



PATIENT

Sophie Seldin

SPECIES

Canine

BREED

Wheaton Terrier

SEX

Spayed Female

AGE

5 Years

WEIGHT

36 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Megan Cassels
Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Janeen Lezcano

INVOICE

46641

DATE

4/13/23

PRESENTING CLINICAL SIGNS

P presented for biannual wellness exam on 1/2023. Her wellness blood work showed azotemia and proteinuria. P is presently on Prozac 10mg once daily for anxiety issues. P was diagnosed with Parvo and pneumonia as a puppy but was able to recover. During her hospitalization as a puppy back in 6/2018 pet was also thought to be atypical Addison's. P was treated with prednisone and very slowly weaned off. Few cortisol levels were performed off prednisone and no hypocortisolemia was noted. P is current on all vaccines including Lepto but pet does go to daycare and has outdoor time with limited supervision. At the time of presentation pet was asymptomatic. A weight loss was noted after starting k/d 2 months ago but thought to be due to food preference. PE is normal on this pet.

Abnormal PE/Chem/CBC/UA Results: 4/9/2023: CBC: eosinophilia Chem: creat: 2.3H UA, free catch: SG: 1.017, 3+ prot, pyuria, crystalluria UPC: 1.7H 1/2023: CBC: NSF mini Chem: creat: 1.7H UA, free catch: SG: 1.026, 3+ prot, quiet sediment UPC: 1.1 UCS: no growth BP: 138-140mmHg Most recent resting cortisol 7/25/2020: WNL 5.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly 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 (5.5 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.

The right kidney has a normal shape and size (5.45 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.58 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 0.71 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.

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.



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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

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.

BREED

Wheaton Terrier

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 0.52 cm. Jejunum wall measures 0.37 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.

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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.

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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

- No significant ultrasonographic lesions visualized

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal for a 5 year old Wheaton. No obvious lesions are visualized to be causing the proteinuria reported or to be complicating it. Unfortunately, this breed has a known predisposition for protein losing nephropathy. Recommend a urine protein to creatinine ratio, urinalysis and culture. I would also consider a full ACTH stimulation test, as this pet has had a questionable history with Addison's and it is very common in this breed as well.

REFERRING VET

Dr. Janeen Lezcano

There are many sites that provide information regarding protein losing nephropathy and other soft coated Wheaton issues. The soft coated Wheaton club of America and other websites are available for you and your clients. I also believe University of Pennsylvania has a genetic test looking for proteinuria in soft coated Wheatons (PennGen). More information is available on their website.

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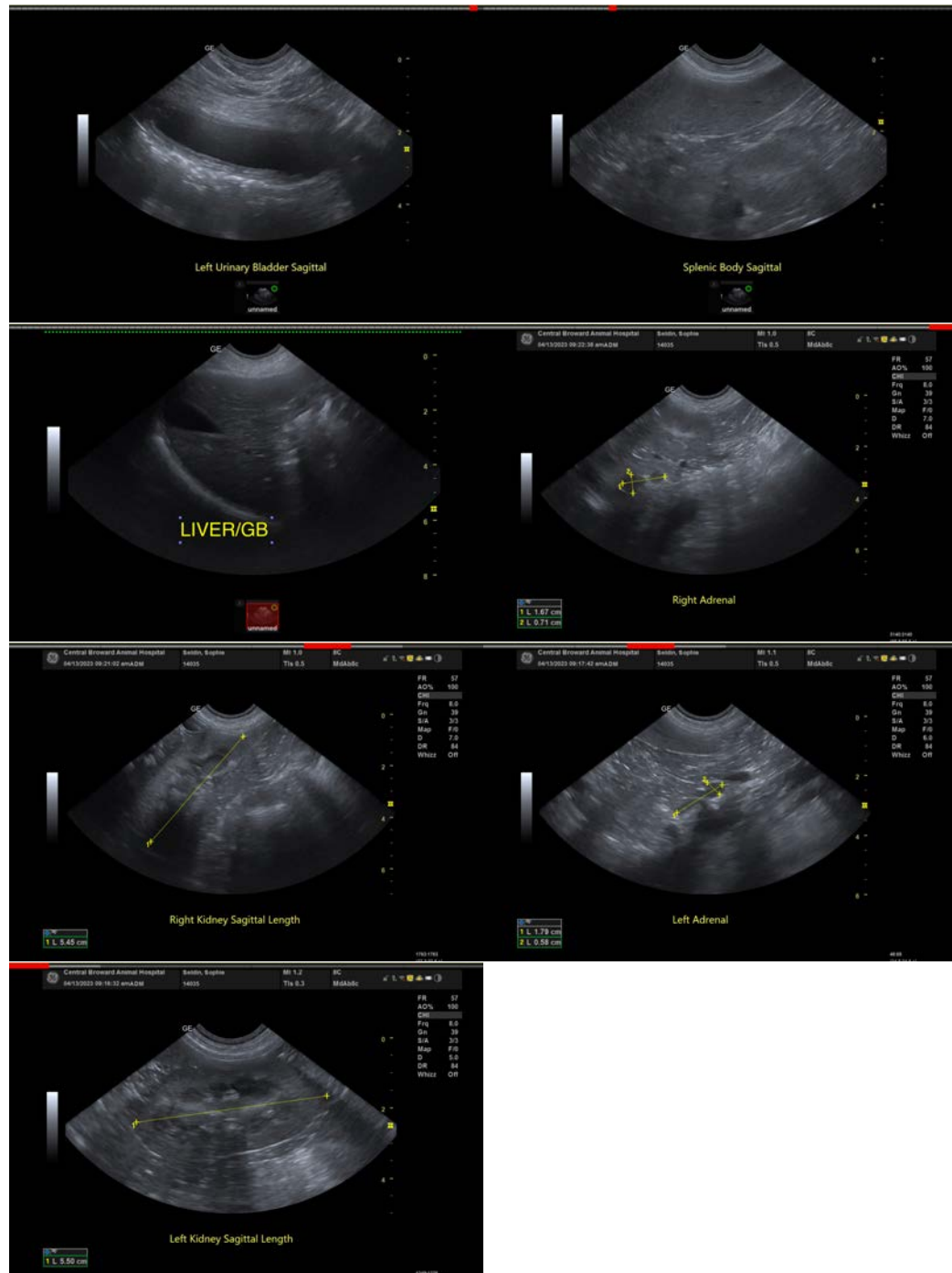
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

kathleen.sennello@sonopath.com