



## PATIENT

Bailey Morgenstern

## SPECIES

Canine

## BREED

Beagle Mix

## SEX

Spayed Female

## AGE

10 Years

## WEIGHT

45 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Trae Cutchin

## HOSPITAL NAME

Friendship Springs  
Veterinary Care

## REFERRING VET

Dr. Trae Cutchin

## INVOICE

15187

## DATE

04/17/26

## PRESENTING CLINICAL SIGNS

Patient has been polyureth polydipsic for several weeks and initial labs three to four weeks ago showed mild to moderate changes in the kidney chemistries with evidence of bacteria and white blood cells in the urine. we discussed further diagnostics but had not proceeded with those as yet. The patient came in to day for boarding and the owner indicated that the patient was feeling a little bit worse than she had been. Check of the kidney chemistry showed that they had doubled from what they had been previously.

Abnormal PE/Chem/CBC/UA Results: BUN, creatinine, sdma all significantly increased. Pyuria, bacteriuria present.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** itself was mildly thickened with dependent debris and dependent calculi/sand.

The **left kidney** revealed swollen yet irregular contour with pyelectasia measuring 5.2 cm in length. The pyelectasia measured 2.2 cm. Left hydroureter was present. with echogenic debris and pelvic calculi with a cluster measuring approximately 8.0 mm. The left ureter presented with multiple calculi and structure as well as thickening and enhanced mesentery suggestive of inflammation. The ureter terminated approximately 5.0 cm caudal from the left renal pelvis. The ureter appeared to be patent as it entered the bladder, however, passage of calculi has likely been in this patient's history.

The **right kidney** presented with hydroureter and hydronephrosis. Both ureters were dilated at approximately 0.50 cm to 0.60 cm tapering distally. The right ureter appeared to enter into the ureteral papilla normally. Calculi was present in the pelvis of the right kidney.

### 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 0.67 cm width.

The **right adrenal gland** was not visualized.

### 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. The spleen was folded upon itself caudally.

### 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.

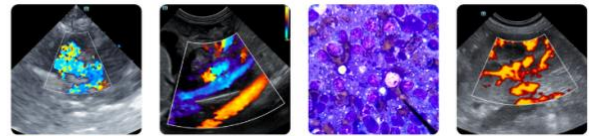
### ULTRASONOGRAPHIC FINDINGS

- Bilateral ureterolithiasis/nephrolithiasis- partially obstructive
- Folded spleen.
- Urinary bladder thickening with sand/calculi.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention with stent placement and ureter lavage or traditional surgical approach should be considered in this patient. IV fluid support, broad spectrum antibiotics, urine culture are all indicated prior to surgical intervention.





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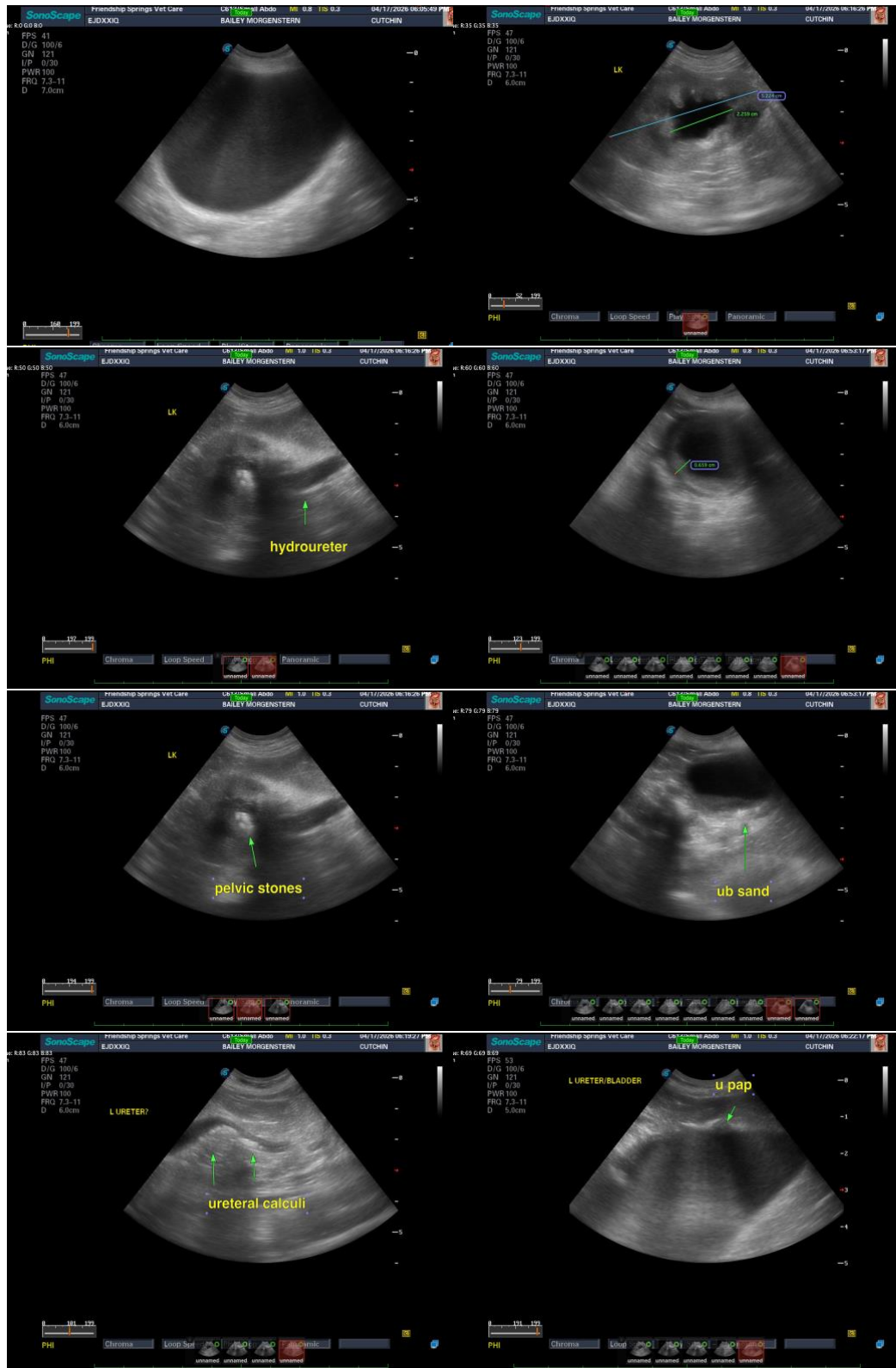
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,**

CEO, Owner, Founder -- SonoPath.com

[info@SonoPath.com](mailto:info@SonoPath.com)