



PATIENT

Tilly McLean

SPECIES

Canine

BREED

Chinese Crested

SEX

Spayed Female

AGE

3 Years

WEIGHT

16.2 lbs

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons),
 DACVECC

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hillview Vet Clinic

REFERRING VET

Dr. E. Stevenson

INVOICE

72586

DATE

1/29/26

PRESENTING CLINICAL SIGNS

Concern for bladder stones.

Current Medications: Jan 8/26 - Cerenia(24mg), Jan 8/26 - Zeniquin(25mg), Dec 22/25 & Dec 29/26 - Clavaseptin(62.5mg)

Abnormal PE/Chem/CBC/UA Results: Dec 29/25 - Urinalysis - 1 RBC/hpf lots of crystals, however, none last week. Wonder if formed outside the body will script 14 days of antibiotics. If this doesn't clear the infection, need a culture and ultrasound Dec 22/25 - Urinalysis - >50 RBC/hpf, >50 WBC/hpf, possible cocci and rods visualized

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended with anechoic urine. The bladder walls are diffusely mildly thickened with normal wall layering, consistent with low volume of urine. There are multiple gravity dependent, hyperechoic shadowing structures consistent with cystoliths, the largest of which measures 0.93 cm. There appear to be at least two cystoliths, and there may be three. The larger one has another structure next to it, which I suspect is a third cystolith but may be part of the larger cystolith with an irregular surface.

The kidneys were both normal size and structure, with smooth capsule and normal corticomedullary definition and ratio. Medullary structure differed distinctly from that of the cortex. No evidence of pelvic dilation was present. Left kidney measures 4.09 cm. Hyperechoic, shadowing foci present in the right renal parenchyma and calyces consistent with nephrocalcinosis. Right kidney measures 3.79 cm.

Adrenal Glands

The left adrenal gland is visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. Left measures 1.44 cm in length x 0.61 cm at the caudal pole and 0.49 cm at the cranial pole.

The right adrenal gland is visualized on still images only. It appears to have normal shape, size, position and echogenicity for this breed and age though this could not be confirmed on cine loops. Right measures 1.63 cm in length x 0.44 cm in thickness.

Spleen

The spleen was normal with age appropriate homogeneous parenchyma and a smooth capsule with normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

Liver

The liver is subjectively normal in size with normal contours and structure. There is age appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion.

Gall bladder is moderately distended with normal wall thickness and anechoic contents. Common bile duct is non-distended and tapers normally.

Gastrointestinal



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The stomach contains minimal luminal contents. It measures at a normal thickness of with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate. No masses or focal lesions were observed.

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The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

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Pancreas

The area of the pancreas was isoechoic to surrounding tissue with no overt inflammation. Pancreatic tissue was not distinctly visualized which is common.

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Free Abdomen

No clinically significant lymphadenopathy or abnormalities noted. No free fluid noted.

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ULTRASONOGRAPHIC FINDINGS

- Multiple cystoliths (two distinct, possibly three) visualized.
- Very mild nephrocalcinosis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary bladder cystoliths may lodge in the urethra causing obstruction, with male pets carrying a higher risk due to smaller urethral size. They may also act as a nidus of infection and inflammation. Dissolution diets (hills c/d, royal canin urinary S/O, purina proplan UR, etc) may be tried if struvite stones are suspected with serial imaging used to monitor progress. If small enough in relation to patient size, urohydropulsion under general anesthesia may successfully remove stones. Surgical removal of stones should be considered if risk of urethral obstruction is unacceptable or dietary therapy is not successful. Cystoscopic removal of stones, with or without lithotripsy may be considered if locally available. A flexible cystoscope is required for male dogs. Calcium oxalate, struvite, urate, and cystine stones are all susceptible to laser lithotripsy. Some dogs are not considered good candidates for laser lithotripsy including:

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1. Male dogs less than 15 pounds: The endoscope may be too large to traverse the urethra.
2. Male dogs with more than two bladder stones greater than 5 mm in diameter (depending on the size of the dog)
3. Female dogs whose entire bladder is full of stones greater than 5 mm in diameter
4. Dogs with uncontrolled urinary tract infection: Once infection is controlled, lithotripsy can be considered.



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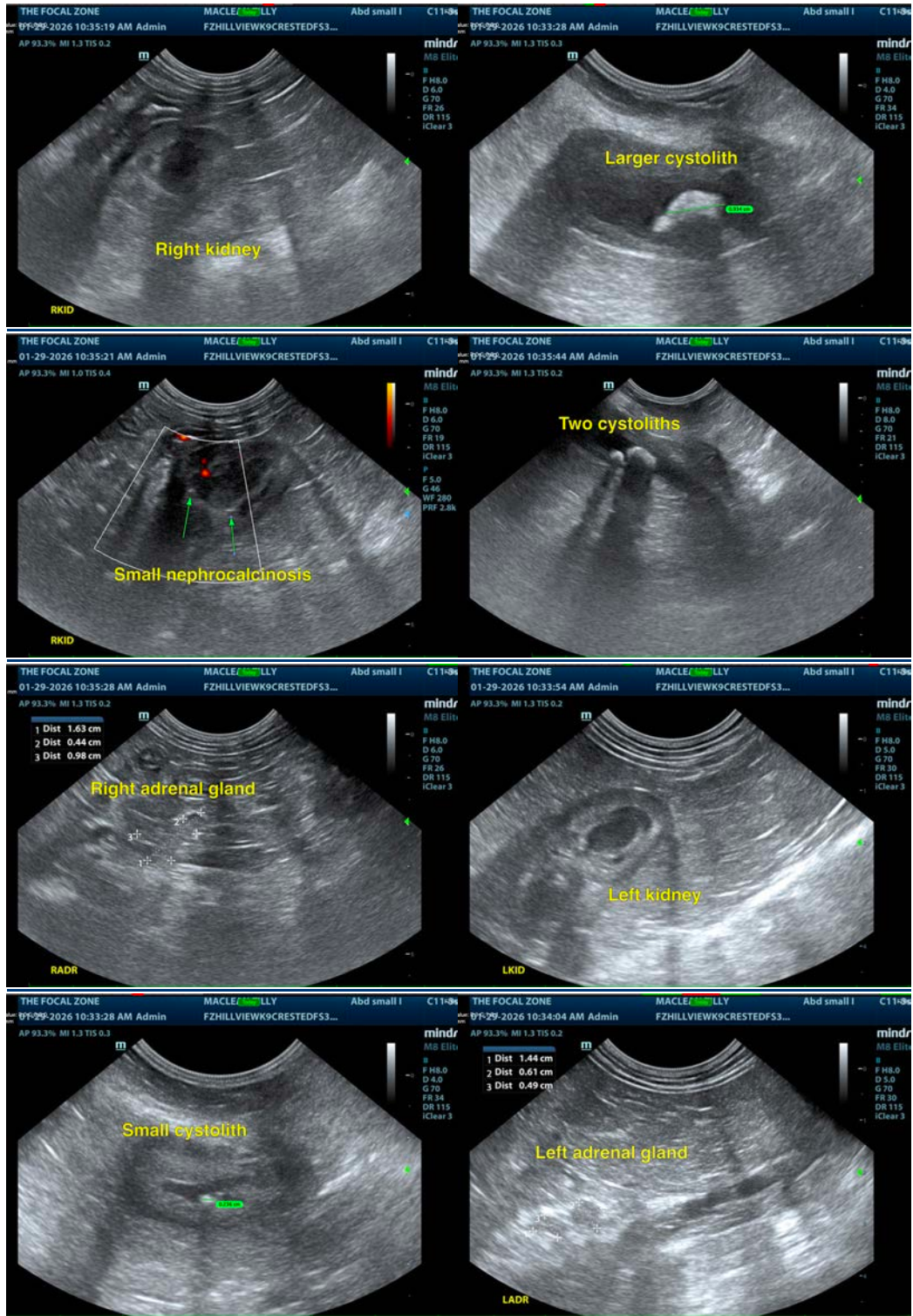
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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