**DATE PRESENTING CLINICAL SIGNS**

1/20/2022 History: overall annual exam with historic slight calcium elevation at 11.4 last year. Gingival mass at #109 and enlarged left testes noted with symmetrical non painful prostatomegaly.

PATIENT

Hank Sanchies

Lab Results: blood work from 1/15/2022 wnl. fecal neg. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Andi Parkinson, RDMS.

BREED

Poodle

Additional History: CBC Chem T4 unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Male Intact

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

AGE

10-1-2014

The prostate is enlarged (4.09 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic to slightly heterogenous in appearance. No distinct focal lesions are observed. The prostatic urethra is not overtly dilated.

WEIGHT

71 Lbs.

The left kidney is normal size (7.66 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis.

INTERPRETED BY

Andrea Nicastro, DMV,
Diplomate DACVIM
(Small Animal
Internal Medicine)

The right kidney is normal size (6.41 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

HOSPITAL NAME

Belvedere Veterinary
Center

Adrenal Glands

The left adrenal gland is normal size (0.66 cm at cranial pole) (0.63 cm at caudal pole) (3.22 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

REFERRING VET

Dr. Molinelli

The right adrenal gland is normal size (0.61 cm at cranial pole) (0.72 cm at caudal pole) (2.21 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

INVOICE

10167

Spleen

The spleen is subjectively normal in size (1.82 cm in width at the level of the hilus) with normal curvilinear peripheral contours. A 1.09 x 1.00 cm irregular hypoechoic to slightly heterogenous nodule is observed just cranial to the hilus. In addition, a 0.87 x 0.63 cm hypoechoic to slightly heterogenous nodule is observed at the caudal medial aspect. Finally, a 1.63 x 1.57 cm irregular heterogenous slightly cavitated nodule is observed approximately mid-spleen. The remaining parenchyma appears relatively homogenous. Splenic

vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. A 0.81 cm cystic lesion is observed on the left side. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated echogenic gravity dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal.

Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal (xxx cm) with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive or overt infiltrative disease is noted.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Free Abdomen

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

Other

The left testicle measures 4.22 x 2.50 cm and is slightly larger than the right testicle. A 2.87 x 2.14 cm heterogenous, cavitated, vascular mass is observed within the parenchyma. The remainder of the gland appears relatively homogenous. The right testicle is subjectively normal in size (3.32 x 2.10 cm.), with a normal shape and smooth peripheral contours. A 0.87 x 0.77 cm slightly hypoechoic, vascular nodule is observed within the parenchyma. In the remainder of the gland, the parenchyma is subtly heterogenous.

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic nodules (three). Differentials include neoplasia versus benign pathology; neoplasia slightly favored.
- Left testicular mass. Neoplasia is considered likely, with a lower possibility of benign pathology.
- The right testicular nodule could be consistent with benign age-related remodeling. However, an emerging neoplastic process cannot be excluded.

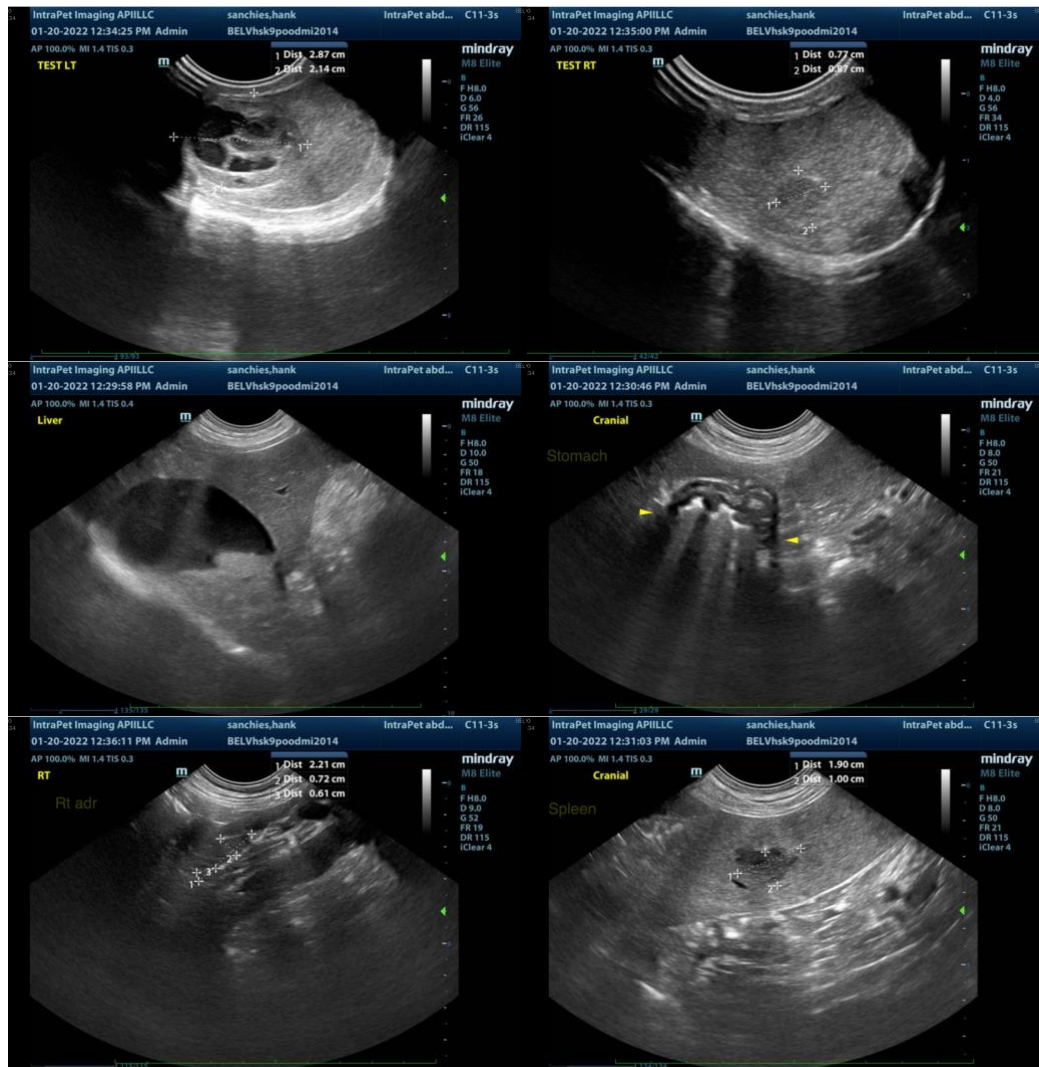
Secondary Findings

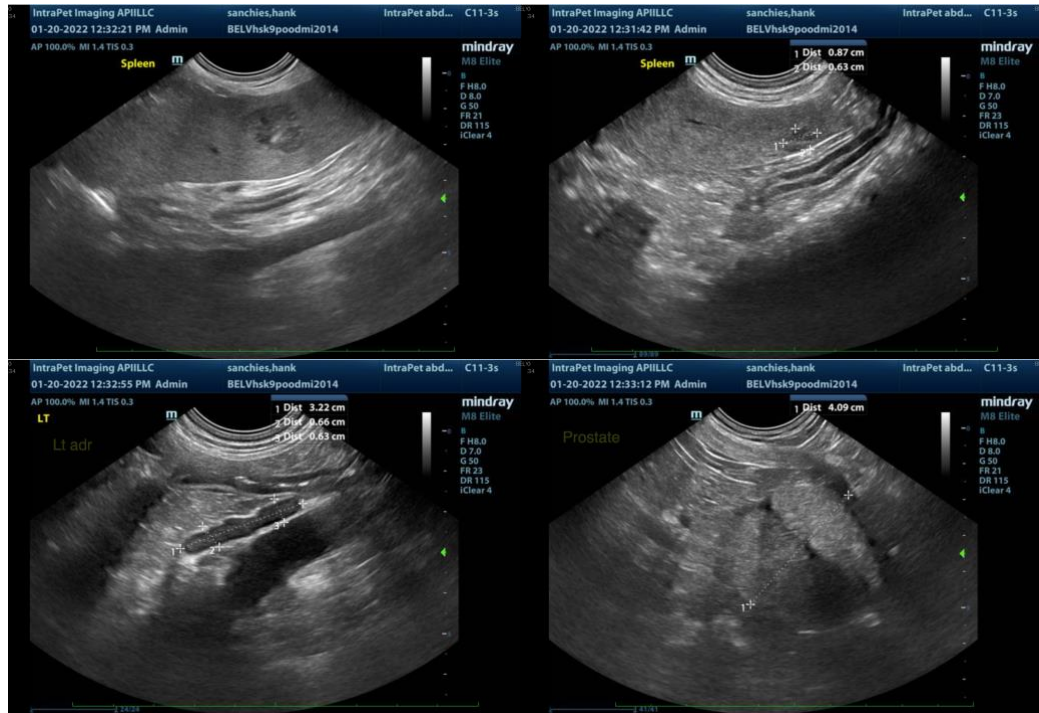
- Bilateral chronic age-related nephropathy.

- The small hepatic cyst is likely a benign incidental finding.
- The prostate changes are most consistent with benign prostatic hyperplasia. Bacterial prostatitis is also a differential but considered unlikely in the absence of lower urinary tract signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider a splenectomy and castration with submission of the spleen and testicles for histopathology. If a more conservative approach is to be pursued, consider a repeat ultrasound in 4-6 week to assess for progression of the lesions.





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.

Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com