



PATIENT

Izzy Dodd

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

10 Years

WEIGHT

49.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Wallburg Animal
 Hospital

REFERRING VET

Dr. Harris

INVOICE

71704

DATE

11/11/25

PRESENTING CLINICAL SIGNS

P presented for US due to history of multiple UTI's. NC State put in Urinary Occluder. Multiple urine cultures (free catch) showed ecoli in urine. P wears diaper and leaks urine. P on Proin and Cranmate Collected US guided Cysto for urine culture today NC State specialist said they would also look at US study if needed. *Previous US Mild urethral thickening suspect urethritis, Prominent uterine stump, severe left degenerative nephropathy with suspected chronic cortical infarcts.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was mildly thickened. No evidence of calculi noted. Bladder wall at moderate repletion measured 0.53 cm. The cystourethral junction was free of evident pathology. The occluder device appeared to be in proper position with no evidence of regional inflammation. The urethra was slightly thickened and measured 0.75 cm in width prior to the occluder.

The iliac trifurcation was unremarkable. No lymphadenopathy noted.

The **left kidney** was significantly subnormal in size at 2.63 cm. Cortical infarcts and remodeling noted. Slightly displaced, mildly dilated renal pelvis. Blood flow to the left kidney was minimal on color flow assessment.

The **right kidney** presented thickened, irregular cortices. It was relatively normal in size with irregular contour, measuring 7.27 cm. Blood flow to the right kidney appeared adequate on color flow assessment.

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. The left adrenal gland measured 2.43 cm x 0.59 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 2.27 cm x 1.25 cm at the cranial pole and 0.63 cm at the caudal 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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

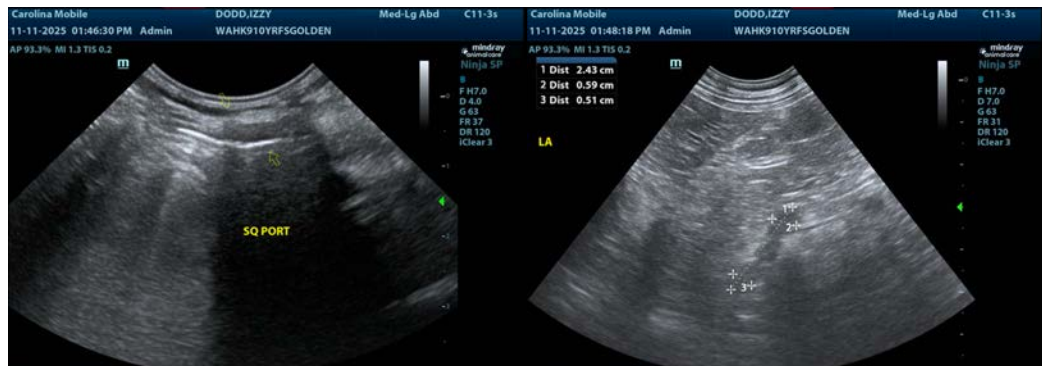
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor bladder and urethral thickening.
- Dysplastic or dystrophic left kidney with infarcts and subnormal size.
- Mild to moderate degenerative right renal changes.
- Partially full stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No other evidence of pathology. No complications to the occluder placement. Assessment for any evidence of UTI through cystocentesis indicated. Some level of primary renal dysplasia may present in this patient yet would necessitate renal biopsy. Blood pressure measurements warranted if not already performed to ensure systemic hypertension is not a sequela from the renal presentation. BUN, creatinine, SDMA, cystatin, and inflammatory sediment should all be monitored carefully in this patient as well as blood pressures.





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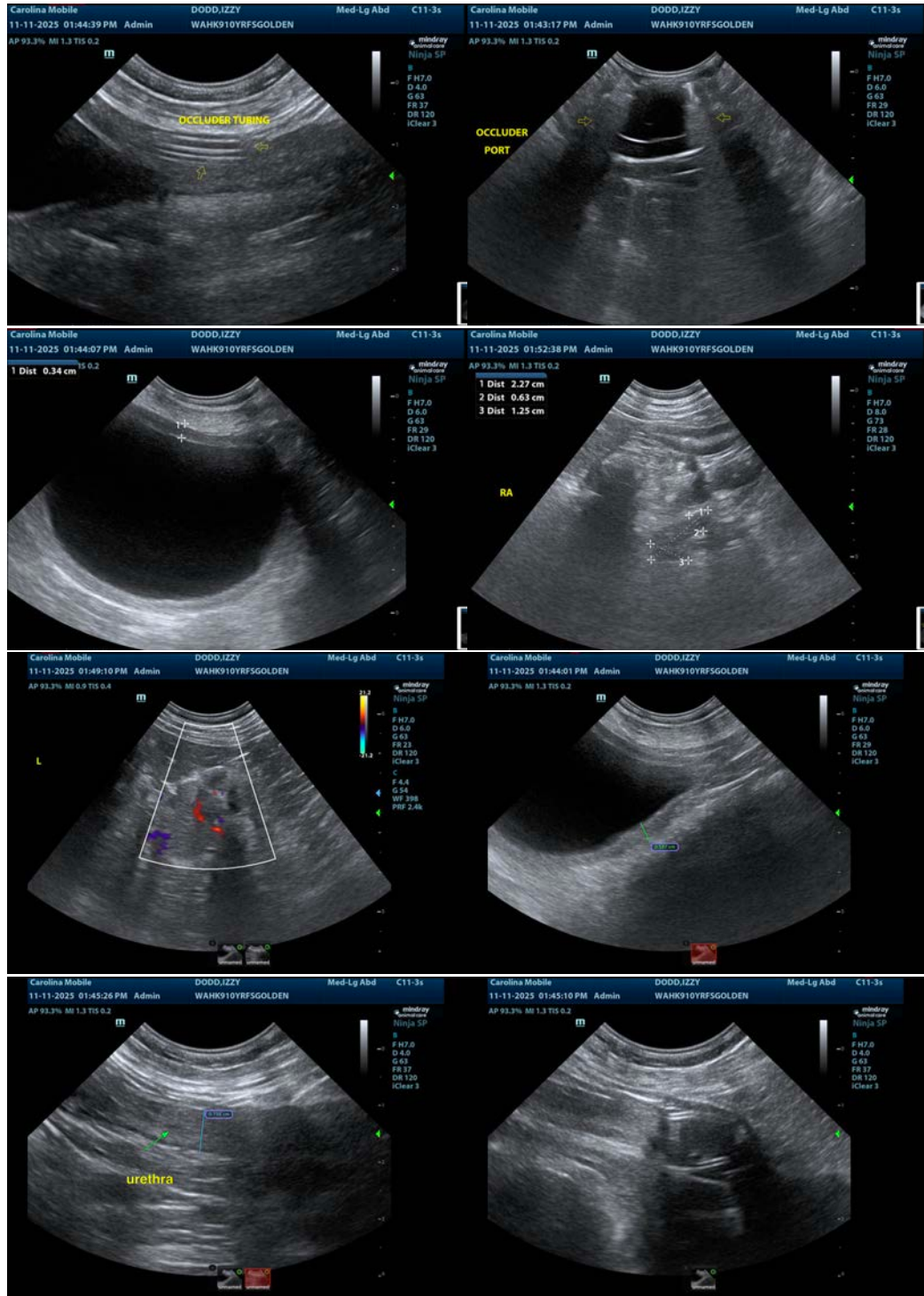
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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