



## PATIENT

Isla Sarran

## SPECIES

Canine

## BREED

Goldendoodle

## SEX

Female

## AGE

10 Months

## WEIGHT

24.4 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Salas

## HOSPITAL NAME

Tenaflly VC

## REFERRING VET

Dr. Salas

## INVOICE

37018

## DATE

5/8/26

## PRESENTING CLINICAL SIGNS

History: Isla Sarran: 10 month old FI Goldendoodle 24lbs. Recurring UTI's. screening labs have mild BUN elevations and mild SDMA elevations. when having UTI her urine is isosthenuric, post treatment UA had sp gr. 1.030. Has had 2 estrus cycles. Otherwise she is asymptomatic and seemingly healthy and thriving. Today we performed cysto for UA with culture. Abd u/s performed to evaluate urogenital tract. concern for ectopic ureters or renal disease. Today sedated with low dose DTK.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The **urinary bladder** and visible urethra were unremarkable. No overt evidence of ectopic ureters. Cannot rule out a very small ectopic ureter.

The **right kidney** revealed slightly thickened cortices. Some loss of corticomedullary definition was noted in the right kidney. The right kidney measured 5.98 cm.

The **left kidney** revealed subnormal size and pyelectasia. Nodular irregular parenchymal changes were noted. The left kidney measured 4.18 cm.

Blood flow to the kidneys appeared to be adequate.

### *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 0.42 cm. The right adrenal gland measured 0.6 cm.

### *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 measured 1.9 cm.

### *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 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.



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**Pancreas**

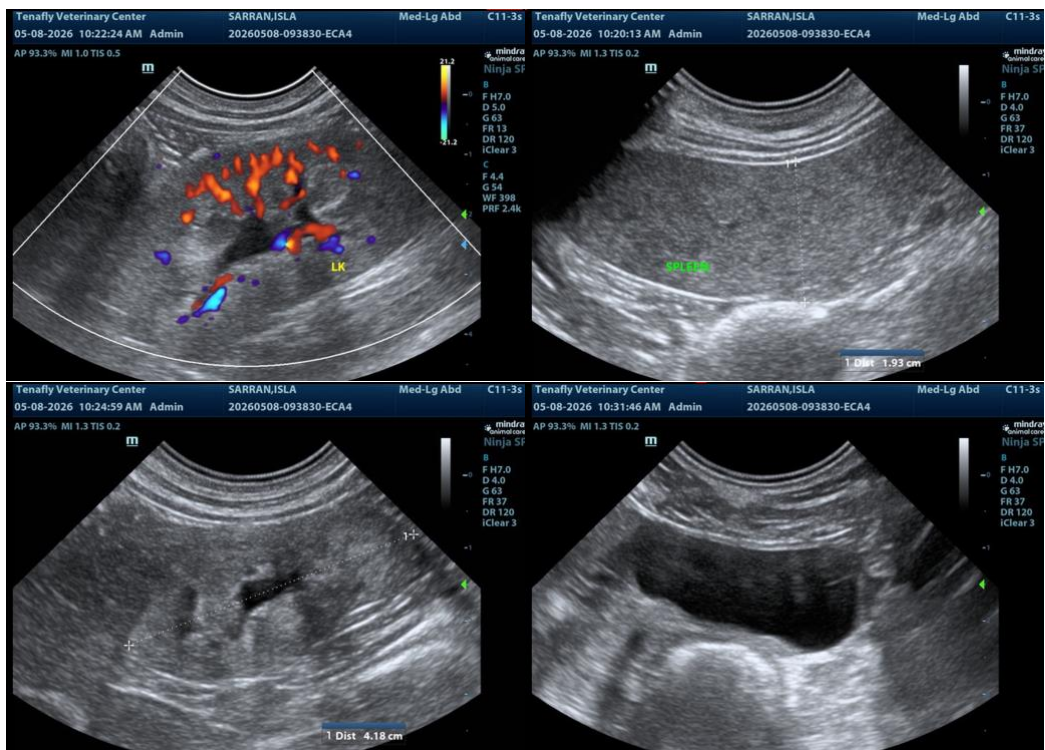
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Pyelectasia and irregular left renal structure – underlying pyelonephritis is possible, however, some level of primary renal dysplasia may be an issue.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of ectopic ureters. Cannot rule out a very small ectopic ureter. However, I am concerned about viability of the left kidney structure and pyelectasia. Management based on culture and sensitivity results is warranted, however, ceftiofur or similar antibiotic should be considered as a trial in this patient over a 14-21 day period. Given the pyelectasia, embedded UTI into the left kidney/pyelonephritis may be an issue with recurrent infection.





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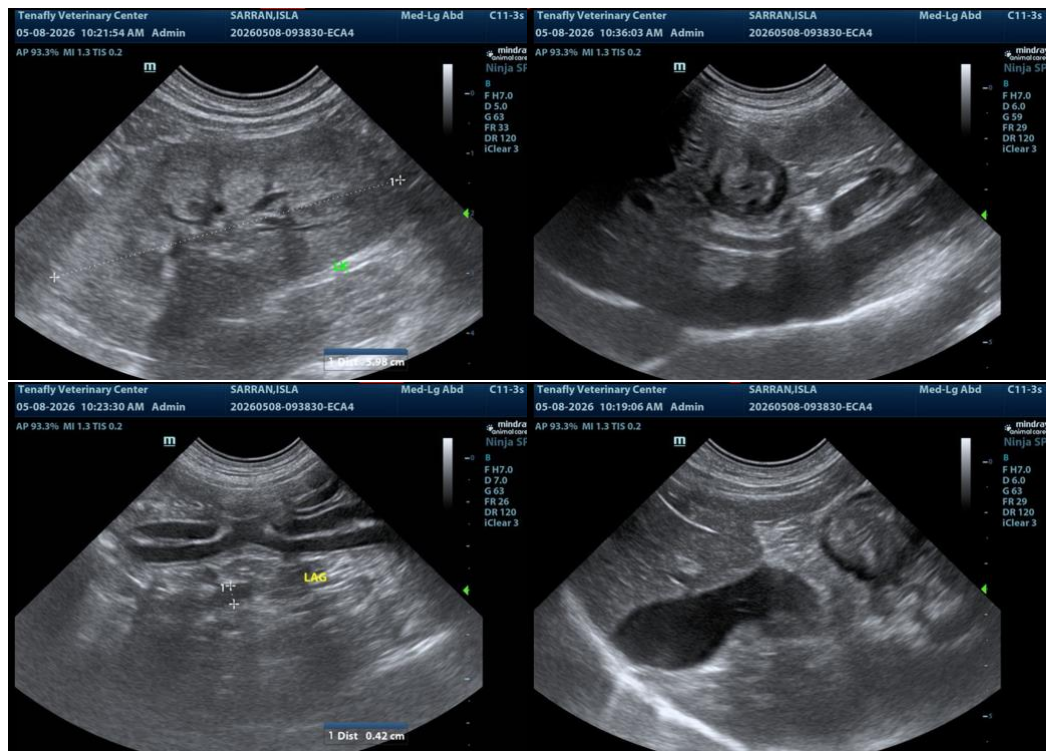
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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