



## DATE PRESENTING CLINICAL SIGNS

5/5/26

**Patient History:** Under weight, severe dental disease, hypoproteinemia, hypoalbuminemia, anemia + WBC increase, had dental and WBC decreased

## PATIENT

Chewy Kempinger

**Current Medications:** Prednisone 1mg BID for 2 weeks

**Labwork Results:** Labwork attached, reported as: 3/30/26 ALB = 1.6, PCV= 28%, WBC= 22,900. Initial visit- 2/26 WBC= 56,510

## SPECIES

Canine

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Not requested.

**Imaging Performed by:** Rachel Brillhart, RDMS.

## BREED

Pomeranian

## 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

10/26/12

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

### WEIGHT

3.5 lbs

The left kidney has a normal shape and size (3.26 cm) with numerous non-obstructive nephroliths/cortical mineralizations. 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, 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 (3.21 cm) with numerous small non-obstructive nephroliths/cortical mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

## HOSPITAL NAME

Bel Air Veterinary  
Hospital

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 cm at the cranial pole and 0.48 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.

## REFERRING VET

Dr. Schmidt

The right adrenal gland is normal in size measuring 0.42 cm at the cranial pole and 0.42 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.

## INVOICE

74961

### Spleen

The spleen is subjectively normal in size (0.82 cm), 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.

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.

### ***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.

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 0.35 cm. Jejunum wall measures 0.26 cm. Visualized peristalsis appears appropriate. Some areas of small intestine exhibit mucosal fogging and speckling.

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.

### ***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.

### ***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.

## **ULTRASONOGRAPHIC FINDINGS**

- Age related changes and mineralization/non-obstructive nephroliths visualized associated with both kidneys.
- Diffuse mild small intestinal thickening with mucosal fogging and speckling – Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc.. in the mucosal crypts.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine appears mildly diffusely thickened with some mucosal fogging and speckling. Given the history provided, this would be suggestive of an underlying enteropathy/protein losing enteropathy. The most likely differentials would include IBD +/- lymphangiectasia or less likely round cell neoplasia. A definitive diagnosis would require intestinal biopsies. Consider the following for initial steps:

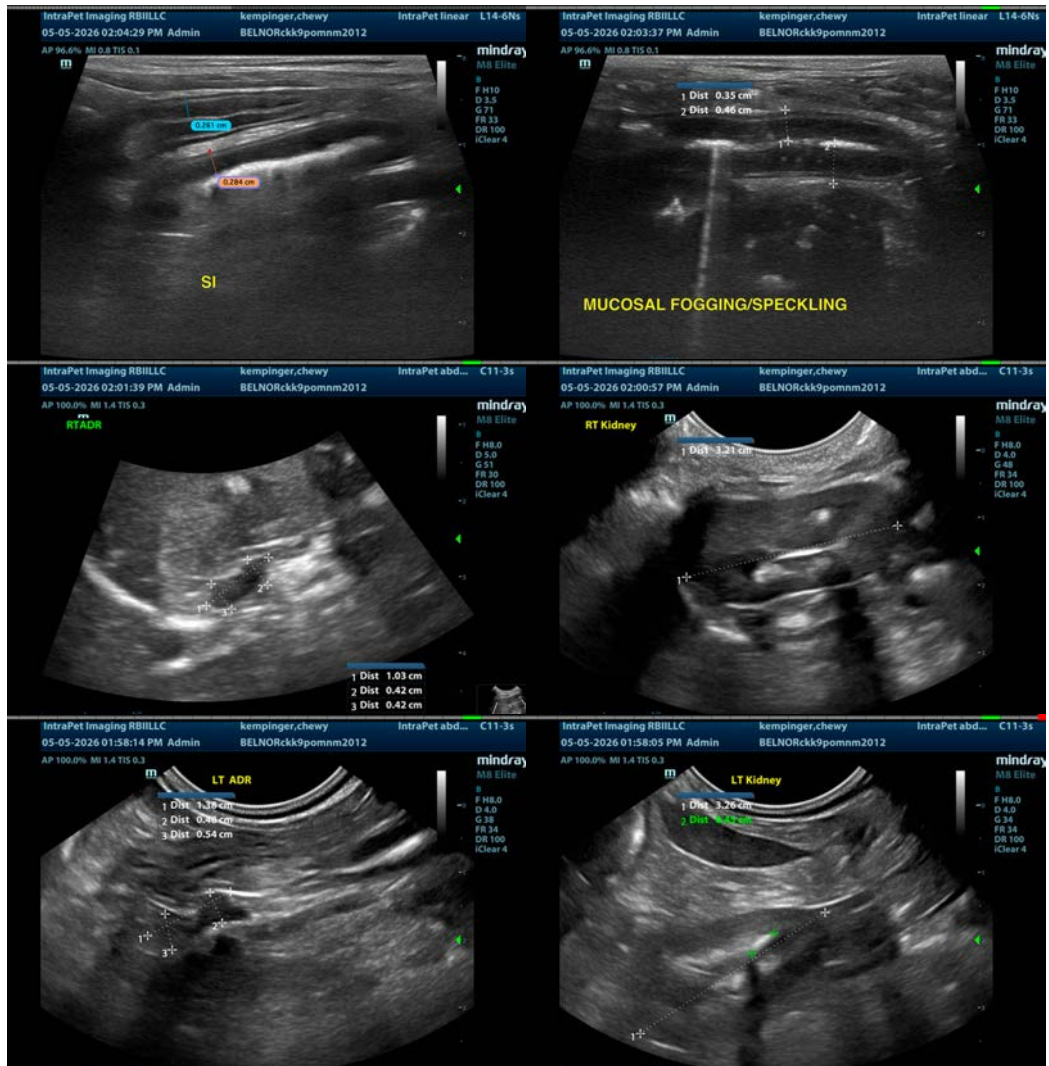
- Recommend a combination ultra low-fat/hydrolyzed protein prescription diet (Royal Canin has this formulation).

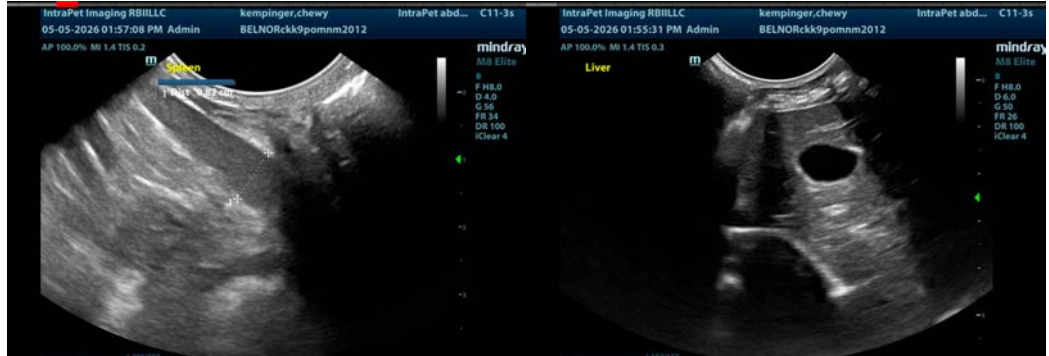
- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.
- Recommend probiotic therapy.

Both kidneys have changes consistent with chronic renal disease with mineralizations. Consider a urine protein to creatinine ratio to further evaluate, looking for possible concurrent protein loss from the kidneys.

If patient is not responding to therapy, options could include endoscopic GI biopsies and/or follow up imaging, looking for progression of today's lesions or the development of new lesions.

Recommend 3-view thoracic radiographs, looking for any pleural effusion, pulmonary lesions, etc. (if not already done).





**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)  
info@sonopath.com