



## PATIENT

Pappy Cortina

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

9 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores VEC

## REFERRING VET

Dr. Julia Kerr

## INVOICE

36735

## DATE

4/23/26

## PRESENTING CLINICAL SIGNS

History: \*P presenting today for PU/PD and blood in urine. P seen by rDVM for PU/PD last couple weeks and put P on abx. Seemed to get better but this AM P has been going out to urinate every 5 minutes. Only a couple drops of blood tinge urine is produced. P also seems more lethargic and possibly painful. P vomited yesterday 1 time. prior history of allergies. P history of colitis/enteropathy well managed with diet (Royal canine gastro). P admitted for supportive care: iv fluids, buprenorphine, cerenia, unasyn, pantoprazole. P did eat overnight and last ate at 6 am 4/24. \*concern for Recurrent UTI signs - r/o resistant bacterial infection, urolithiasis, prostatitis, structural abnormality of the urinary tract, neoplasia; Polydipsia - r/o compensatory due to dilute urine predisposing to UTI, underlying metabolic disease; Penile nodule - r/o inflammatory lesion, neoplasia, congenital abnormality; Elevated CPL - r/o pancreatitis, non-specific inflammation, incidental finding.

Abnormal PE/Chem/CBC/UA Results: PE: mild pain 2/4; soft on abd palp; External urethral orifice appears normal. A small, non-ulcerated, non-erosive, non-bleeding nodule is present on the distal penis near the orifice; P vocalizes and is resistant to palpation of the caudal abdomen/perineal region. Prostate was not enlarged or firm on palp CBC: PLT 570 (H); Blood Gas: Bicarb 28.9 (H), TCO2 27.2 (H), pH 7.4 (H), BE 5.5 (H), iCa 1.12 (L); Chem: TP 5.4 (L), Lipase 325 (H) CPL 783.2 ng/mL H u/a: Bilirubin: Negative, Urobilinogen: Normal, Ketone: Negative, Protein: ++/100, Nitrite: Negative, Glucose: Negative, pH: 8.0, Occult Blood: +++250 Hemolyzed, Specific Gravity 1.010, Leuk +/75, Absorbic Acid 20 u/a sediment: wbc 21-50/hpf, rbc >100/hpf, bacteria non to rare, crystals ca. oxalate and struvite <1/hpf urine culture: pending.

## 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 2.0 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. The left kidney measured 4.1 cm. The right kidney measured 4.1 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.

### *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.



## PATIENT

Pappy Cortina

## SPECIES

Canine

## BREED

French Bulldog

## SEX

Neutered Male

## AGE

11 Years

## WEIGHT

9 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Melissa Randolph

## HOSPITAL NAME

Shores VEC

## REFERRING VET

Dr. Julia Kerr

## INVOICE

36735

## DATE

4/23/26

## Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume, and no evidence of congestion was noted. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

## Gastrointestinal

There was some residual chyme and gas noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Mucosal Striations were noted in the small intestine and areas of mucosal fogging. Slight Areas of Free Fluid were noted and enhanced mesentery. The colon was unremarkable.

## Pancreas

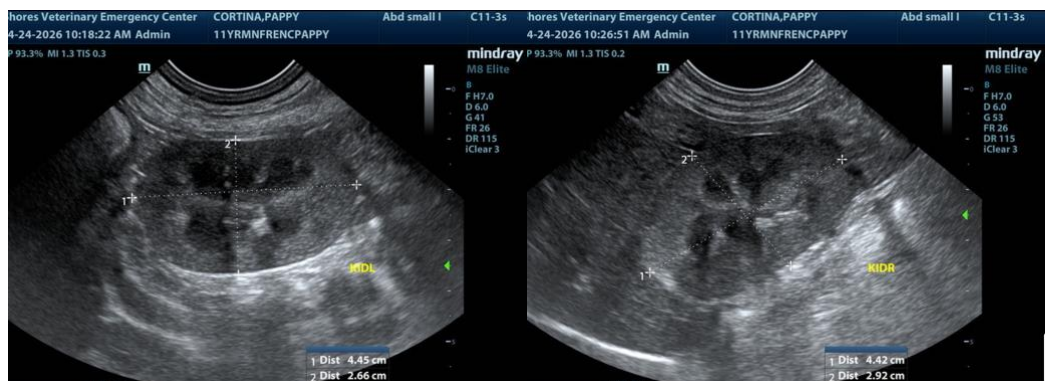
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns.

## ULTRASONOGRAPHIC FINDINGS

- Mucosal fogging/lymphangiectasia pattern with slight free fluid and enhanced mesentery
- Partially full stomach
- Mild excessive gallbladder debris
- Age-related hepatic changes
- Unremarkable abdomen otherwise

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Albumin evaluation is recommended if not already performed. Some level of pancreatitis is likely. Hydrolyzed diet is warranted. If albumin is subnormal, then plasma transfusion should be considered. Purina HA or Royal Canin hp diet recommended. If clinical signs persist, then recheck sonogram is warranted. The cause of hematuria is unclear. Coagulopathy, occult UTI and idiopathic causes are all possible.





### PATIENT

Pappy Cortina

### SPECIES

Canine

### BREED

French Bulldog

### SEX

Neutered Male

### AGE

11 Years

### WEIGHT

9 kg

### INTERPRETED BY

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

### IMAGING PERFORMED BY

Melissa Randolph

### HOSPITAL NAME

Shores VEC

### REFERRING VET

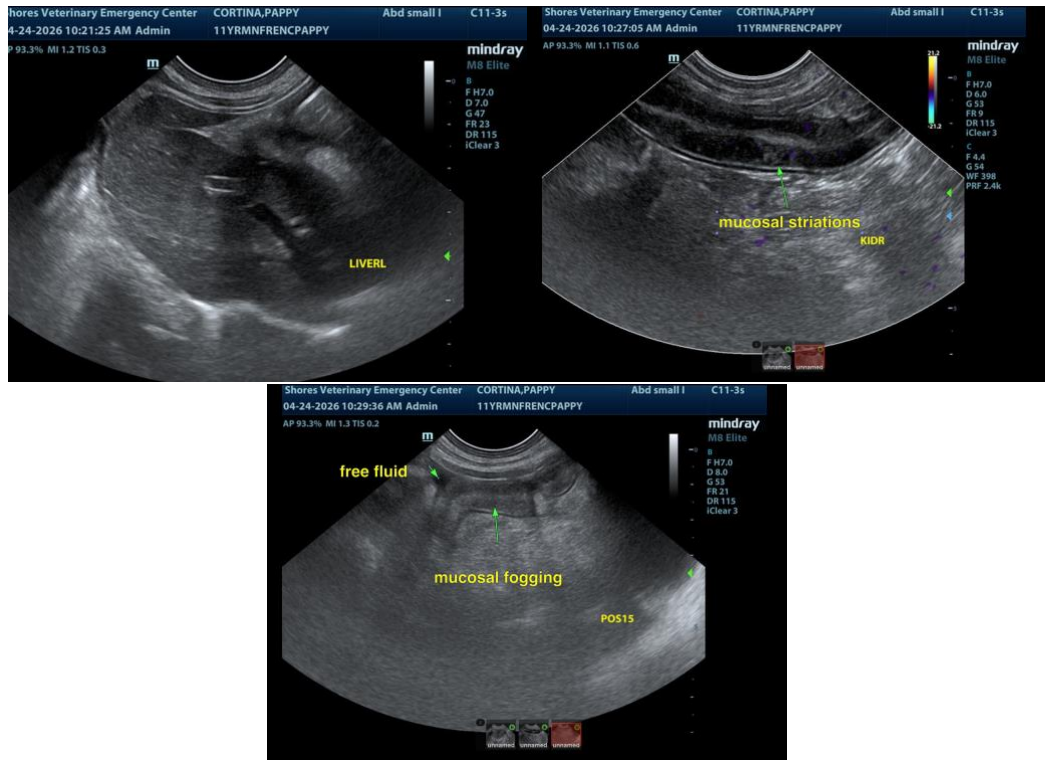
Dr. Julia Kerr

### INVOICE

36735

### DATE

4/23/26



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,**  
CEO, Owner, Founder -- SonoPath.com  
[info@SonoPath.com](mailto:info@SonoPath.com)