

PATIENT PRESENTING CLINICAL SIGNS

Rue Hollingsworth Urinating blood clots. No meds.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine *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.

BREED

Italian Greyhound

SEX

Spayed Female

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

AGE

16 Years

The left kidney has an irregular capsule and mild hazing of corticomedullary definition. Hyperechoic, shadowing foci present in renal parenchyma and calyces consistent with nephrocalcinosis. The renal pelvis is very slightly dilated. The left kidney measured 3.6 cm in length.

WEIGHT

5.2 kg

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 2.11 cm in length and 0.6 cm at the caudal pole and 0.75 cm at the cranial pole. The right adrenal gland measured 1.94 cm in length and 0.46 cm at the caudal pole and 1.11 cm at the cranial pole.

INTERPRETED BY

Dr Brittany Sinclair,
 BVSc(hons), DACVECC

Spleen

The spleen had a generally smooth homogeneous parenchyma and a smooth capsule with perivascular hyperechoic nodules visualized most consistent with benign myelolipomas. There was normal splenic vasculature with no signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarct changes were noted.

IMAGING PERFORMED BY

Crystal Hill

Liver

HOSPITAL NAME

Acton Vet Clinic

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.

REFERRING VET

Dr. Farberman

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

DATE

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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.

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



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layering maintaining the typical 1:3 muscularis: mucosa layer ratio. There were no focal lesions consistent with obstruction or a mass effect observed.

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.

Pancreas

The visible pancreas was observed to be largely isoechoic to surrounding omental fat.

Lymph Nodes

No clinically significant lymphadenopathy or abnormalities noted.

Free Abdomen

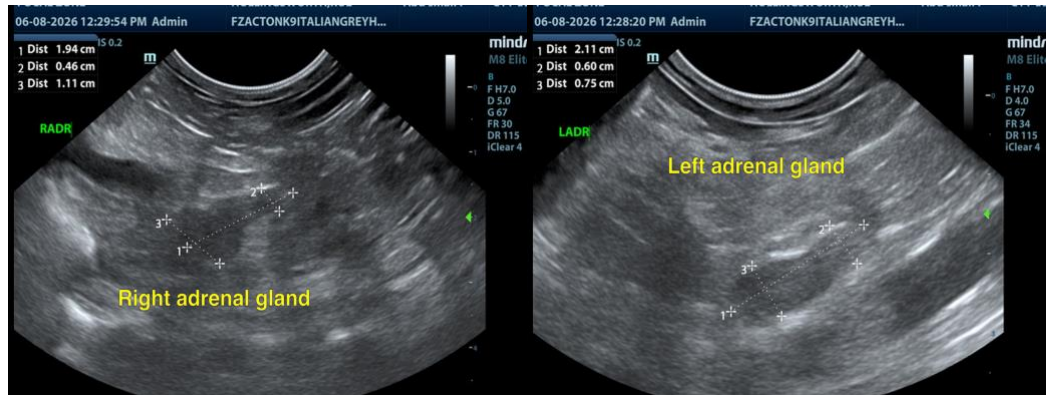
No masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Normal urinary bladder.
- Aging renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause of lower urinary signs is apparent in this study. No urinary bladder stones, mural thickening or signs of inflammation or debris were present. No significant renal abnormalities to explain the lower urinary signs were visualized. Urine culture of a cystocentesis sample (if not already done) with sensitivity is recommended to rule out occult urinary tract infection. 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 vulvovaginitis ascending infections is important. Ultimately cystoscopy may be required for more definitive diagnosis.





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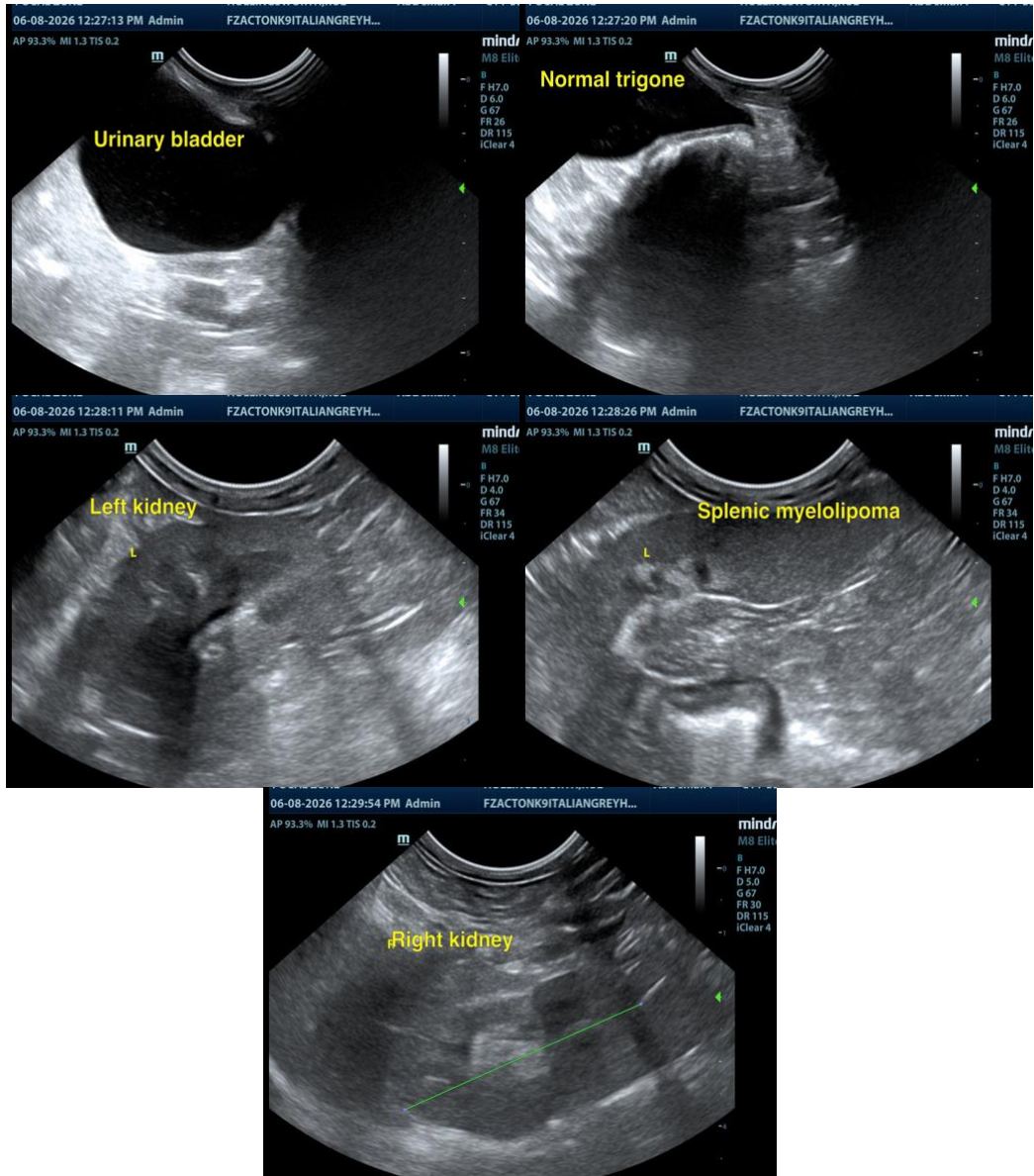
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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