

**PATIENT PRESENTING CLINICAL SIGNS**

Lexi Ankersmit

**SPECIES**

Canine

**BREED**

Wheaton

**SEX**

Intact Female

**AGE**

9 Years

**WEIGHT**

15.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Hillview Vet Clinic

**REFERRING VET**

Dr. Stevenson

**INVOICE**

45591

**DATE**

3/1/23

Presented Feb 21/23-not eating well or drinking well. Started a week previously. Not herself. Did bloodwork. Home with Gabapentin. Non regenerative or pre regenerative anemia. Proteinuria. Protein/creatinine ratio:polynephritis. Abnormalities in the labwork. Not eating/not herself. Back pain. Suspect kidney issues, discospondylitis, pyelonephritis? Excessive protein loss in urine but does not explain blood abnormalities. No definitive diagnosis, next step ultrasound. Feb Current Medications Gabapentin 100mg 2 capsules every 8-12 hours for pain control as needed.

Abnormal PE/Chem/CBC/UA Results: Diagnostic result printed 2023-02-27 8:29 a.m. Details Hematology 2/22/23 3:03 a.m. RBC 4.6 5.4 - 8.7 x10<sup>12</sup>/L Hematocrit 0.30 0.38 - 0.57 L/L Hemoglobin 105 134 - 207 g Reticulocyte Hemoglobin 23.2 24.5 - 31.8 pg Basophils 0.0 0.0 - 0.1 x10<sup>9</sup>/L Platelets 84 143 - 448 x10<sup>9</sup>/L Platelet Observations Mild platelet clumping observed Platelet clumping can artificially lower the Platelet Count. The number and size of these clumps, as well as the platelet count, are taken into consideration in the final platelet assessment. Platelets appear mildly decreased (>100 x 10E9/L to adequate). CBC Comment RBC, WBC, and platelet morphology normal Albumin 21 27 - 39 g/L Globulin 41 24 - 40 g/L Albumin: Globulin Ratio 0.5 0.7 - 1.5 ALP 270 5 - 160 U/L Urine Protein 100 mg/dL Urine Protein: Creatinine Ratio. 2.1 0.0 - 0.2

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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.

The left kidney has a normal shape and size (5.76 cm). Overall echogenicity is slightly hyperechoic with poor 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.

The right kidney has a normal shape and size (5.01 cm). Overall echogenicity is slightly hyperechoic with poor 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.

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.62 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.

The right adrenal gland is normal in size measuring 0.67 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.

**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.



**PATIENT** *Liver*

Lexi Ankersmit 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.

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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.

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**Gastrointestinal**

**SEX**

Intact Female

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. 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 minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.40 cm. Jejunum wall measures 0.32 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
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**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.

**IMAGING PERFORMED BY**

Kelly Reschny

**Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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**ULTRASONOGRAPHIC FINDINGS**

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- Mildly reduced corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.
- Moderate ingesta within the gastric lumen – Findings are most consistent with a non-fasted patient or delayed gastric emptying.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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There are nor prominent focal lesions to explain the anemia, lumbar pain, and possible hypoalbuminemia noted. Urine protein to creatinine ratio is mildly to moderately elevated. Correlate this with urine culture to ensure this is not secondary to an active sediment, etc. Recommend blood pressure evaluation and screening for Vector borne disease (I like NC State's vector borne disease lab's canine comprehensive panel). Additionally, Wheaton's get a breed associated protein losing enteropathy and nephropathy.

There's no obvious source for the lumbar pain noted on today's exam. Consider the possibility of spinal pain, muscle pain, polyarthritis, etc. Recommend spinal films and consider evaluation by a veterinary



**PATIENT**

surgeon or neurologist, looking for supportive evidence of possible back pain.

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The anemia reported is relatively mild and could be associated with anemia of chronic disease, or a primary issue with production loss or destruction. Recommend a pathologist review of a blood smear, a reticulocyte count, and evaluation of the stool for melena.

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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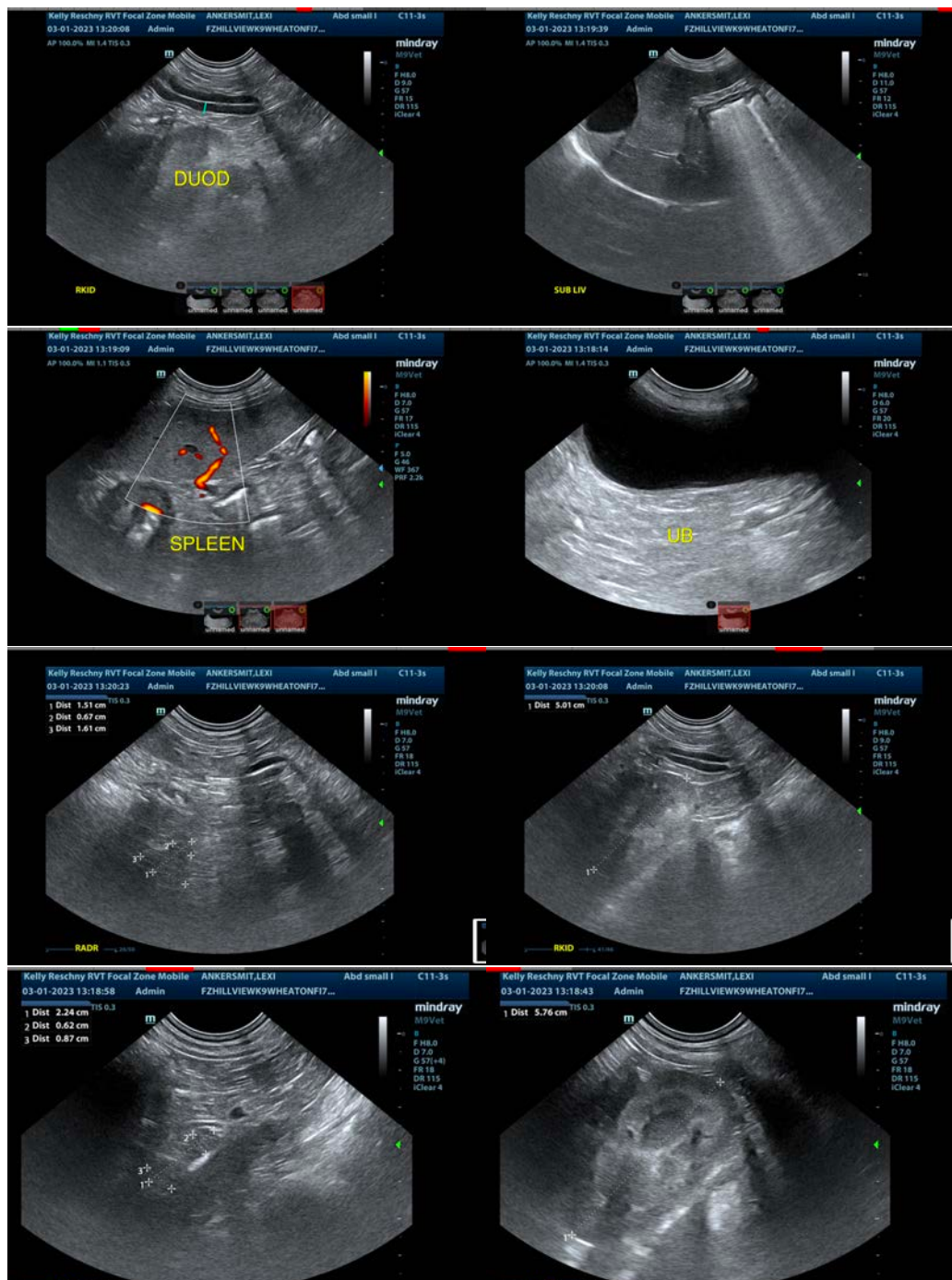
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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