



DATE PRESENTING CLINICAL SIGNS

05/16/26

Patient History: Presents for hematuria, vomiting, and panting Patient History: - Hematuria observed while urinating outside; client noted stranguria (repeated squatting); subsequently urinated indoors on rug - Urine output described as medium amounts -Vomiting: approximately 2 episodes of food (dinner), followed by approximately 6 episodes of liquid emesis; no hematemeses; green color on paws due to freshly cut grass - Defecated without hematochezia - Polydipsia noted - Panting onset same day as all other signs - All signs began today.

PATIENT

Bella Jordan

SPECIES

Canine

BREED

Shih Tzu Mix

Current Medications: Buprenorphine, Gabapentin, Maropitant Citrate, Ondansetron, Pantoprazole, Butorphanol.

Labwork Results: Labwork submitted and attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Sedated with Ace.

Stat Report: Requested.

Imaging Performed by: Andi Parkinson, BS, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

09/27/21

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

WEIGHT

23 lbs

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 4.18 cm in length. The right kidney measured 5.12 cm in length.

INTERPRETED BY

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

Adrenal Glands

HOSPITAL NAME

Animal Emergency
Hospital

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. The left adrenal gland measured 2.37 cm x 0.34 cm width at the cranial pole and 0.57 cm width at the caudal pole. The right adrenal gland measured 1.65 cm x 0.41 cm width at the cranial pole and 0.45 cm width at the caudal pole.

REFERRING VET

Dr. Reynolds

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.

INVOICE

05/16/26

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 minor amount of gastric stasis with slight hyperechoic inclusions noted in the mucosa. Mucosal ulcers appeared to be present with hyperechoic inclusions amidst mucosal remodeling. Minor wall thickening was visualized with enhanced surrounding mesentery consistent with inflammation. The gastric wall measured up to 1.1 cm. Other than the mucosal remodeling and presumed ulcerative change, there's no evidence of neoplasia. The small intestine and colon were remarkable.

Pancreas

Heterogenous pancreatic changes were noted with mixed hyper-and hypoechoic parenchyma suggestive of inflammation. Some reactive mesentery was noted around the pancreas.

Free Abdomen

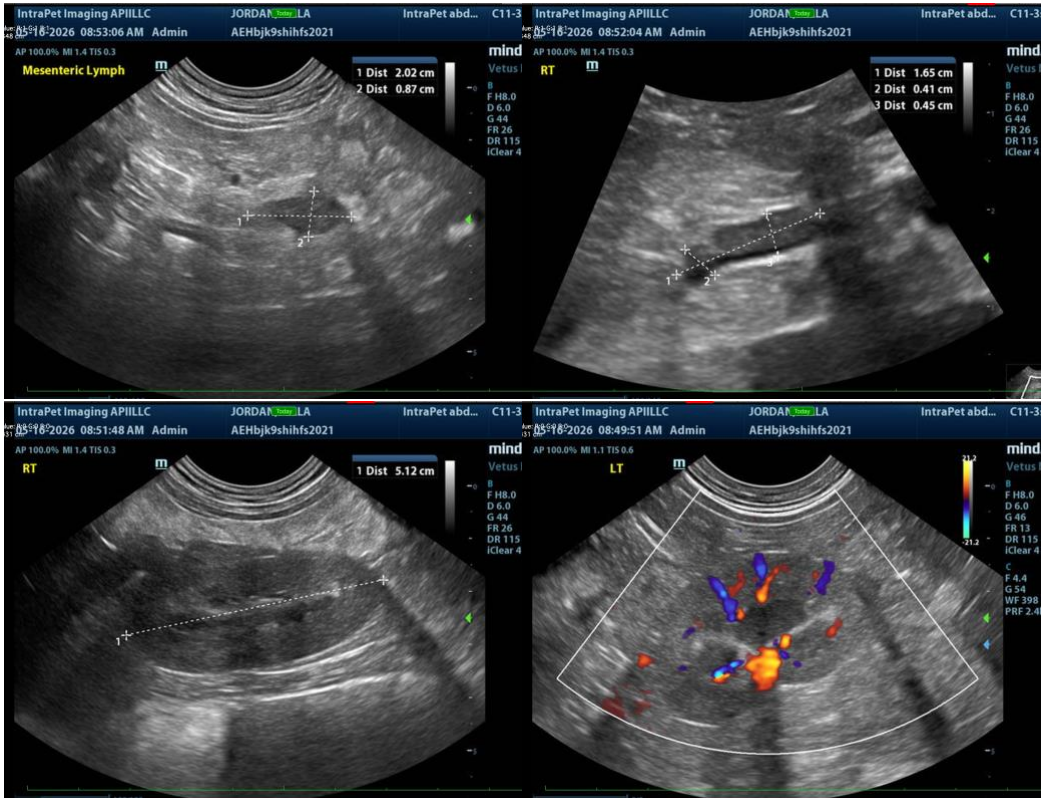
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example measured 2.02 cm x 0.87 cm.

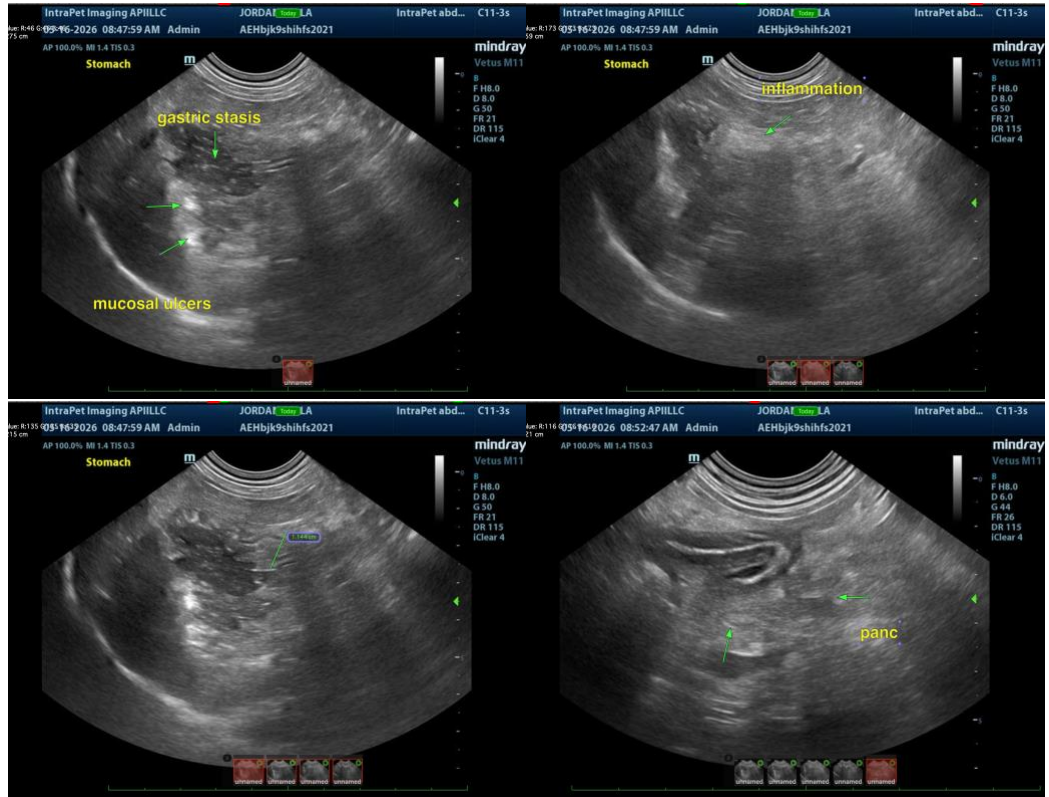
ULTRASONOGRAPHIC FINDINGS

- Ulcerative gastritis with possible secondary pancreatitis.
- Mesenteric lymphadenopathy.
- Urinary bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol is warranted. 24-hour NPO, IV fluid support are all indicated. Recheck sonogram in 3-5 days ideally to ensure that the gastric presentation has largely resolved. Coverage for UTI is warranted. There's no other cause of hematuria from a visceral standpoint.





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