



**PATIENT PRESENTING CLINICAL SIGNS**

**WIDGET DOWNHAM**  
History: February 22nd morning at 5am vomited up bile 3 times, only ate about 1/2 his normal amount in the morning and has been seeming more sleepy/quiet on the 22nd. BM's have been normal, urination in the morning had blood in it on this day.

**SPECIES**

**CANINE**  
Abnormal PE/Chem/CBC/UA Results: CBC and Chem are unremarkable. Urinalysis revealed significant hematuria and pyuria with mild crystalluria. please see attached rads and labs

**BREED**

**LAB**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

**NEUTERED MALE**

The urinary bladder presented mild thickening of the mid ventral apical and mid dorsal walls. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Moderate dependent to focally adhered mineral/sand as well as nondependent particulate to focally mineralized sediment was present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra (to a depth of 3.0 cm) exhibited normal tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. Aortic trifurcation was normal.

**AGE**

**13 YEARS**

No overt pathology in the area of the residual prostate.

**WEIGHT**

**79 LBS.**

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia. The left kidney measured 7.4 cm in length. The right kidney measured 7.3 cm in length.

**INTERPRETED BY**

R. McKenzie Daniel, DVM,  
DABVP (Canine and  
Feline)

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.3 cm in length x 0.69 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.7 cm in length x 0.84 cm width at the caudal pole.

**IMAGING PERFORMED BY**

Kelly Reschny

**Spleen**

**HOSPITAL NAME**

Norwich VS

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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, neoplastic, or benign parenchyma changes were not noted.

**REFERRING VET**

Dr. Saturno

**Liver**

The liver exhibited subjective mild subnormal overall size. 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.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**DATE**

2/28/22

**Gastrointestinal**



**PATIENT** The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained moderate, exhibiting mild near field increased echogenicity with progressive distal shadowing ingesta. The ventral gastric body wall measured 0.48 cm.

Widget Downham

**SPECIES** 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. The duodenum wall measured 0.37 cm.

Canine

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

***Pancreas***

Lab

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 was evident.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

13 Years

- Moderate urinary bladder dependent to focally adhered mineral/sand with nondependent particulate to focally mineralized sediment- likely cystitis
- Mild to moderate bilateral chronic renal changes- no overt pyelonephritis
- Potential mild subnormal liver size with overall normal liver structure
- Overtly normal gastrointestinal tract with moderate gastric ingesta

**WEIGHT**

79 Lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

R. McKenzie Daniel, DVM,  
DABVP (Canine and  
Feline)

Urine culture and sensitivity on sterile urine sample along with cytospin cytology of free catch urine sample to potentially identify crystal or mineral type is recommended. Potential UTI therapy, ideally based in urine culture and sensitivity results. Potential for emerging neoplastic criteria in the bladder is considered a less likely differential diagnosis yet cannot be definitively excluded. Screening BRAF assay warranted.

**IMAGING PERFORMED BY**

Kelly Reschny

The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree some of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**HOSPITAL NAME**

Norwich VS

**REFERRING VET**

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The clinical significance of the subjective potential for mild subnormal liver is unclear, yet likely incidental given normal overall hepatic functionality in the face of normal BUN, glucose and albumin levels as well as lack of hepatic enzyme elevations.

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**SPECIES**

Canine

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**HOSPITAL NAME**

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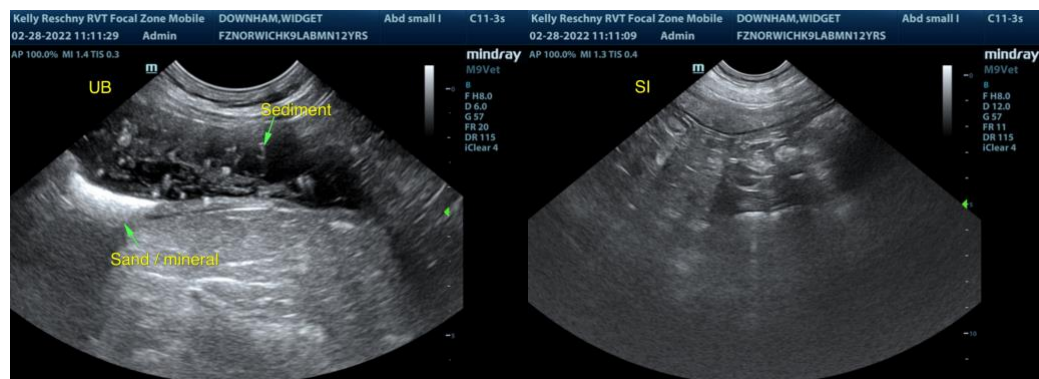
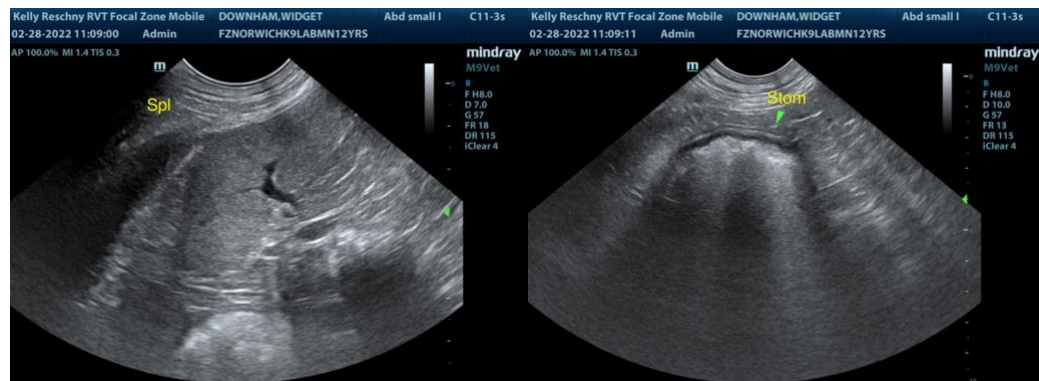
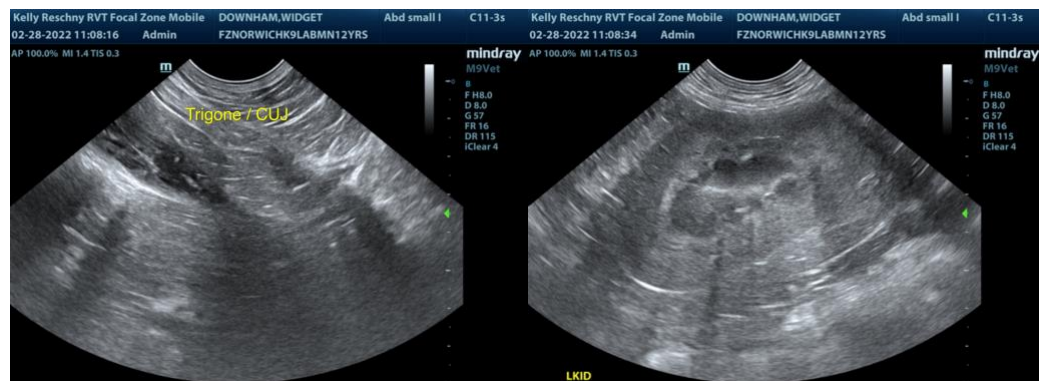
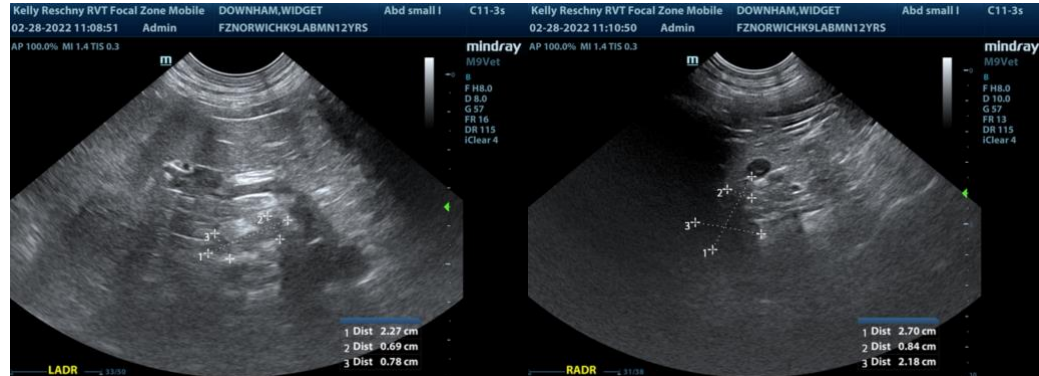
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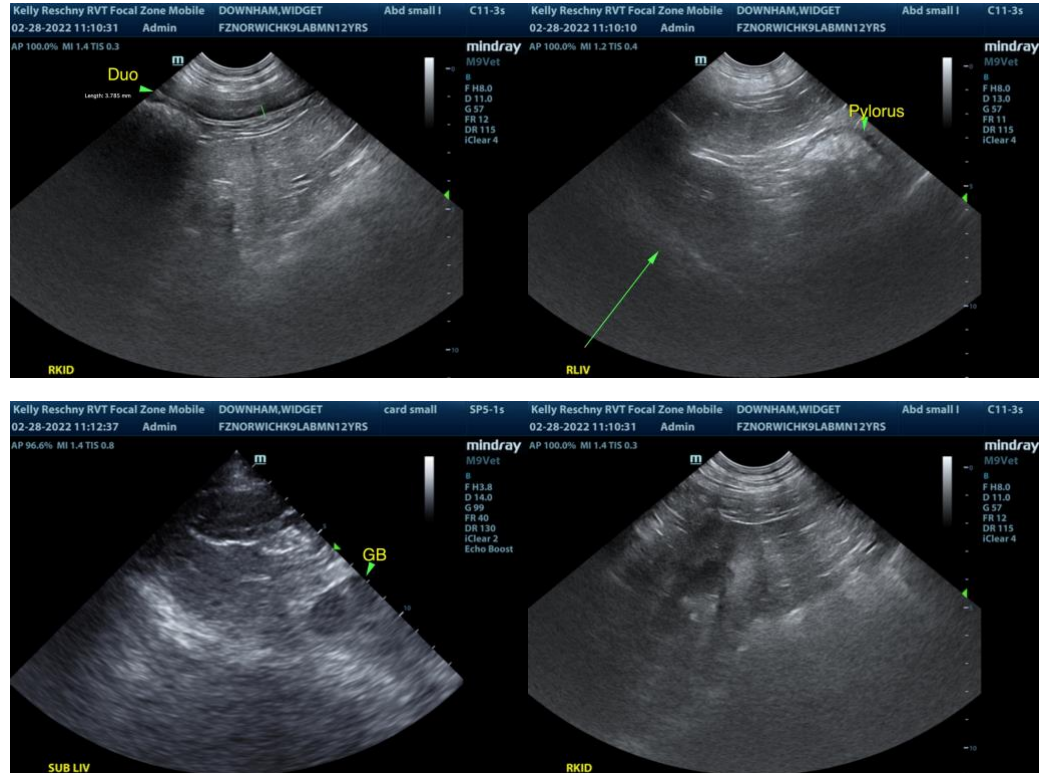
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
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