



PATIENT

Princess Moser

PRESENTING CLINICAL SIGNS

SPECIES

Canine

AUS to evaluate liver and kidneys to find a cause for secondary erythrocytosis PCV 73%. Some bleeding of the gums. No heart murmur. Came in a month ago for mild fever, anorexia and lethargy. Seems to be doing better
Abnormal PE/Chem/CBC/UA Results: USG 1010

BREED

Chihuahua

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.

SEX

Spayed Female

The left kidney has a normal shape and size (4.17 cm) with a single small non-obstructive nephrolith measuring 0.29 cm. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

AGE

5 Years

The right kidney has a normal shape and size (4.3 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

21 Pounds

Adrenal Glands

The left adrenal gland is normal in size measuring 0.71 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.

INTERPRETED BY

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

The right adrenal gland is normal in size measuring 0.57 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mottled, 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.

HOSPITAL NAME

Fallon Vet Clinic

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.

REFERRING VET

Dr. Sarah Storm

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

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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.

SPECIES

Canine

BREED

Chihuahua

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. Jejunum wall measured 0.34 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

SEX

Spayed Female

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. Wall thickness measures 0.19 cm.

AGE

5 Years

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.

WEIGHT

21 Pounds

Free Abdomen

There is no significant free fluid. The mesenteric lymph nodes appear normal. The sublumbar lymph nodes are 0.57 cm and 0.40 cm, respectively. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

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- Small, non-obstructive nephrolith visualized in the left kidney – The hyperechoic mineralized foci observed at the corticomedullary junction of the left kidney are consistent with small, non-obstructive nephroliths.
- Moderate hyperechoic gallbladder sludge – The gallbladder wall appears normal and there is no surrounding inflammation. This is likely an incidental finding.

IMAGING BY

Loetitia Saint-Jacques,
LVT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. There is no evidence of underlying neoplasia, renal masses, etc. to explain the polycythemia noted. Recommend CBC with pathologist review, rechecking of the red blood cell count, and you could consider workup for polycythemia, although bleeding of the gums is not a typical clinical sign associated with this condition. The workup for polycythemia may include:

REFERRING VET

Dr. Sarah Storm

1. Cardiopulmonary evaluation (Thoracic radiographs and echo) to determine if conditions may be resulting in poor oxygenation and stimulation of EPO
2. Arterial blood gas evaluation to assess whether decreased oxygen may be present and stimulated EPO

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Portable Animal Western Sonography, Inc.

IMAGING PERFORMED BY
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3. Ultrasound to assess kidney - looking for possible mass that may be stimulating increased RBC (today's scan makes this unlikely)

SPECIES

Canine

4. Erythropoietin assay - not currently available, to my knowledge, in the USA

BREED

Chihuahua

In general, if you rule out poor oxygenation or increased EPO production due to kidney mass, then an idiopathic increase in EPO is more likely. Periodic phlebotomy may be helpful...if it becomes hard to manage with that, then hydroxyurea may be considered. This can be a tough medication to tolerate in some individuals and should be carefully monitored.

SEX

Spayed Female

AGE

5 Years

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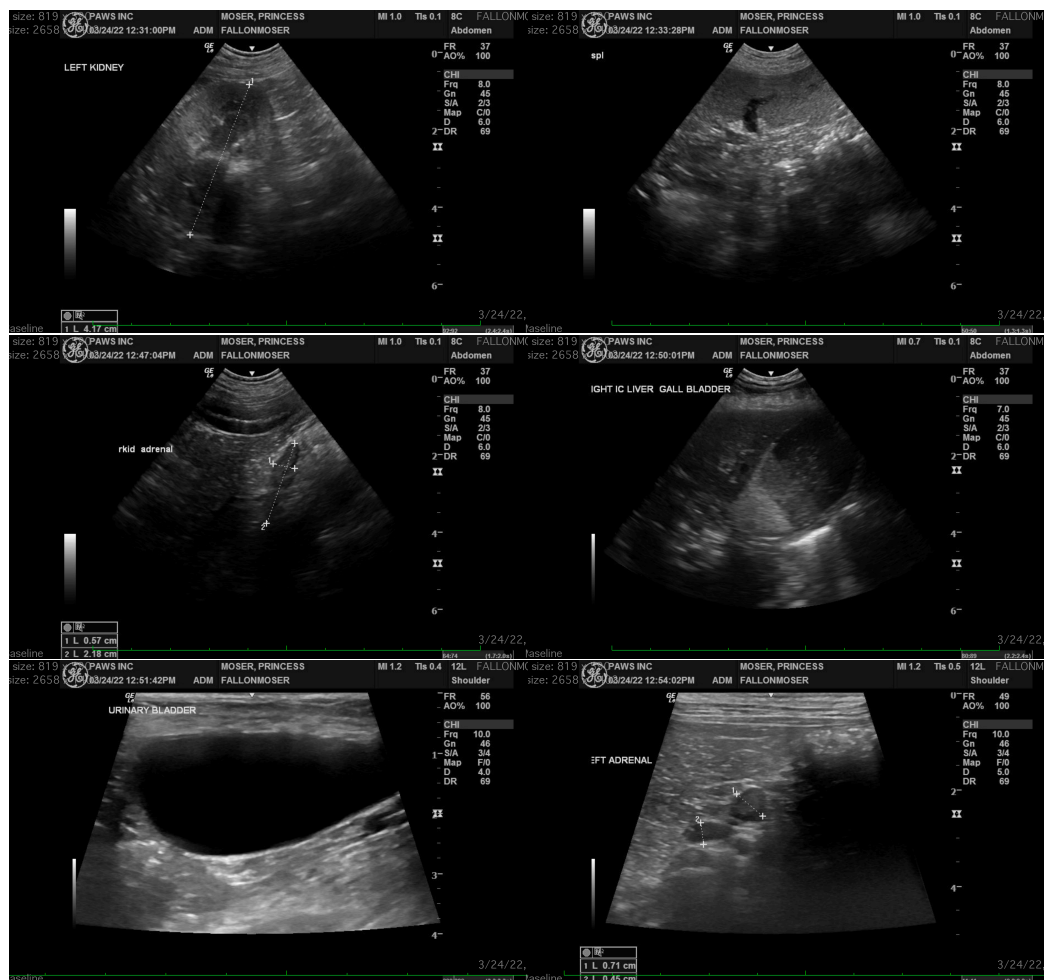
Dr. Sarah Storm

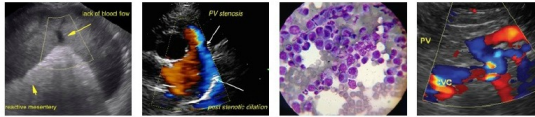
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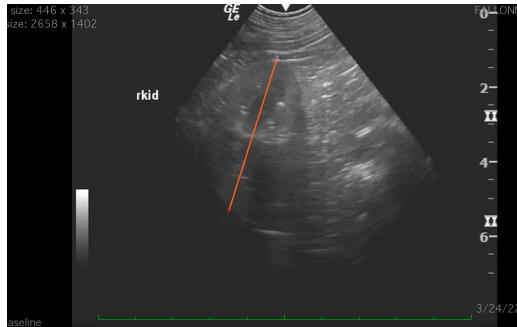
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SEX

Spayed Female

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.

AGE

5 Years

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.

WEIGHT

21 Pounds

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