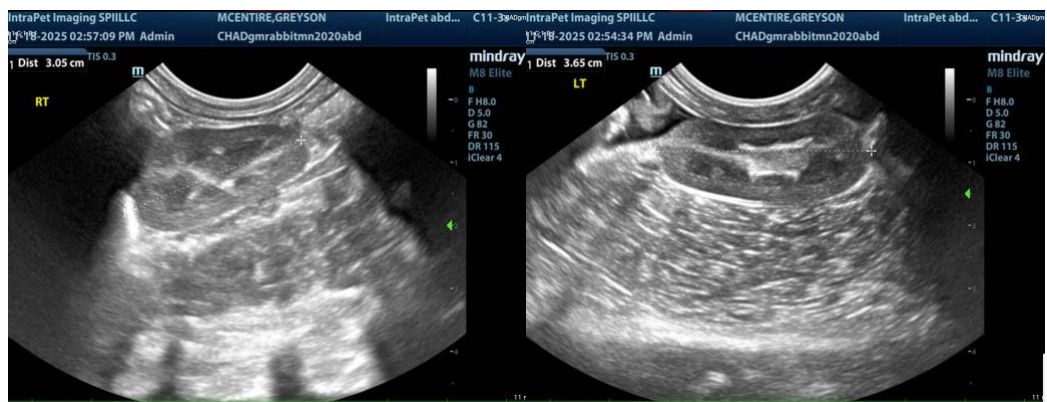
Slight free fluid noted.

### **ULTRASONOGRAPHIC FINDINGS**

- Slight free fluid of unknown origin.
- Bladder debris.
- Volume contracted spleen.
- Large amount of GI artifact.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Idiopathic causes of hematuria are coagulopathy and passage of calculi which may both be issues yet no evidence of urolithiasis noted at the time of the sonogram. Subjectively, the colonic and gastric content appears to be excessively dense. Hydration status and assessment for impaction or delayed outflow in the GI tract is recommended in this patient.





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.

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