



PATIENT

Izzy Lee

SPECIES

Canine

BREED

Bernadoodle

SEX

Spayed Female

AGE

3

WEIGHT

35

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Betsy LaCroix

HOSPITAL NAME

Inspire AH-Highlands
Ranch

REFERRING VET

Dr. Sydney Murphy

INVOICE

35604

DATE

11/22/25

PRESENTING CLINICAL SIGNS

History: Patient presented with urinary incontinence mid October while she was sleeping. BW has been performed multiple times (see below). She is UTD on all vax, including lepto. Her clinical signs have now dissipated and she is back to normal. The only thing that the owner has changed is that they have stopped giving her bones with the chicken jerky around them.

Abnormal PE/Chem/CBC/UA Results: 10/22 ALK PHOS 172 5-131 IU/L HIGH BUN 42 6-31 mg/dL HIGH CREATININE 2.1 0.5-1.6 mg/dL HIGH SDMA 18.4 10/28 ALK PHOS 137 5-131 IU/L HIGH BUN 28 6-31 mg/dL CREATININE 2.0 0.5-1.6 mg/dL HIGH SDMA 18.1 <14.0 UG/dL HIGH 11/13 ALK PHOS 198 5-131 IU/L HIGH T. BILIRUBIN 0.2 0.1-0.3 mg/dL BUN 32 6-31 mg/dL HIGH CREATININE 2.1 0.5-1.6 mg/dL HIGH.

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 pelvic urethra was imaged 1.0 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 4.55 cm. The right kidney measured 4.1 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.49 cm at the caudal pole and 0.44 cm at the cranial pole.

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

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



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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 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

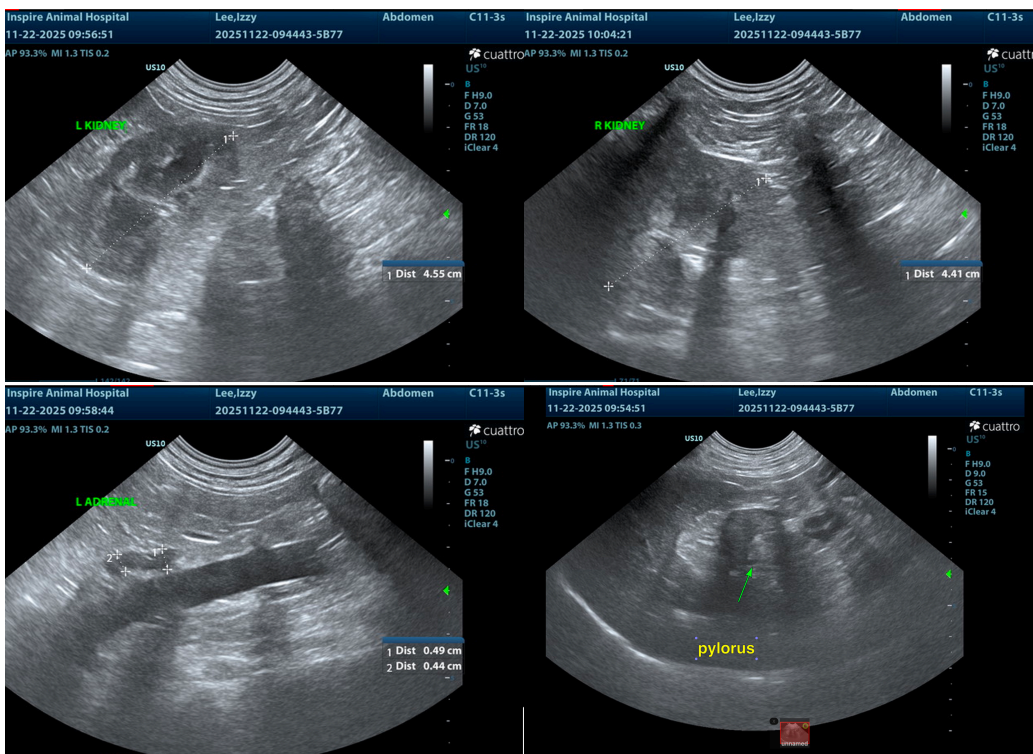
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for occult Addison's is warranted. Causes of renal insult should be considered, such as leptospirosis, toxin exposure, UTI, hypertension, however, there is no evidence of structural urinary disease at this time.





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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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