



PATIENT

Zeb Giunta

SPECIES

Canine

BREED

Brittany Spaniel

SEX

Neutered Male

AGE

4 Years

WEIGHT

53 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Branchville Country Vet

REFERRING VET

Dr. Sherri Talbot-
Valero

INVOICE

13834

DATE

10/18/21

PRESENTING CLINICAL SIGNS

History: Severely chronic up and down elevated liver enzymes. Clinically normal. Had an enlarged testicular mass -recently removed- Sertoli cell tumor, low met rate & completely retained in testicle. Had prostate enlargement which has resolved with neuter. Current meds: Denamarin

Abnormal PE/Chem/CBC/UA Results: AST 467, ALT 5083, ALKP 1229, GGTP 46, TBili .5, Chol 650. Bile acids elevated on prior bw, not repeated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The residual prostate was uniform, measuring 1.21 cm.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.07 cm. The left kidney measured 6.07 cm. An anechoic cyst was noted at the dorsal cortex of the left kidney.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.01 cm x 0.99 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 2.08 cm 0.5 cm at the cranial pole and 0.63 cm at the caudal pole.

Spleen

The **spleen** revealed an expansive hypoechoic parenchymal mass, measuring 2.6 cm. A separate splenic lesion was also noted, measuring 2.0 cm.

Liver

The **liver** revealed multifocal hypoechoic ill-defined nodular changes (up to 2.9 cm). The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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Other

A rapid view of the **heart** revealed no evident pathology in the right auricle.

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ULTRASONOGRAPHIC FINDINGS

- Splenic mass, possible abscessation and separate splenic lesion
- Undefined nodular hepatic changes, possible abscessation
- Left kidney anechoic cyst

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

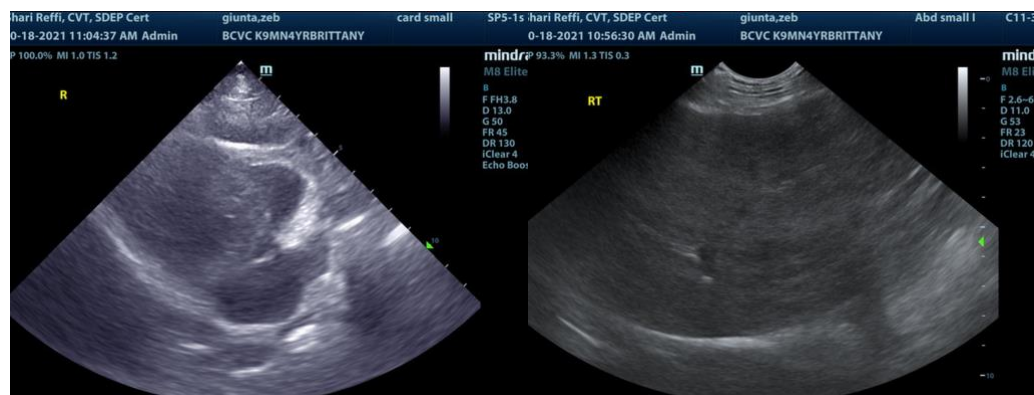
The hepatic and splenic lesions may be incidental. Leptospirosis or other acute insult to the liver should be considered as a potential. Round cell neoplasia is also a potential. Ultrasound guided FNA of the splenic mass and nodule as well as the liver nodules recommended for staging purposes. IV ampicillin, nutraceuticals, leptospirosis titers all recommended. Guarded prognosis dependent upon cytology results.

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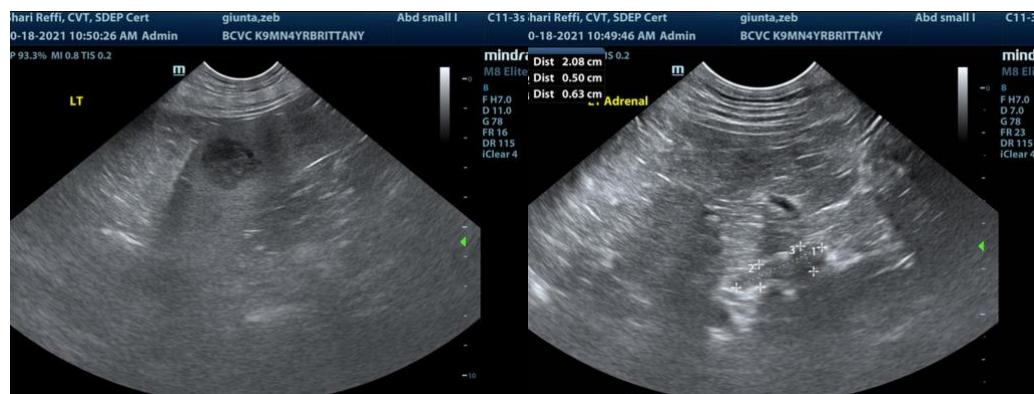
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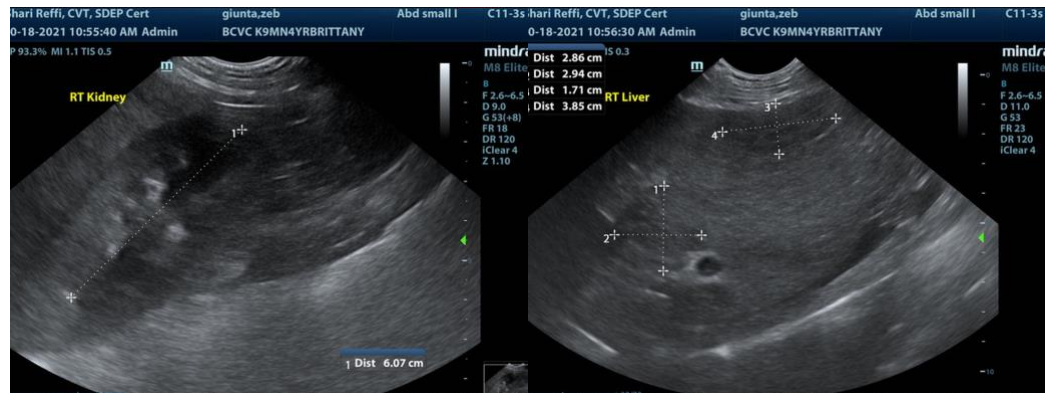
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com