

## PATIENT

Dodger Hill **PRESENTING CLINICAL SIGNS**

## SPECIES

Canine

## BREED

Lab X

No sedation. Urine protein creatinine ratio is increased. Urine Protein/Creatinine Ratio Protein 206.4 mg/dL Creatinine 176.3 Urine/Protein Creatin 1.2 A: Protein losing nephropathy, glomerular disease, antibody and an antigen complex, other.

Abnormal PE/Chem/CBC/UA Results: Chemistry screen: BUN 27, Crea 0.9 BUNCREA ratio 30, Ca 11.5, TRIG 625 CBC: No significant finding. Heartworm test antigen: Negative Fecal: No eggs or parasites seen Urinalysis: Increased protein likely from specific gravity upper end of normal. A: Proteinuria. DDX: Open

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### SEX

Neutered Male

#### *Urinary System*

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

### AGE

8 Years

The prostate is normal in size (0.68 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

### WEIGHT

75 Pounds

The left kidney has a normal shape and size (7.04 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## INTERPRETED BY

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

The right kidney has a normal shape and size (7.22 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

#### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.70 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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The right adrenal gland is normal in size measuring 0.64 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

## REFERRING VET

Dr. Schmitt

#### *Spleen*

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

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## PATIENT

Dodger Hill **Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

## SPECIES

Canine

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

## BREED

Lab X

### **Gastrointestinal**

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

## SEX

Neutered Male

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measures 0.44 cm. Jejunum wall measures 0.31 cm. Mild mucosal speckling is visualized. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

## AGE

8 Years

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. 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.

## WEIGHT

75 Pounds

### **Pancreas**

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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### **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Occasional prominent mesenteric lymph nodes are visualized. One measures 0.70 cm.

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LVT

## ULTRASONOGRAPHIC FINDINGS

- Mild mucosal speckling of the small intestine – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.
- Prominent/visible mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

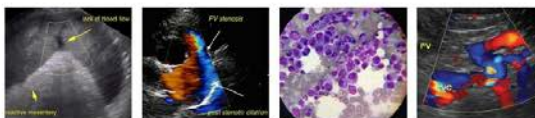
Today's scan is relatively normal. There is some mild mucosal speckling visualized associated with the small intestine. If there are no symptoms associated with underlying gastrointestinal disease, the significance of this is uncertain. If chronic GI symptoms are present, then consider further workup for underlying GI disease.

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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY  
pawsonography@gmail.com 530-786-8340

**PATIENT**

Dodger Hill The prominent mesenteric lymph nodes are likely incidental but should continue to be monitored.

**SPECIES**

Canine

This is relatively mild proteinuria but should be monitored closely. Consider a blood pressure evaluation, urine culture, and starting omega-3 fatty acids. Recommend continuing to monitor the urine protein levels and consider more aggressive medical therapy if these levels are increasing. Additionally, I typically recommend evaluating urine protein to creatinine ratios on a pooled sample of urine from throughout the day (I have the owner collect 3 samples at home and bring them in, pool them, and submit them), as this will give a more accurate picture of the true level. There is good information on the treatment of proteinuria on ACVIM's website at [www.acvim.org](http://www.acvim.org) under "Consensus Statements".

**BREED**

Lab X

**SEX**

Neutered Male

**AGE**

8 Years

**WEIGHT**

75 Pounds

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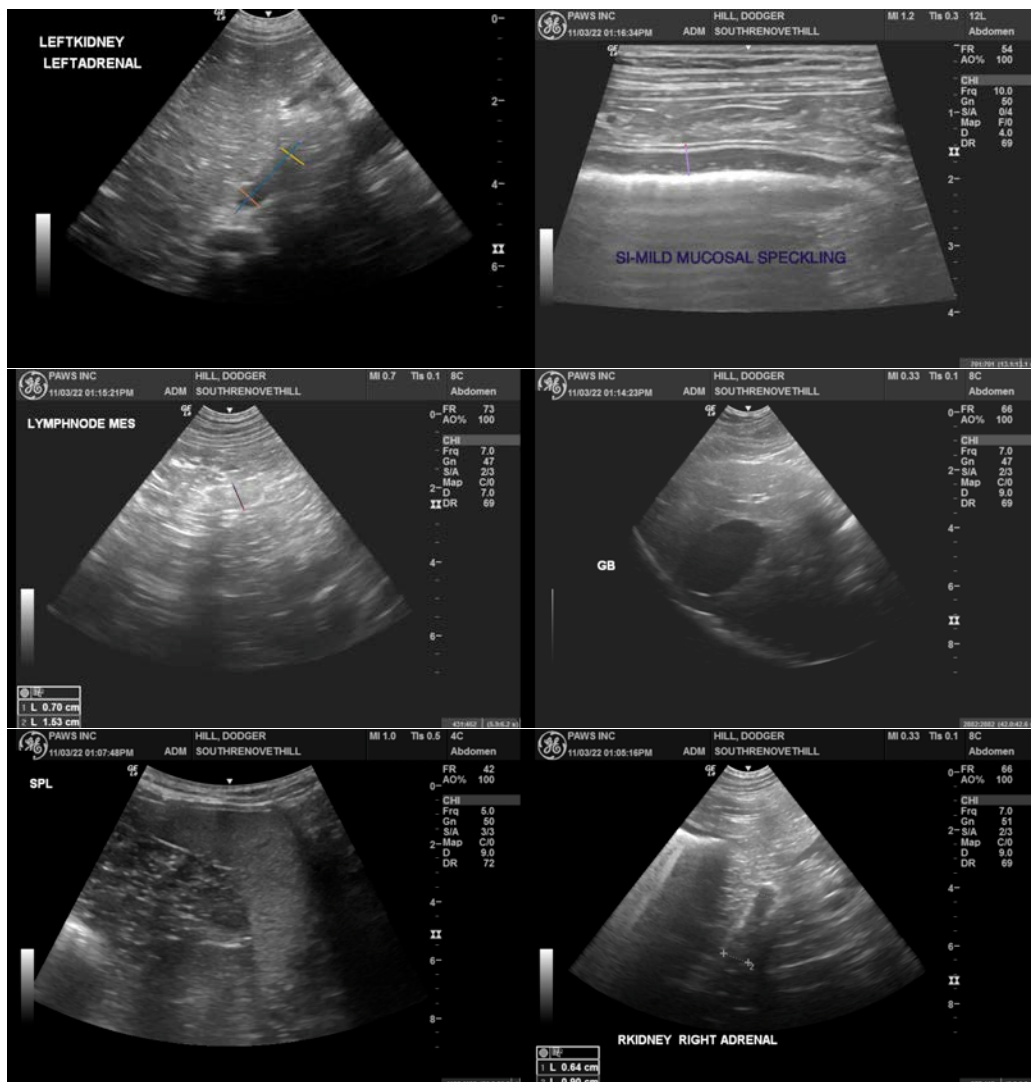
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**PATIENT**

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**SPECIES**

Canine

**BREED**

Lab X

**SEX**

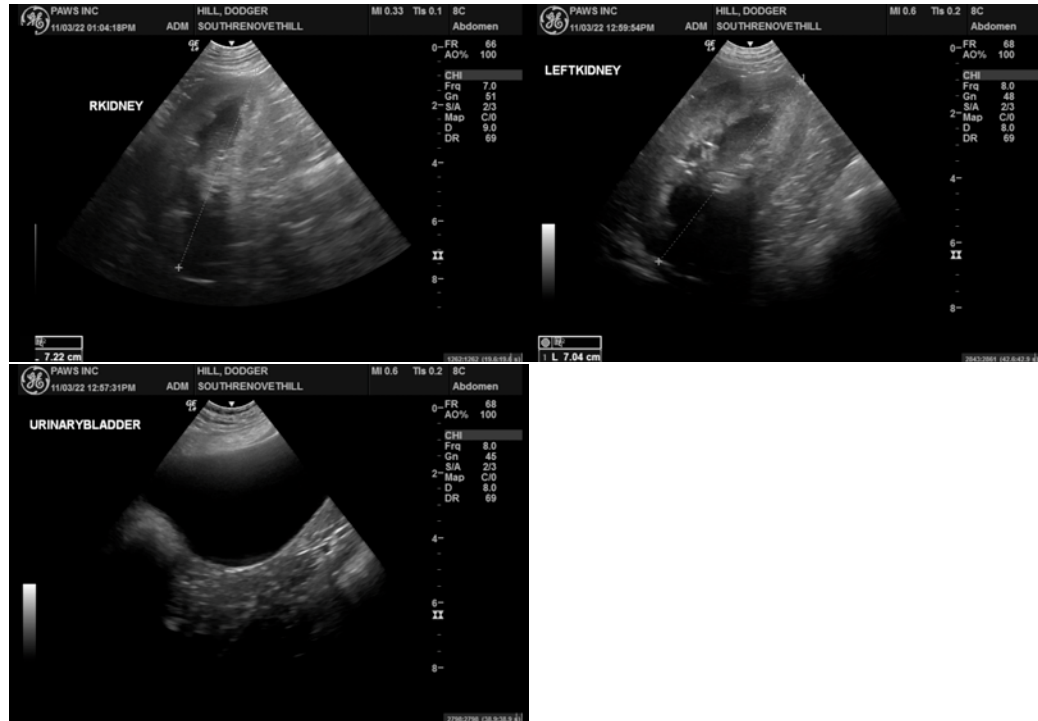
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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