



PATIENT

Jersey Heaslip

SPECIES

Canine

BREED

Bichon x

SEX

Spayed Female

AGE

9 Years

WEIGHT

28 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

73436

DATE

3/5/26

PRESENTING CLINICAL SIGNS

Noticed going blind a few weeks ago. Right: IOP: 16, 16, menace -, PLR +, sclera normal. Left IOP: 18, 20, menace -, PLR +, scleral normal. PU/PD. Eating decreased. Gets chronic UTI's

Current Medications: Clavamox 125mg 1.5 tabs every 12 hours

Abnormal PE/Chem/CBC/UA Results: MCHC 320.0 (323.0 - 380.0 g/L) Phosphorus 2.3 (0.8 - 2.0 mmol/L) Total Protein 79 (55 - 75 g/L) Globulin 43 (24 - 40 g/L) ALT 546 (18 - 121 U/L) ALP 622 (5 - 160 U/L) Urine Protein 30 mg/dL Specific Gravity 1.017 White Blood Cells 11 /HPF Rod Bacteria Present

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, uroliths or abnormal thickening visualized. Urine was anechoic. No evidence of inflammatory or neoplastic changes were noted.

The left kidney has a smooth capsule and with hazing of corticomedullary definition to the point of inability to determine cortical/medullary ratio. No evidence of pelvic dilation was present. Hyperechoic, shadowing foci present in left renal parenchyma and calyces consistent with nephrocalcinosis. Left kidney measures 5.39 cm.

The right kidney has a smooth capsule and with mild hazing of corticomedullary definition. No evidence of pelvic dilation was present. Resolution of right kidney is slightly limited by overlying gas-filled GI tract. Right kidney measures 5.63 cm.

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. Left measures 1.49 cm in length x 0.47 cm at the caudal pole and 0.49 cm at the cranial pole. Right measures 1.76 cm in length x 0.72 cm in thickness.

Spleen

The spleen was normal in size with a mottled parenchyma and smooth capsule. Normal splenic vasculature with no signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size. It is hyperechoic, being nearly isoechoic to the spleen. Parenchyma is diffusely coarse with no specific nodules or masses visualized.

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

Gastrointestinal

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 gas throughout with no overt distention. 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

- Coarse hyperechoic liver.
- Slightly mottled spleen.
- Mild aging renal changes.
- Normal urinary bladder.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The splenic and liver changes may be age related remodeling. In light of the elevated liver values as well as sudden onset blindness, splenic and liver FNAs are recommended to rule out round cell infiltration.

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No cause of recurrent urinary tract infections are apparent in this study. No urinary bladder stones, mural thickening or signs of inflammation or debris were present. Urine culture of a cystocentesis sample with sensitivity and 2-4 week course of appropriate antibiotic therapy with urinalysis and ideally culture 3 days prior to discontinuation of antibiotics and 3 days after discontinuation is recommended to ensure adequate coverage and length of treatment. Thorough physical exam and historical information gathering to search for presence of predisposing factors for ascending infection such as skin disease, vulvar conformation or husbandry which may be predisposing to ascending infections is important. Thorough investigation for underlying disease which may be predisposing to lowered immunity including chem/lytes/CBC, thyroid testing and baseline cortisol +/- ACTH stimulation test is recommended. Ultimately cystoscopy may be required for more definitive diagnosis. In female dogs with vulvar conformation issues predisposing to ascending infections, once initial urine and skin infections are controlled, maintenance cleaning of the vulvar folds with water wipes after urination or at least twice daily may be enough to prevent recurrence. Maintenance of a healthy weight is also important. Vulvoplasty is a consideration if less invasive measures are ineffective.

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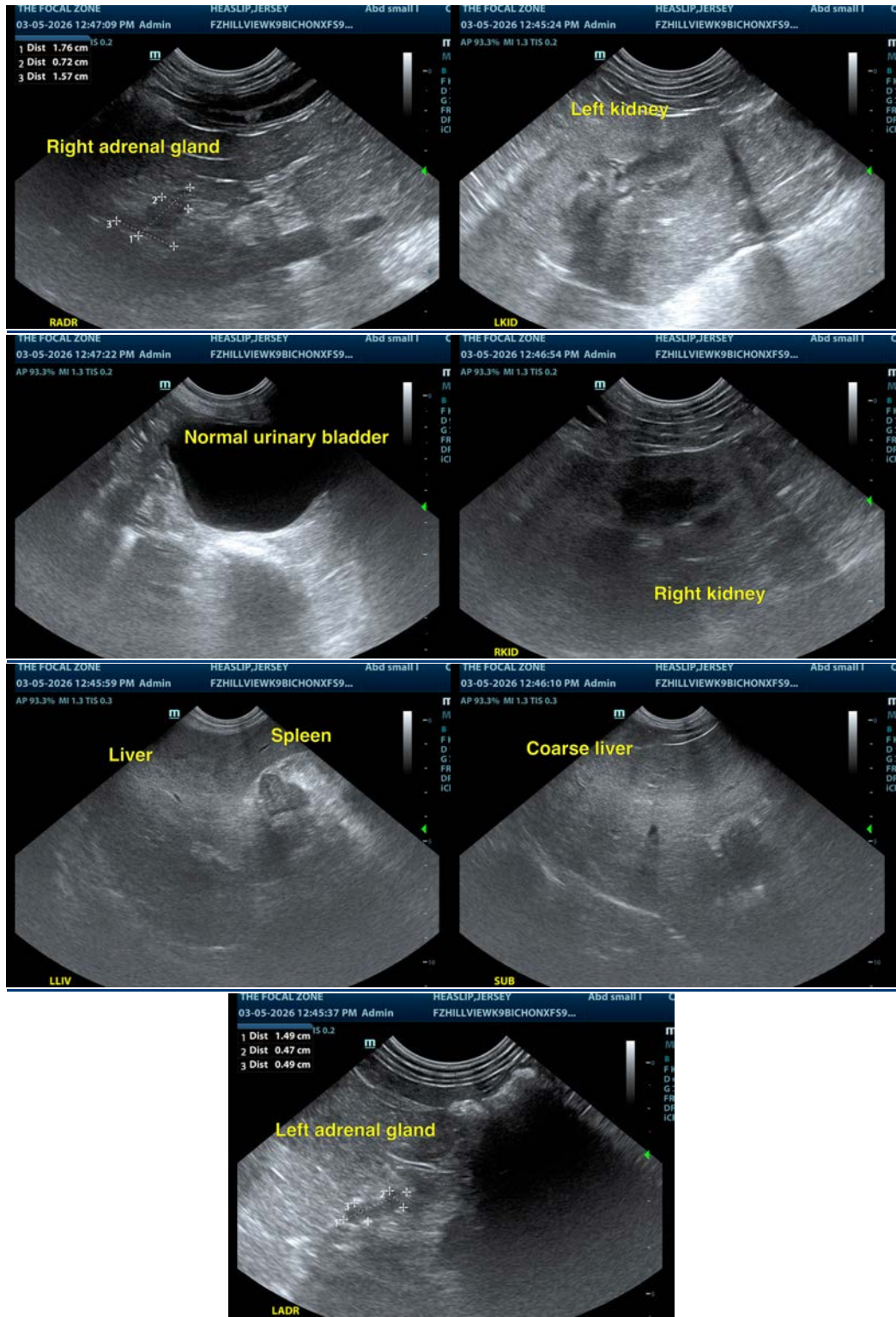
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Dr Brittany Sinclair, BVSc(hons), DACVECC

info@SonoPath.com