

PATIENT

Zeke Galperin

PRESENTING CLINICAL SIGNS

SPECIES

Canine

recheck abdominal u/s for lymphadenopathy p. was dx with sertoli cell tumors bilaterally in testes and there is concern about metastasis from L testicle, abnormal cells seen in lymph vessels FNA to be performed if there is continued LN enlargement Relevant Medical History and Physical Exam findings: ~ also diagnosed hypothyroid and was just started on thyroid medication~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~ hypothyroid slt elevated cholesterol cbc no clinical sig 4dx neg borderline proteinuric Med thyroxine

BREED

Lab Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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

8 Years

The prostate is normal in size (2.57 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi. This is markedly improved from the previous scan (2/17/22), which showed the prostatic size at 4.74 cm prior to castration.

WEIGHT

76 Pounds

The left kidney has a normal shape and size (6.22 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 hydroureter. Renal vasculature is normal.

INTERPRETED BY

Kathleen Sennello DVM,
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Medicine)

The right kidney has a normal shape and size (6.04 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 hydroureter. Renal vasculature is normal.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 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 0.52 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.

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Spleen

The spleen is subjectively normal in size with a slightly rounded shape. 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.

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Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

SPECIES

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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 primarily anechoic. 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.

SEX

Neutered Male

AGE

8 Years

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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

WEIGHT

76 Pounds

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. Colon wall measured 0.19 cm.

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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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Abdominal lymph nodes are visible/slightly prominent, but relatively normal. The right sublumbar lymph node measures approximately 0.78 cm in diameter (previous measurement was 1.0 cm on 2/17/22). The left sublumbar lymph node measures 0.67 cm. A mesenteric lymph node is visualized at 0.37 cm. The omentum is of normal echogenicity.

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Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

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PRIMARY FINDINGS

- Mildly enlarged prostate – This prostate is normal for a recently neutered dog and late in life. There is marked improvement from the previous scan (2/17/22).

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- Visible/mildly prominent abdominal lymph nodes – The sublumbar lymph nodes appear relatively stable in size from the previous scan, and a normal sized mesenteric lymph node is visualized. Recommend continued monitoring.

SECONDARY FINDINGS

- Mildly heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy. This is a subjective finding. If liver enzyme values are normal in this individual, this could be an incidental finding.

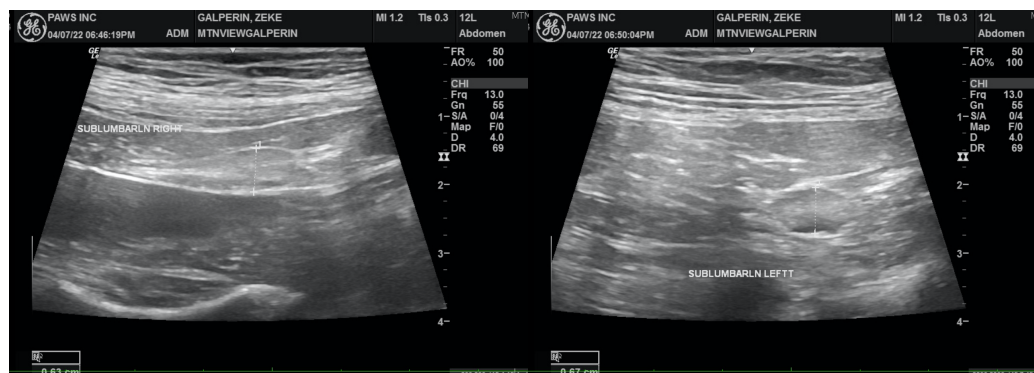
- The spleen is subjectively rounded and slightly mottled in echotexture. Given the concern for a metastatic process, you could consider a fine needle aspirate of the spleen or continued monitoring.

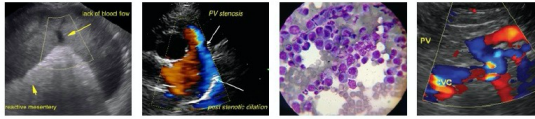
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is dramatically improved and approximately ½ the size of the previous scan. The sublumbar lymph nodes appear relatively normal in size, shape and echogenicity, and they have not changed significantly. These should be rechecked in the next few months. At this point, they would be too small to aspirate easily.

The liver is slightly heterogeneous, and the spleen is somewhat mottled with a rounded shape. These changes could be normal for a slightly older pet. Options at this point would be to correlate with clinical signs and lab values. If liver enzymes are elevated, then I would recommend a fine needle aspirate of the liver and a liver function test. If they are normal, then consider continued monitoring. The splenic changes are non-specific. A fine needle aspirate of the spleen could be performed out of an abundance of caution, or continued monitoring could be considered.

Consult with a veterinary oncologist regarding the need for any further treatment regarding the Sertoli cell tumors.





Portable Animal Western Sonography, Inc.

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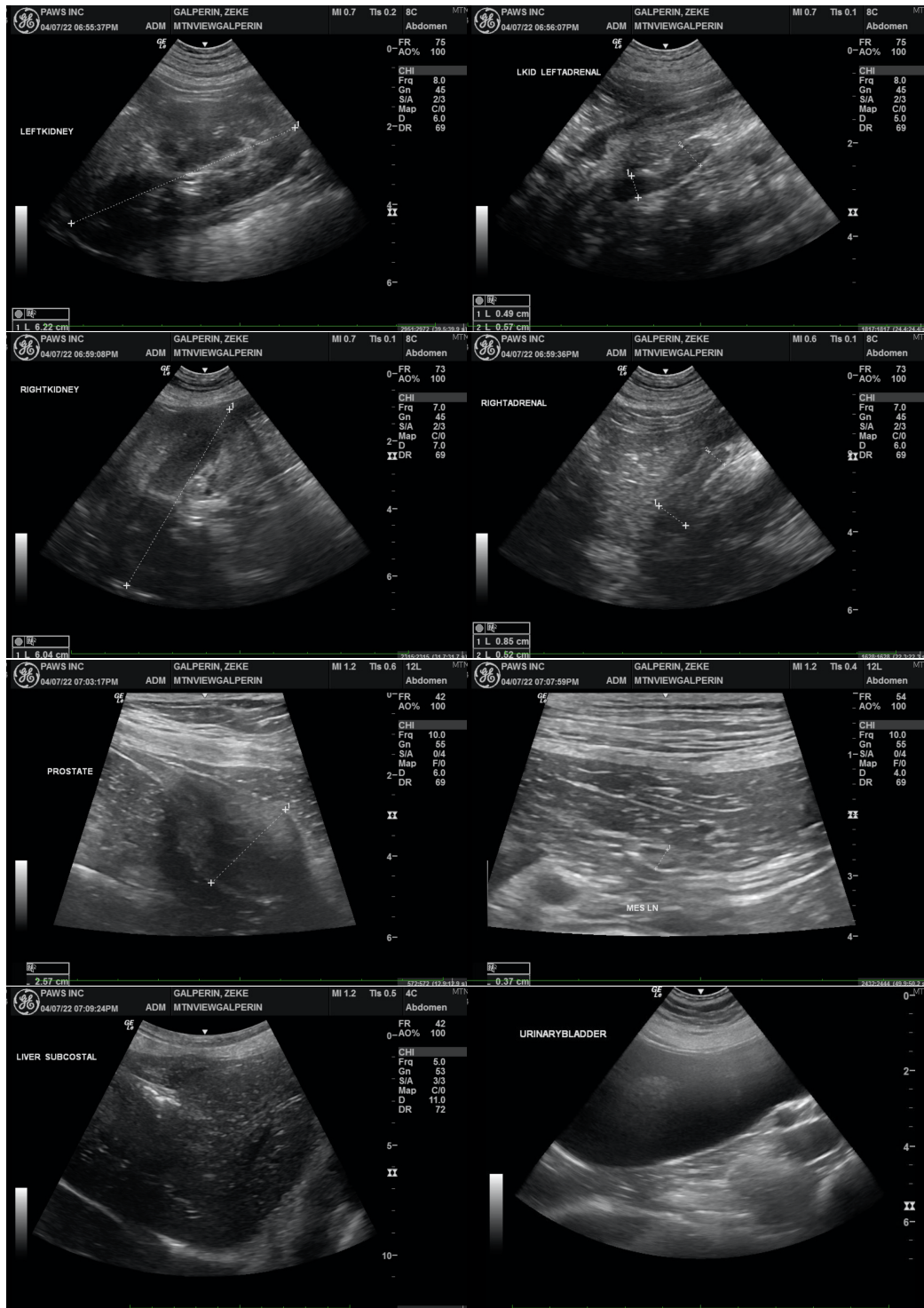
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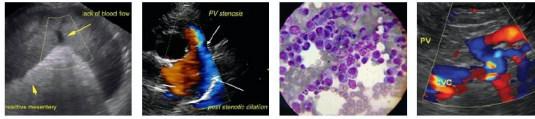
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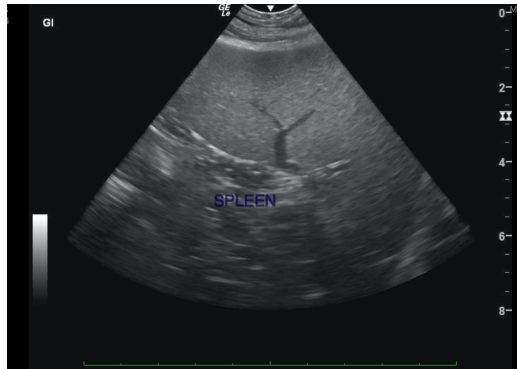
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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