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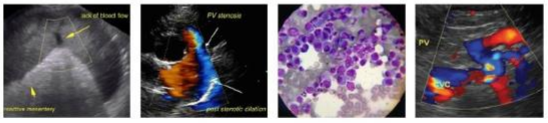

IMAGING PERFORMED BY
pawsonography@gmail.com 530-786-8340

PATIENT

Takis Estrada

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Male

AGE

14 years

WEIGHT

17 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

Dr. Greg H.

INVOICE

10424

DATE

2/18/22

PRESENTING CLINICAL SIGNS

History: Cardiovascular: Regular rhythm; II/VI left systolic murmur detected; strong femoral pulses. Patient has had a growing mass in the right inguinal region for the last ~6 mo. Good appetite/fair energy. No C/S/V. Chronic intermittent soft stool and tenesmus over the last 6 mo. Hx of severe dental disease and has lost many teeth. Has never had a dental. No other historical problems/current medications reported. Overdue for vaccines. No recent or planed upcoming travel. VDx cytology of right inguinal mass IMAGES ATTACHED. DIAGNOSIS - Neoplasia, probable testicular origin COMMENT - The sample is highly cellular and cells mostly comprise a population of poorly differentiated but proliferative-appearing round to oval cells, often seen in loose aggregates; cells commonly have cytoplasmic vacuoles and visible nucleoli. My strong primary consideration is for a testicular neoplasm as you suspect, and some of the cytomorphologic features of these cells are most typical for a Sertoli cell tumor. Testicular neoplasms are relatively unlikely to metastasize. Excision is recommended with histopathology to confirm these cytologic suspicions and further characterize this mass.

Abnormal PE/Chem/CBC/UA Results: CBC/chem/T4: K=5.6 (H), Na/K ratio=26 (L), moderate thrombocytosis, moderate monocytosis, and T4=0.6. Rest WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The prostate is enlarged (2.68 cm in width), with a slightly irregular shape. The parenchyma is subtly heterogenous in appearance. The prostatic urethra is not overtly dilated.

The left kidney is normal in size (4.74 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. A few small nonobstructive nephroliths are present. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter.

The right kidney is normal in size (4.77 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. At least one small cortical cyst is present. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.56 cm at cranial pole) (0.55 cm at caudal pole); 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.

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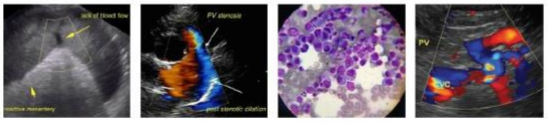

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The right adrenal gland is normal size (0.67 cm at cranial pole) (0.41 cm at caudal pole) (2.28 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.39 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 enlarged with swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and heterogenous in appearance with ill-defined hypoechoic nodules throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is moderately distended. The wall is thickened (up to 0.20 cm), and hyperechoic to mineralized. A small amount of aggregated echogenic to mineralized debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 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 right limb is prominent to enlarged with slightly irregular peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is not overtly dilated.

Free Abdomen

A small amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

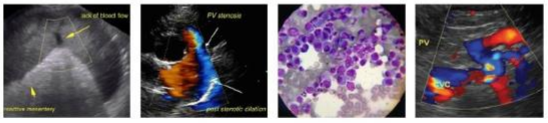
Other

Left testicle is subjectively normal in size (descended within the scrotum, 1.58 x 0.82 cm), with a normal shape and homogenous parenchyma. In the right inguinal area, a >5 cm heterogenous slightly cavitated, vascular mass with an approximately an approximately 3 cm septated, cystic adjacent area is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right inguinal mass with an adjacent cystic area. Based on the cytology results, a testicular mass (from a cryptorchid testicle), is suspected.



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- The prostatic 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.
- The ascites may be secondary to increased hydrostatic pressure (i.e., secondary to congestive heart failure), low oncotic pressure, or increased vascular permeability. Correlation with clinical findings and the echocardiogram results is recommended.

Secondary Findings

- The mineralization of the gall bladder wall (aka, “porcelain” gall bladder) is most consistent with cholecystitis. However, this finding has been associated with biliary carcinoma in some cases. The suspended sludge is not representative of a mucocele at this time but has the potential to develop in that direction.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis, +/- chronic pancreatitis.
- Bilateral age-relate renal changes with dystrophic mineralization and right nonobstructive nephrolithiasis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If there is no evidence of pulmonary metastatic disease, a consultation with a board-certified surgeon to discuss removal of the right inguinal mass (undescended left testicle) is recommended if the patient is deemed safe to undergo anesthesia.

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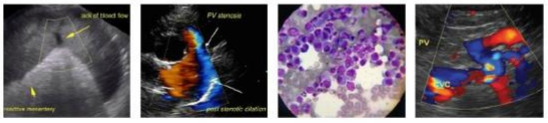

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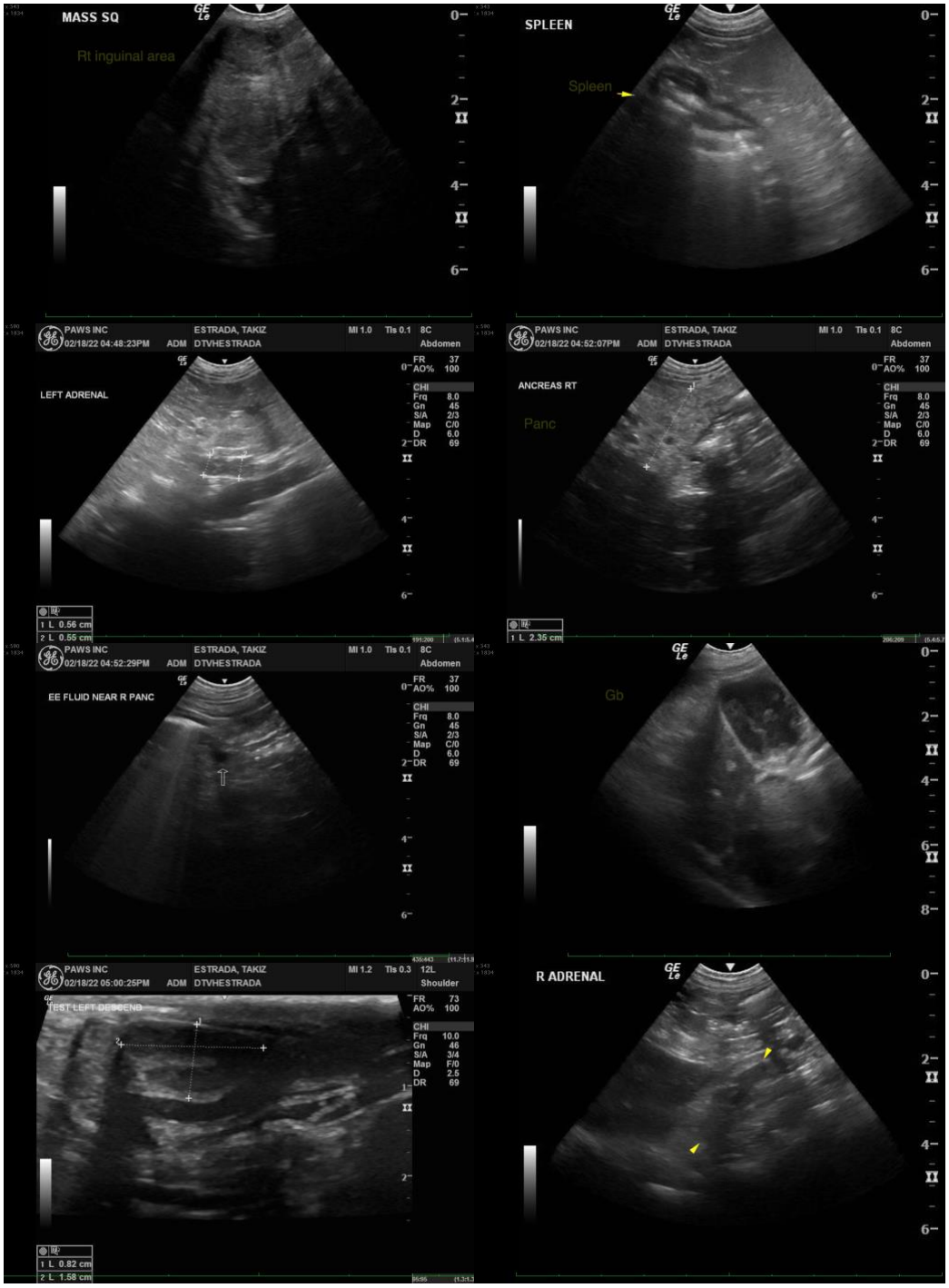

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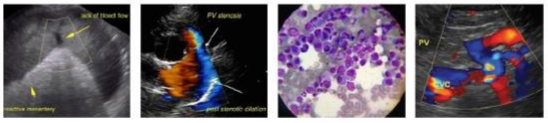

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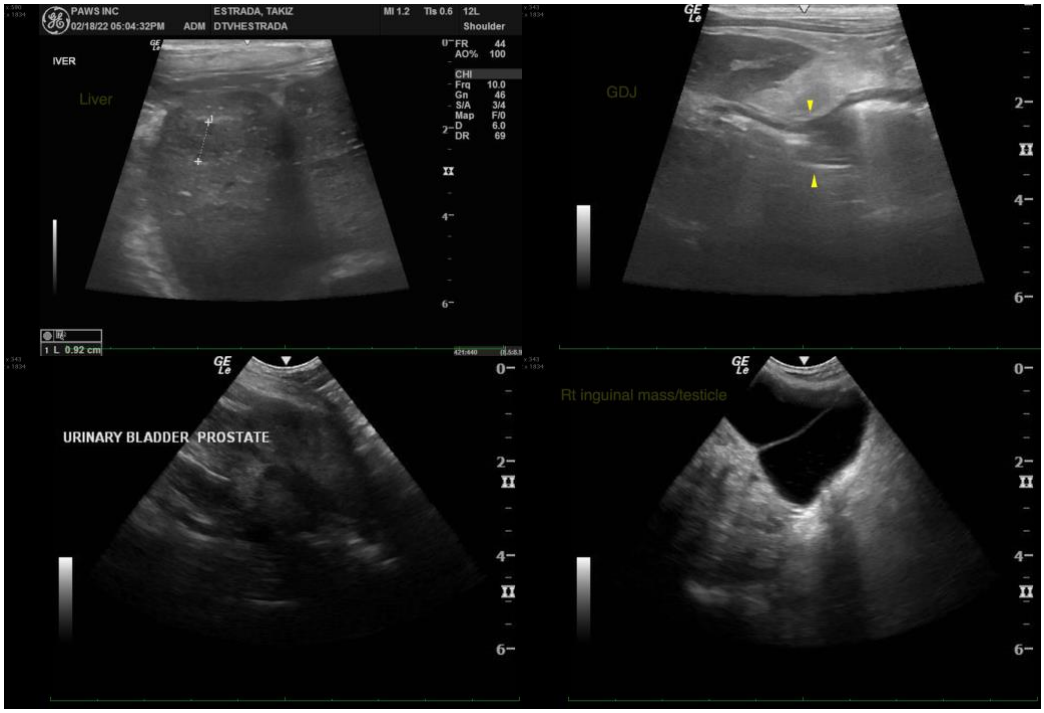

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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