

**DATE PRESENTING CLINICAL SIGNS**

1/24/23

Patient presents for evaluation for neuter. The left testicle is extremely firm, enlarged, and lobulated. Size of softball. Right testicle is WNL. Very high suspicion of neoplasia. Owner is interested in neuter and is aware that this likely is cancerous. Want to get a good idea of blood flow to this abnormal testicle + US guided FNA. AUS and chest radiographs will be for a metastasis check. Patient is not experiencing any discomfort from this testicle, so if extensive metastasis or extremely high blood flow is present, we may not proceed with surgery.

**PATIENT**

Fuller Shirley

**SPECIES**

Canine

Current Medications: None current.

Lab Results: WNL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Patient sedated with Torbugesic; more sedation needed for right adrenal.

Stat Report: Not requested.

**BREED**

Goldendoodle

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SEX**

Male, intact

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

\*The excessive gas in the cranial gastrointestinal tract may be obscuring some pathology.

**AGE**

3/9/2010

**Urinary System**

The urinary bladder is mildly distended. The wall is of appropriate thickness for the level of repletion. A scant amount of gravity-dependent mineralized sand +/- tiny calculi are observed within the lumen. The region of the trigone is normal.

**WEIGHT**

71 lbs.

The prostate is enlarged (3.19 x 3.01 cm) with irregular peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and mildly heterogeneous in appearance. A few small foci of mineralization are observed within the tissue adjacent to the proximal urethral wall. A few ill-defined cystic areas are observed within the glandular tissue. A 0.30 cm ureterolith is observed within the prostatic urethra.

**INTERPRETED BY**

Andrea Nicastro, DVM,  
 Diplomate ACVIM  
 (Small Animal Internal  
 Medicine)

The left kidney is normal in size (7.22 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

**HOSPITAL NAME**

Perry Hall AH

One still image of the right kidney is available for interpretation. The right kidney is normal in size (6.28 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis.

**REFERRING VET**

Dr. Miller

**Adrenal Glands**

The left adrenal gland is mildly enlarged with a prominent caudal pole (0.54 cm at cranial pole) (0.86 cm at caudal pole) (3.46 cm in length). The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**INVOICE**

14497

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region. Additional sedation would be necessary to fully evaluate the gland.

**Spleen**

The spleen is normal in size (1.42 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed. The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

### ***Gastrointestinal***

The gastric lumen is severely gas distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen and the cranial abdomen is also gas distended. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obvious obstructive disease is noted.

### ***Pancreas***

A portion of the pancreas is obscured by the gas artifact in the cranial abdomen. In the visualized portions, no obvious abnormalities are seen.

### ***Free Abdomen***

There is no obvious evidence of free fluid. A few enlarged, rounded to irregular hypoechoic lymph nodes are observed in the mid to caudal abdomen, along the great vessels. Surrounding mesentery is hyperechoic.

### ***Other***

The left testicle is severely enlarged (7.81 x 5.21 cm) with a mass effect. The tissue is diffusely heterogeneous and slightly vascular in appearance. The right testicle is subjectively normal in size (3.68 x 2.13 cm) with a slightly irregular shape. The parenchyma is heterogeneous in appearance with pinpoint foci of mineralization.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Left testicular mass effect. Neoplasia is suspected with a lower possibility of a severe inflammatory process (i.e., orchitis). The right testicular changes could be consistent with age-related remodeling, infiltrative neoplasia, inflammatory disease, other.
- The abdominal lymphadenopathy could be consistent with metastatic disease or reactive change. Given the shape and echogenicity of the nodes, metastatic disease is favored.
- The prostate changes could be consistent with benign prostatic hyperplasia, prostatitis or infiltrative neoplasia (i.e., adenocarcinoma). Correlation with the patient's clinical history is recommended.

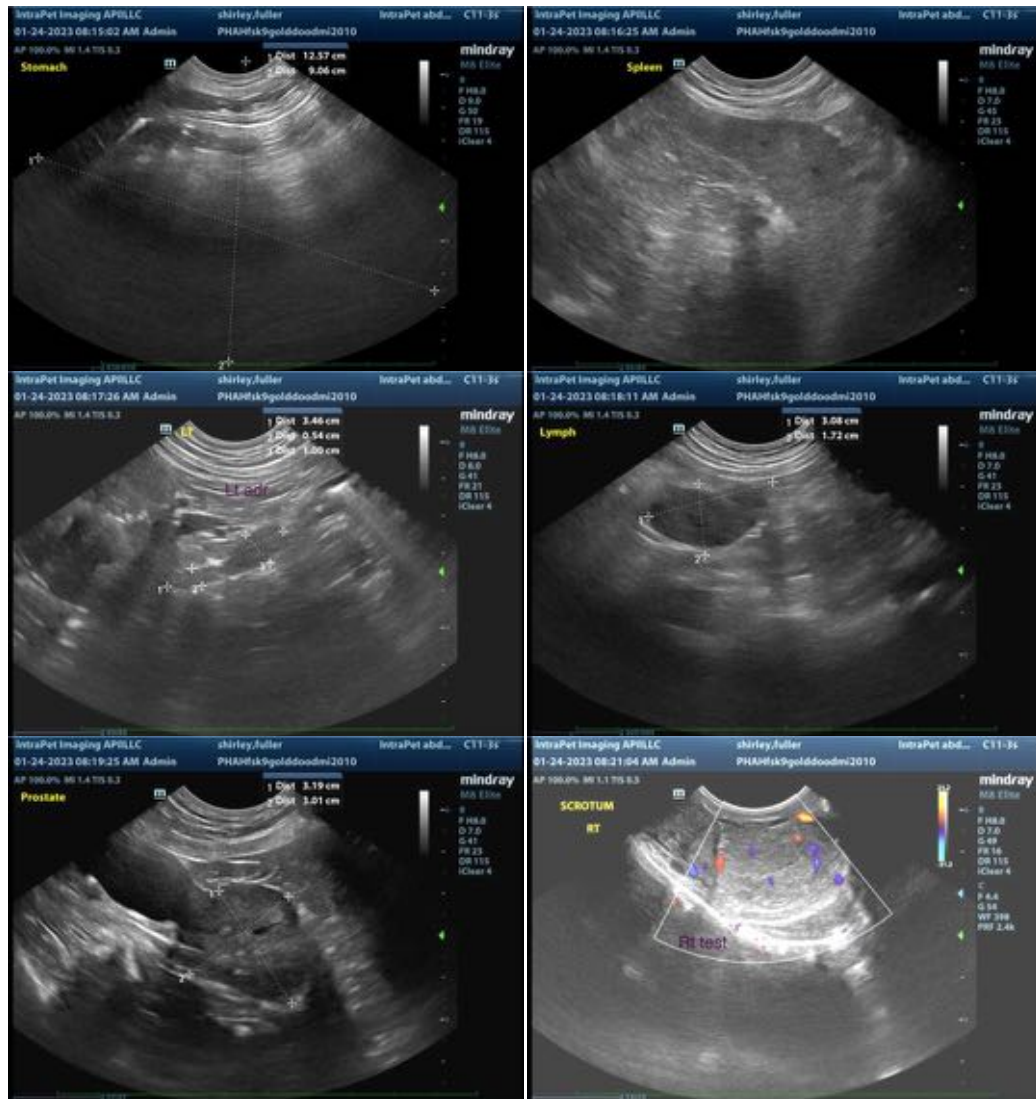
### **Secondary Findings:**

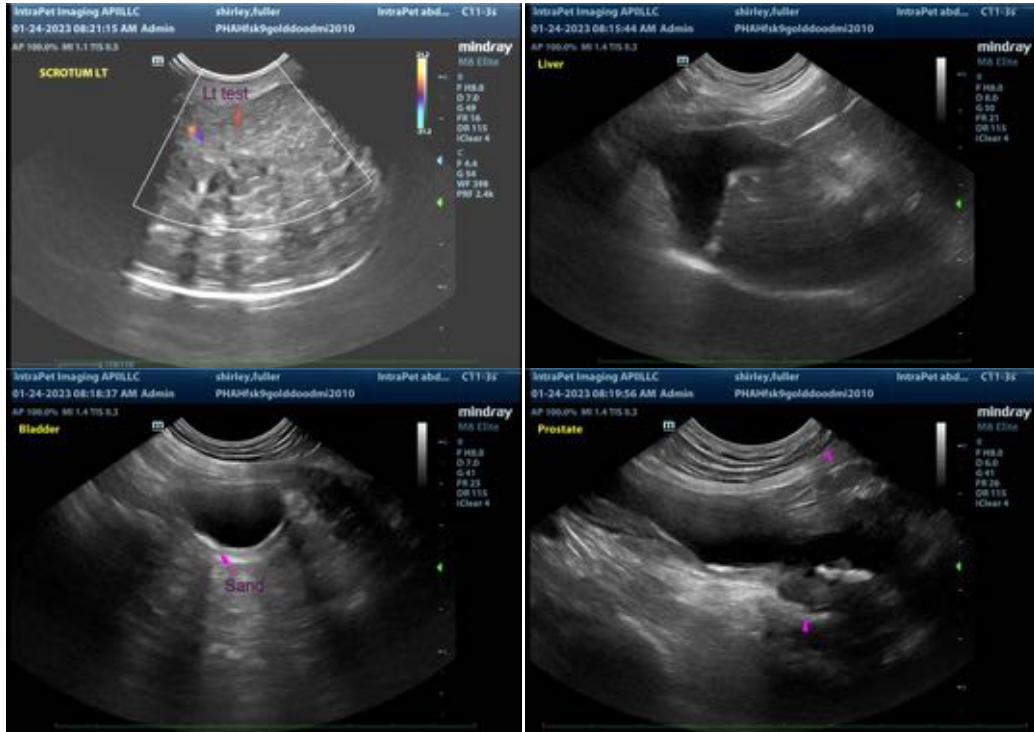
- Mild bilateral age-related renal changes with dystrophic mineralization.
- Urinary bladder sand +/- tiny cystic calculi with a small ureterolith.
- Mild left adrenomegaly (the right adrenal gland is not definitively visualized).

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

- Fine needle aspirates of the enlarged abdominal lymph nodes are recommended, if not already performed.

- Also consider a urine BRAF test to assess for prostatic neoplasia.
- Depending on the results of the above diagnostics and the testicular cytology results, a treatment plan (i.e., castration) can be formulated.





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.

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