



PATIENT

Gucci Anaman

SPECIES

Canine

BREED

Boston Terrier

SEX

Spayed Female

AGE

10 Years

WEIGHT

15.8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Stephanie Cory

HOSPITAL NAME

Brighton Veterinary
Clinic

REFERRING VET

Dr. Schaefer

INVOICE

72339

DATE

1/21/26

PRESENTING CLINICAL SIGNS

AUS performed on January 14th/2026. Hx of copper storage hepatopathy. Liver values currently normal. Renal values wnl on today's bloodwork (Jan 14th/2026). In today for removal of cutaneous masses on ventral abdomen which was a plasmacytoma on histopath.

Concerns: spleen - is this age-related mottling, or should this be sampled if masses come back as round cell. Kidneys - suspect dystrophic mineralization. Liver - any comments on appearance? No current concerns clinically or on bloodwork, but hx of copper storage hepatopathy.

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 (4.23 cm) with occasional pinpoint cortical mineralizations most consistent with dystrophic mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.1 cm) with occasional pinpoint cortical mineralizations most consistent with dystrophic mineralizations. 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, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.60 cm at the cranial pole and 0.55 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 region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

Spleen

The spleen is normal to borderline "plump" measuring 2.25 cm. The 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 normal to borderline small in size and normal in echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There are pinpoint hyperechoic foci visualized in the parenchyma most consistent with dystrophic mineralization.



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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 moderate fluid. It measures at a normal thickness of 0.56 cm near the pylorus 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 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 0.55 cm. Jejunum wall measures 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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. No significant lymphadenopathy noted. A jejunal lymph node is visualized measuring 0.44 cm. The omentum is normal in echogenicity.

ULTRASONOGRAPHIC FINDINGS

- “Plump” spleen – Possible differentials include anatomic variation, less likely congestion, infiltration, splenitis, lymphoid hyperplasia, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen appears relatively normal, although it is slightly subjectively “plump”. The significance of this is uncertain. If round cell neoplasia is identified based on the biopsies obtained, options would include a fine needle aspirate of the spleen or continued monitoring with ultrasound.

No focal lesions are visualized associated with the liver. It is subjectively normal/borderline small in size, possibly with fewer portal triads. Recommend monitoring with pre- and post-prandial bile acids to assess liver function in addition to routine lab work. If liver function is abnormal, repeat biopsies of the liver should be considered for histopathology, cultures and copper levels.



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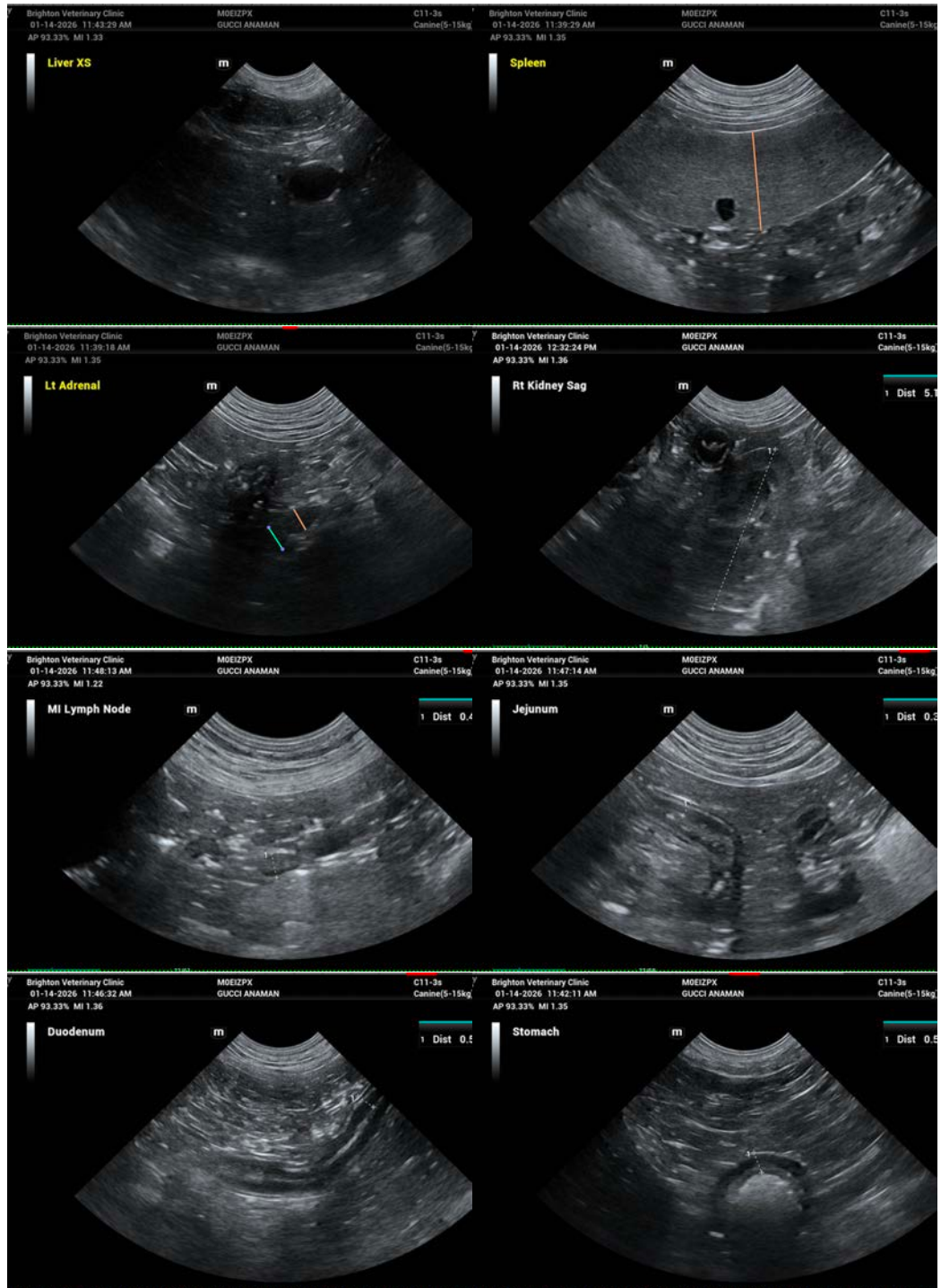
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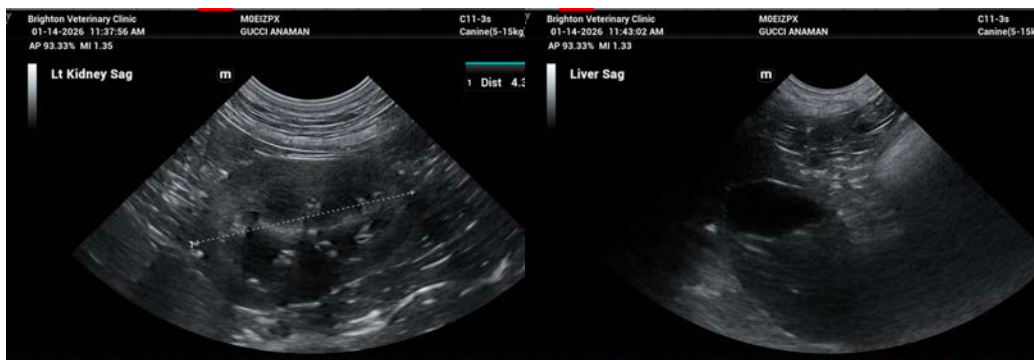
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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