



## PATIENT

Rickon Dullea

## SPECIES

Canine

## BREED

Malamute

## SEX

Neutered Male

## AGE

10.5

## WEIGHT

109

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Betsy LaCroix

## HOSPITAL NAME

Inspire Animal  
Hospital- Highlands  
Ranch

## REFERRING VET

Dr. Betsy LaCroix

## INVOICE

12659

## DATE

12/09/25

## PRESENTING CLINICAL SIGNS

Patient has been having increased and progressive nighttime restlessness. He will wake owners up at night and pant, pace, and ask to go outside, but then not defecate nor urinate. Fortiflora 3 times per week Thyroxine 0.4 mg twice daily Gabapentin 600 mg 3 times daily Amantadine 100 mg twice daily Trazodone 200 mg at night Was previously diagnosed with early renal insufficiency with another colleague and placed on k/d food. Recent BW was not supportive of CKD, BUN 9 6-31 mg/dL CREATININE 0.8 0.5-1.6 mg/dL SDMA 6.5 <14.0 UG/dL so patient was switched to i/d food, and it has significantly helped his fecal quality Three view thoracic rads taken which show degenerative changes to sternebra and thoracic spine. Has either end on vessels or early nodules, formal radiology review-pending.

Abnormal PE/Chem/CBC/UA Results: CBC/ comp chem/ u/a are WNL USG was 1.020 Significant OA in hips/spine.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** presented a relatively uniform thickening of the cranioventral and craniodorsal mucosae with micropolypoid mucosal changes without involvement of the submucosae. A minimal amount of urine was present at the time of the sonogram. No evidence of urethral pathology was present. The urethra was visible to 1.0 cm. This presentation is most consistent with chronic cystitis. Technically transitional cell carcinoma cannot be ruled out without histopathological review but is not overtly suspected based on this pattern. Cystocentesis and urine culture +/- pathological review of urine cytology would be warranted. No overt calculi were present at this time. The bladder wall measured 1.7 cm.

The **prostate** was not visible.

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 7.14 cm in length. The right kidney measured 7.0 cm in length.

### Adrenal Glands

The **left adrenal gland** presented slightly enlarged at the caudal pole. The left adrenal gland measured 1.06 cm width at the caudal pole.

The **right 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 right adrenal gland measured 0.80 cm width at the cranial pole and 0.50 cm width at the caudal pole.

### Spleen

The **spleen** was largely smooth with mild heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume



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without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted. The spleen was folded upon itself cranially.

**Liver**

**SPECIES**

Canine

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**

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.

**AGE**

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**Pancreas**

**WEIGHT**

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The **pancreas** revealed a pancreatic cyst measuring 2.0 cm yet not pathological.

**ULTRASONOGRAPHIC FINDINGS**

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- Severe chronic cystitis bladder pattern.
- Prominent left adrenal gland.
- Folded spleen.
- Pancreatic nodule.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

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Ultrasound guided drainage could be considered. Given the patient's history, the urinary bladder is likely a primary issue with very mild potential for underlying carcinoma. BRAF testing is indicated. If negative, then urine culture and sensitivity on cystocentesis is recommended. Further imaging of the deep pelvic urethra would be ideal in this patient to ensure prostatic or deep pelvic urethral pathology is not playing a role.

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Canine Chronic UTI Protocol

**REFERRING VET**

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To be utilized for UTI with chronic urinary tract changes found sonographically that may serve as nidus of infection and history of chronic or recurrent UTI is an issue.

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I recommend Clavamox as a first level approach to chronic UTI at 12.5-25 mg/kg bid owing to optimal urinary concentrations. If bacterial resistance is an issue, then Enrofloxacin (5-10 mg/kg SID PO) (In patients > 1 year of age) in late pm after urination to maximize urinary concentrations overnight. This assumes that culture supports this use. Repeat culture at 3-4 weeks and continue treatment at least 7-10 days post negative urinary sediment and negative culture. Note: Negative culture does not necessarily mean lack of UTI. Other favorite antibiotics for chronic UTI include third generation Cefa (Ceftiofur or similar SID injectable) or Clavamox. If suspicion of occult urinary incontinence is present, then phenylpropanolamine (PPA) (1-2 mg/kg BID) can be employed long term to enhance urethral tone.

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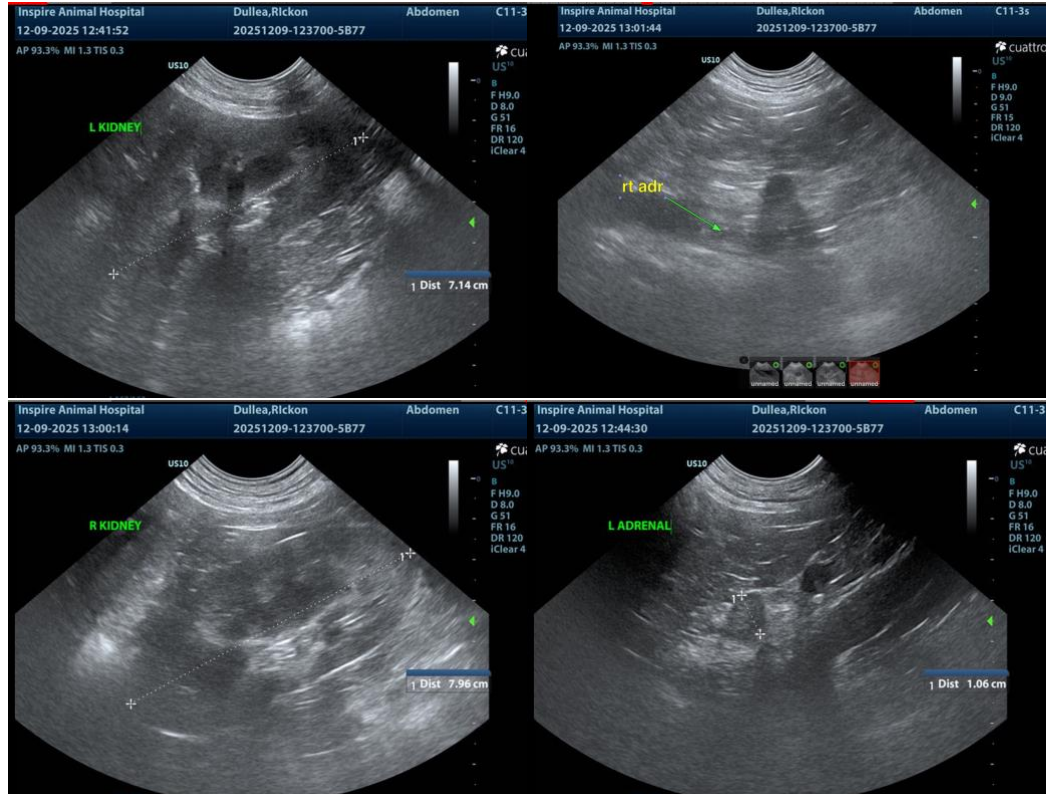
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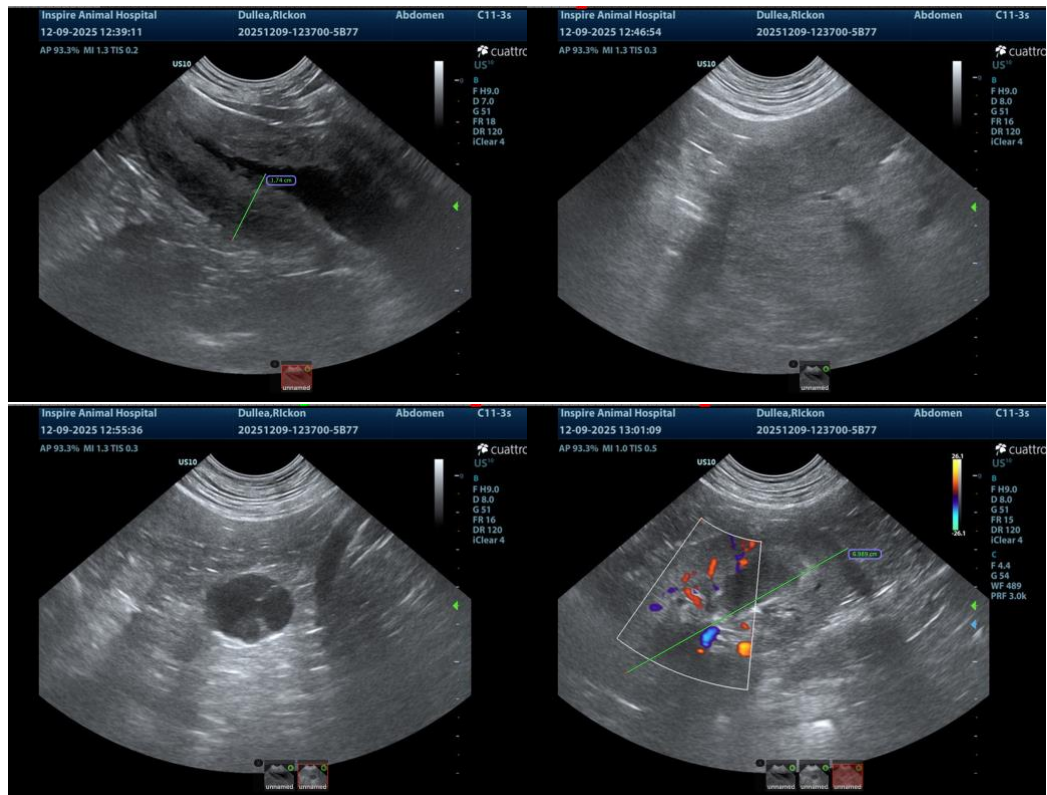
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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