



PATIENT	PRESENTING CLINICAL SIGNS
Cadence Washkau	-presented for 2nd opinion. Not eating since dec, lost 10 pounds. not interested in eating. urinating blood treated with antibiotics seemed to not really help
SPECIES	
Canine	Abnormal PE/Chem/CBC/UA Results: GI tense nonpainful temp 103.6 ua- increased wbc, blood
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Lab Mix	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 3.0 cm. Mild nonuniform thickening of the urinary bladder wall was present. Multiple (estimate at least 4-6) dependent cystic calculi exhibiting mild asymmetrical margination with distal acoustic shadowing were present in the dependent lumen. An example of an echogenicity measured 0.74 cm diameter. The ventral apical urinary bladder wall measured 0.6 cm width.
F/S	
AGE	The area of the aortic trifurcation was free of pathology.
11	
WEIGHT	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 7.0 cm in length. The right kidney measured 7.9 cm in length.
67.8	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were indistinctly visualized without overt pathology. The left adrenal gland subjectively measured 0.84 cm width at the caudal pole. The right adrenal gland subjectively measured 0.55 cm width at the caudal pole.
IMAGING PERFORMED BY	Spleen
Amy Priest	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Small, nondisruptive, hyperechoic nodules were present throughout the medial parenchyma, consistent with benign myelolipomas. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.
HOSPITAL NAME	Liver/ Gallbladder
Long Valley AH	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild congealed hyperechoic gallbladder debris. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Lentis	
INVOICE	
16142	
DATE	
2/10/23	



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with potential for minor retained anechoic fluid with no evidence of gastric distention. No evidence of significant retained ingest, fluid or evidence of foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Cystic calculi with secondary cystitis
- Mild chronic renal changes
- Benign splenic nodules - consistent with benign myelolipomas
- Minor hepatic parenchymal remodeling - benign
- Mild congealed gallbladder debris (non-mucocele)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the hematuria is associated with the cystic calculi and secondary cystitis. No evidence of overt urinary bladder neoplastic criteria. A definitive cause of the patient's weight loss and inappetence was not obvious.

A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss.

Urine C/S to assess for current UTI if off antibiotics for >7 days is suggested. No evidence of a portosystemic shunt was noted. Pending additional diagnostics, cystotomy with urinary bladder mural biopsy and tissue C/S as well as potential gastrointestinal biopsies, given the patient's weight loss, may be considered.



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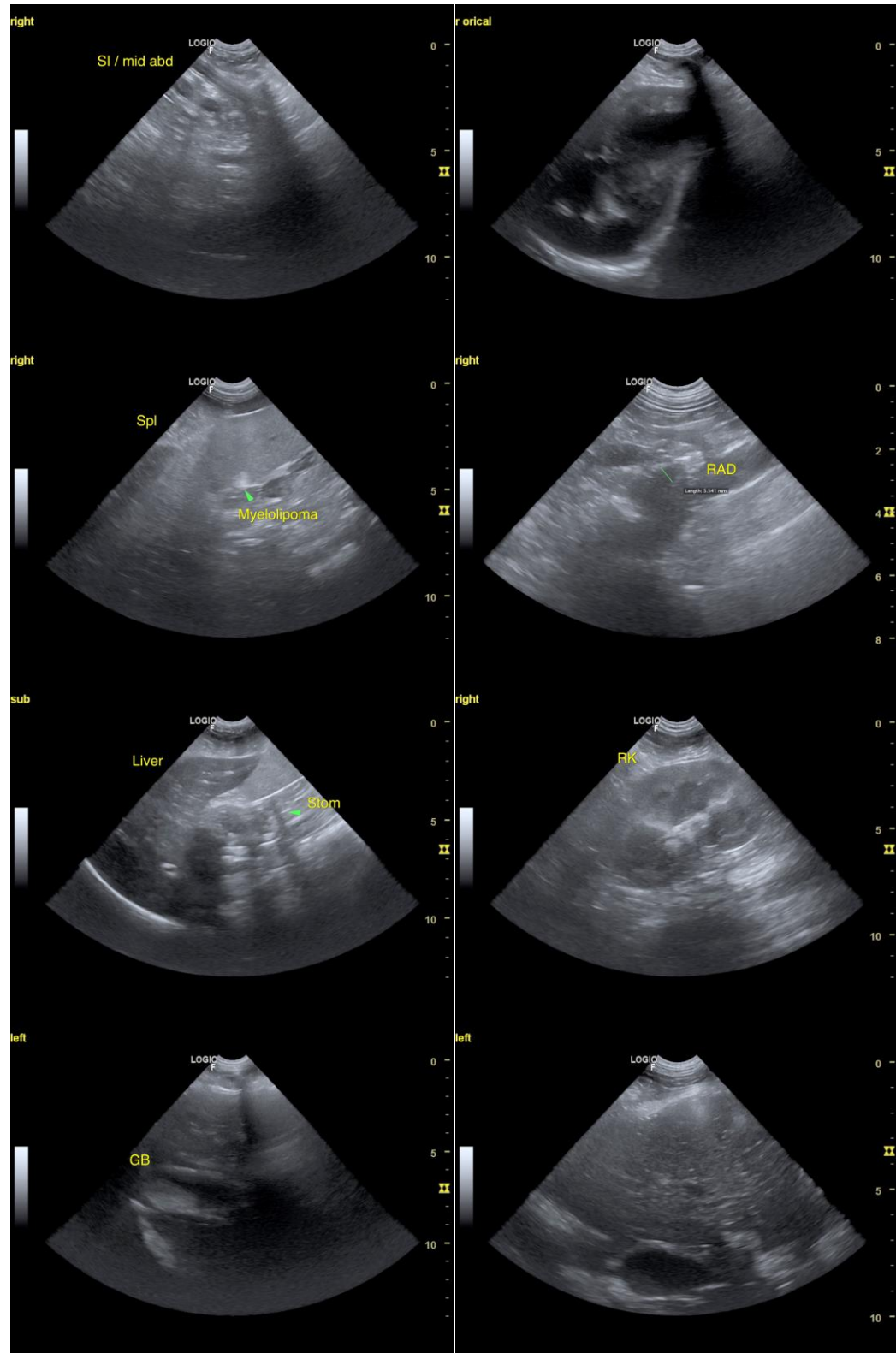
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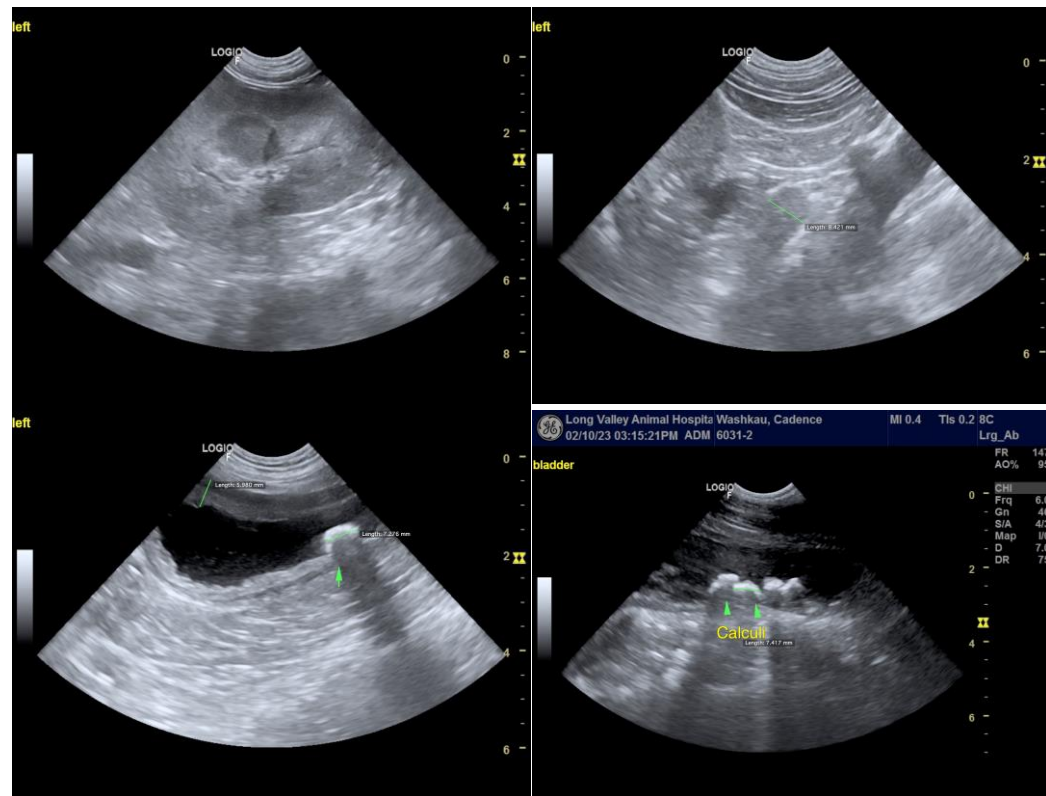
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com