

PATIENT

Hunter Bailey

SPECIES

Canine

BREED

Papillon

SEX

Neutered Male

AGE

10 Years

WEIGHT

4.58 kg

INTERPRETED BY

Brittany Sinclair DVM,
 DACVECC

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Preston AC

REFERRING VET

Dr. McCausland

INVOICE

36442

DATE

3/30/26

PRESENTING CLINICAL SIGNS

- Hunter is a 9-year-old male neutered Papillon with a history of a mast cell tumor, for which he has undergone chemotherapy and radiation therapy over the past year from OVC. Recc chest rads and US abdominal for follow up
- Current Medications
- Gaba for fear free
- Abnormal PE/Chem/CBC/UA Results: Radiographic Findings chest rads to be done same day as US Primary Question to Be Answered in This Exam follow up post cancer tx

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and visible pelvic urethra were of normal thickness. The ureters were not visible which is normal. There was normal wall layering with no masses, or abnormal thickening visualized. Two gravity dependent cystoliths were present, one measuring 0.7 cm in diameter, and the other measuring 0.65 cm.

The left kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. There is a hyperechoic band between the cortex and medulla. The left kidney measured 3.35 cm in length.

The right kidney was 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. The right kidney measured 3.61 cm in length.

Adrenal Glands

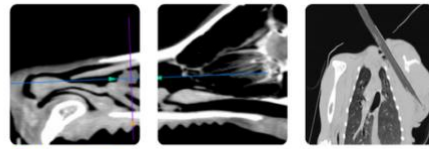
Both adrenal glands were visualized and recognized as having normal shape, size, position and echogenicity for this breed and age. The visible phrenic vasculature was unremarkable. The left adrenal gland measured 1.42 cm in length and 0.35 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 1.0 cm in length and 0.46 cm at the caudal pole and 0.43 cm at the cranial pole.

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.



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

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Gastrointestinal
The stomach contains a small amount of ingesta. 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.

Papillon

SEX

The ileocecal junction was not visualized. 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.

Neutered Male

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Pancreas

10 Years

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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Lymph Nodes

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No clinically significant lymphadenopathy or abnormalities noted.

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Free Abdomen

No masses or free fluid were noted.

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ULTRASONOGRAPHIC FINDINGS

Amanda Stewart

- Cystoliths
- Medullary rim sign bilaterally

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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There are no intraabdominal signs of visceral mast cell disease. Spleen and liver are sonographically normal.

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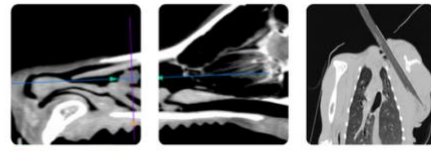
Urinary bladder cystoliths may lodge in the urethra causing obstruction, with male pets carrying a higher risk due to smaller urethral size. They may also act as a nidus of infection and inflammation. Dissolution diets (hills c/d, royal canin urinary S/O, purina proplan UR, etc) may be tried if struvite 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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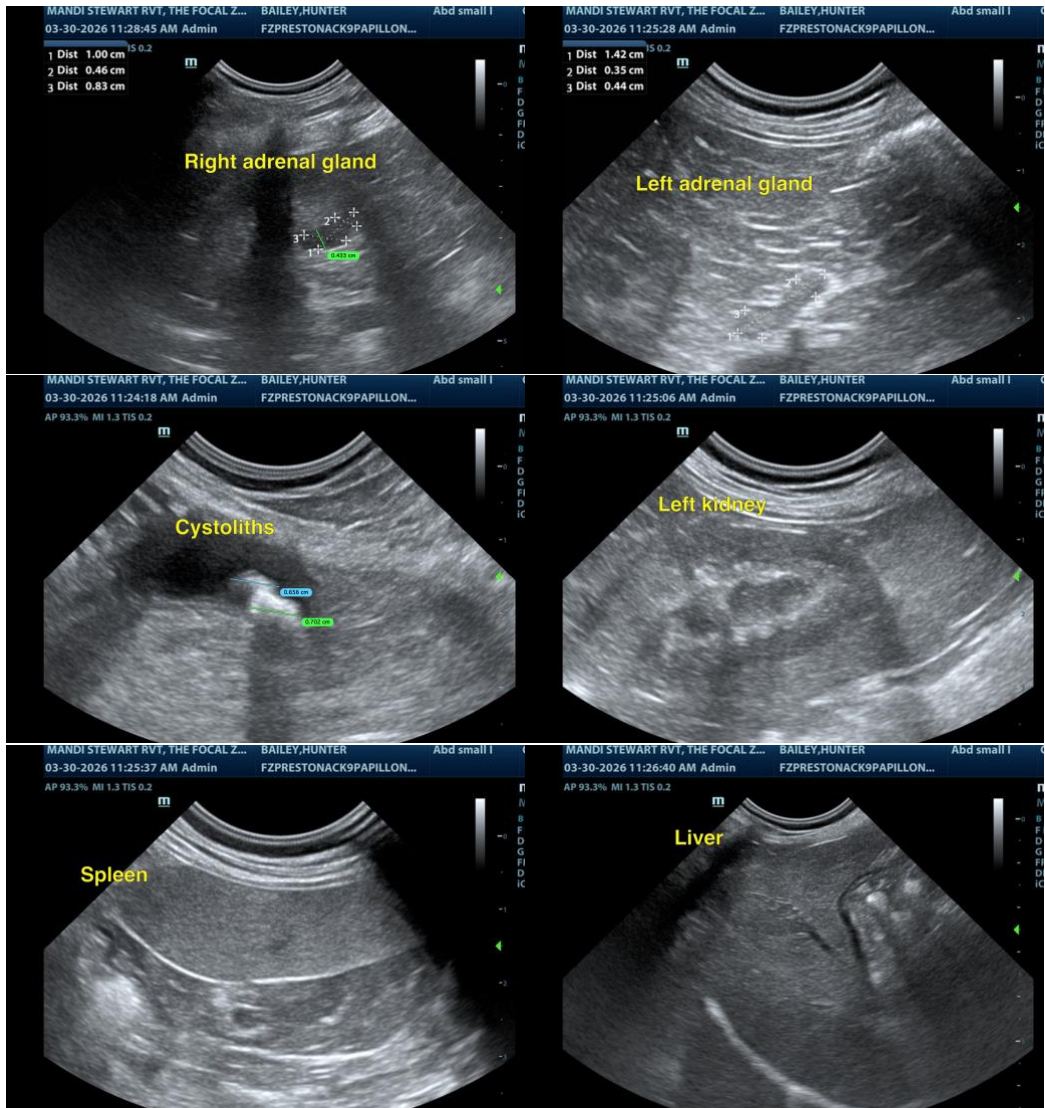
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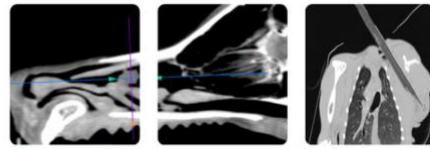
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1. Male dogs less than 15 pounds: The endoscope may be too large to traverse the urethra.
2. Male dogs with more than two bladder stones greater than 5 mm in diameter (depending on the size of the dog)
3. Female dogs whose entire bladder is full of stones greater than 5 mm in diameter
4. Dogs with uncontrolled urinary tract infection: Once infection is controlled, lithotripsy can be considered.

Medullary rim sign is nonspecific and is seen in pets both with and without significant renal disease. It can be an indication of nephritis and evaluation for proteinuria is recommended. Correlate clinical significance with blood work/urinalysis findings and clinical signs.





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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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

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