

**DATE PRESENTING CLINICAL SIGNS**

9/1/21 History: Presented 8/31/2021 after ingesting plumb pit. Induced vomiting successfully using Apomorphine. Upon presentation noted pet had lost 10+ lbs. since last weighed here in December. No change in activity, food, etc. Suspected bilateral cryptorchid; possible splenic mass(es).

**PATIENT**

Finn Sanderson Current Medications: No current medications.

**SPECIES**

Lab Results: Declined by owner.

Canine

Radiographs: Declined by owner.

**BREED**

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Belgian Malinois

Sedation: Butorphanol and Midazolam administered prior to scan.

**SEX**

Stat Report: STAT report not requested by the veterinarian.

Male intact

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

**\*\*The gastric distension obscures visualization of a portion of the cranial abdomen.**

9/3/12

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth.

**WEIGHT**

The bladder lumen is moderately distended with mostly 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.

38 lbs.

**INTERPRETED BY**

The prostate is enlarged (4.51 cm in width) with a slightly irregular shape. The parenchyma is hyperechoic to heterogenous in appearance. A few small, ill-defined, cystic areas are observed within the parenchyma. The prostatic urethra is not overtly dilated.

Andrea Nicastro, DVM,  
Diplomate ACVIM  
(Small Animal Internal  
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The left kidney is normal size (6.38 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**HOSPITAL NAME**

Frederick Road  
Veterinary Hospital

The right kidney is normal size (5.93 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is minimal loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**REFERRING VET**

Dr. Beyer

**Adrenal Glands**

The left adrenal gland is normal size (0.57 cm at cranial pole) (0.60 cm at caudal pole) (2.42 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**

11745kk

The right adrenal gland is normal size (0.53 cm at cranial pole) (0.57 cm at caudal pole) (1.65 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 subjectively prominent in size (1.94 cm in width at the level of the hilus) with somewhat irregular peripheral contours. A 3.18 x 2.63 cm hypoechoic to mildly heterogeneous vascular mass is observed within the parenchyma. The lesion causes capsular expansion. In addition, a 0.95 x 0.72 cm irregular, hypoechoic nodule is seen. Splenic vasculature appears normal with no evidence of thrombosis.

### *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. A moderate amount of gravity-dependent, echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*

The gastric lumen is distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is segmentally dilated with chyme. 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 disease is noted.

### *Pancreas*

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

### *Free Abdomen*

There is no evidence of free fluid. The abdominal lymph nodes are normal/not visible.

### *Other*

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

The left testicle is subjectively enlarged (3.03 x 2.09 cm) with a slightly irregular shape and subtly mottled parenchyma.

The right testicle measures 2.40 x 1.03 cm and is subjectively normal in size with a normal shape and homogeneous parenchyma.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

- Splenic mass. Neoplasia (i.e., round cell tumor, sarcoma) is considered likely with a lower possibility of benign pathology. The hypoechoic splenic nodule could be consistent with a metastatic lesion or a focus of extramedullary hematopoiesis or lymphoid hyperplasia.
- Bilaterally cryptorchid; questionable left testicular mass

### **Secondary Findings:**

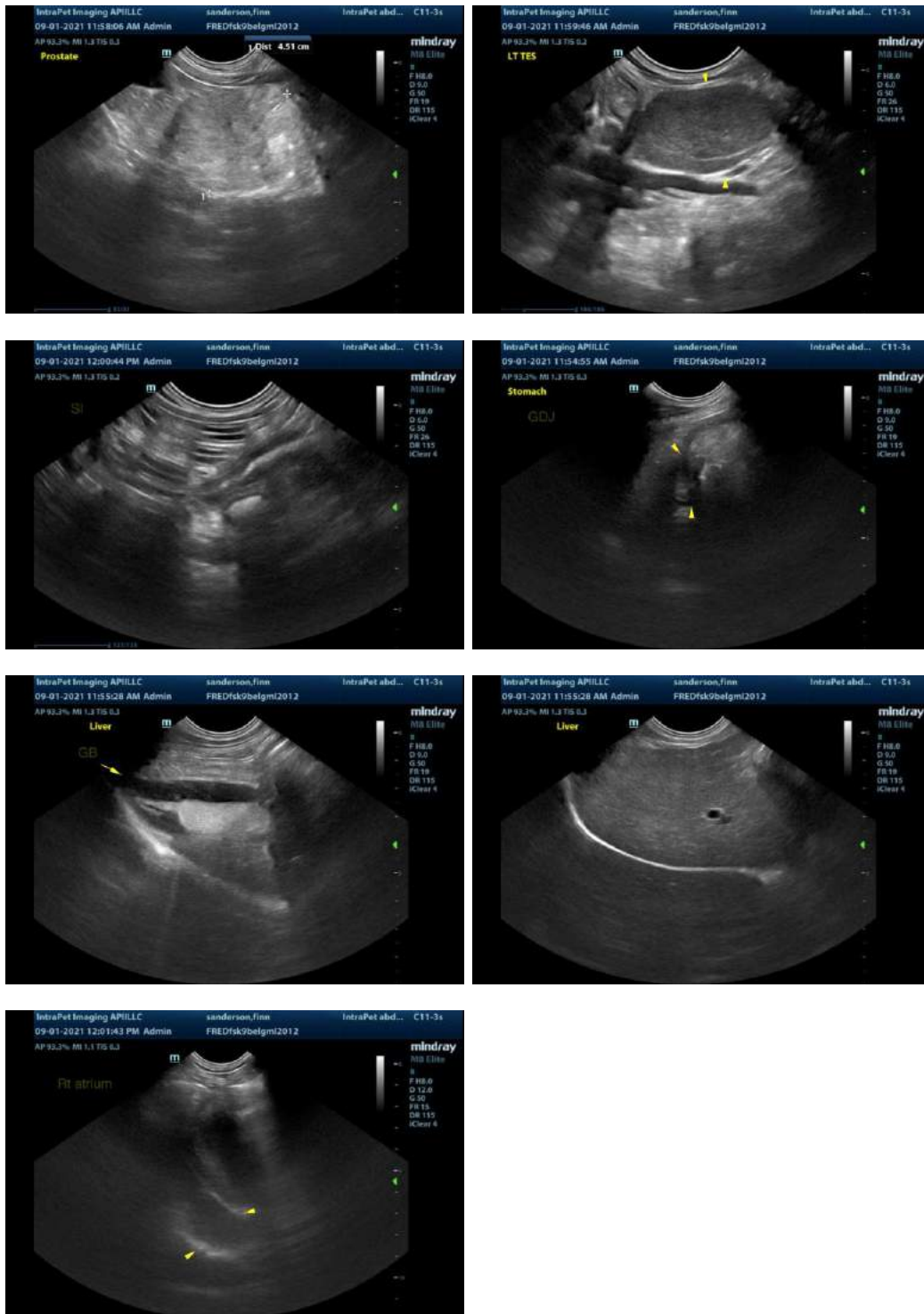
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

- The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying.
- Bilateral, minor, age-related renal pathology with subtle dystrophic mineralization.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Baseline lab work including a CBC chemistry panel, urinalysis, and T4 is recommended to assess overall metabolic function.
3. Depending on the results of the above diagnostics, an abdominal exploratory with splenectomy, castration, and liver biopsy (to assess for micro-metastatic disease) can be considered. The testicles, spleen, and liver tissue should be submitted for histopathology.





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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