

DATE PRESENTING CLINICAL SIGNS

3/24/22 Seen 3/11/22 for vomiting. On PE noted prostatomegaly and difference in testicle size (one large testicle, one very small testicle).

PATIENT

Doc Woodin Current Medications: Cerenia dispensed 3/11 now discontinued.
Lab Results: 20-50 WBC/hpf in urine, no bacteria seen.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Golden Retriever

Urinary System

Urinary bladder is mildly to moderately distended with anechoic contents. Apical urinary bladder wall is diffusely thick (0.55 cm). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

SEX

Intact Male

The prostate is symmetrically enlarged, measuring 3.6 cm wide. Normal smooth margins that are well differentiated from surrounding tissue are maintained. A normal bilobed shape is maintained. Parenchyma is heterogeneous and hyperechoic. No mineral or cysts are noted.

AGE

3/29/09

The right kidney is normal in size (6.38 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

WEIGHT

52.4 Pounds

The left kidney is normal in size (7.33 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Adrenal Glands

The right adrenal gland is normal in size (2.49 cm long x 0.71 cm at the cranial pole and 0.82 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

The left adrenal gland is normal in size (2.65 cm long x 0.66 cm at the cranial pole and 0.74 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAME

Bay Country VH

Spleen

The spleen is normal in size with normal smooth margins. The parenchyma is normal in echogenicity with a slightly coarse/heterogeneous echotexture. No focal nodules or masses are observed. Splenic vasculature appears normal.

REFERRING VET

Dr. McLean

Liver

Liver is subjectively enlarged with rounded margins. Parenchyma is heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature appears normal.

INVOICE

36466

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy. No pericardial effusion is noted.

Other

The left testicle is reported enlarged with a small right testicle. The left testicle contains an iso- to hyperechoic nodule that measures 2.2 cm x 1.7 cm, and a 2nd hypoechoic nodule that is 1.0 cm in diameter. The right testicle contains several small hypo- to anechoic nodules.

PRIMARY FINDINGS

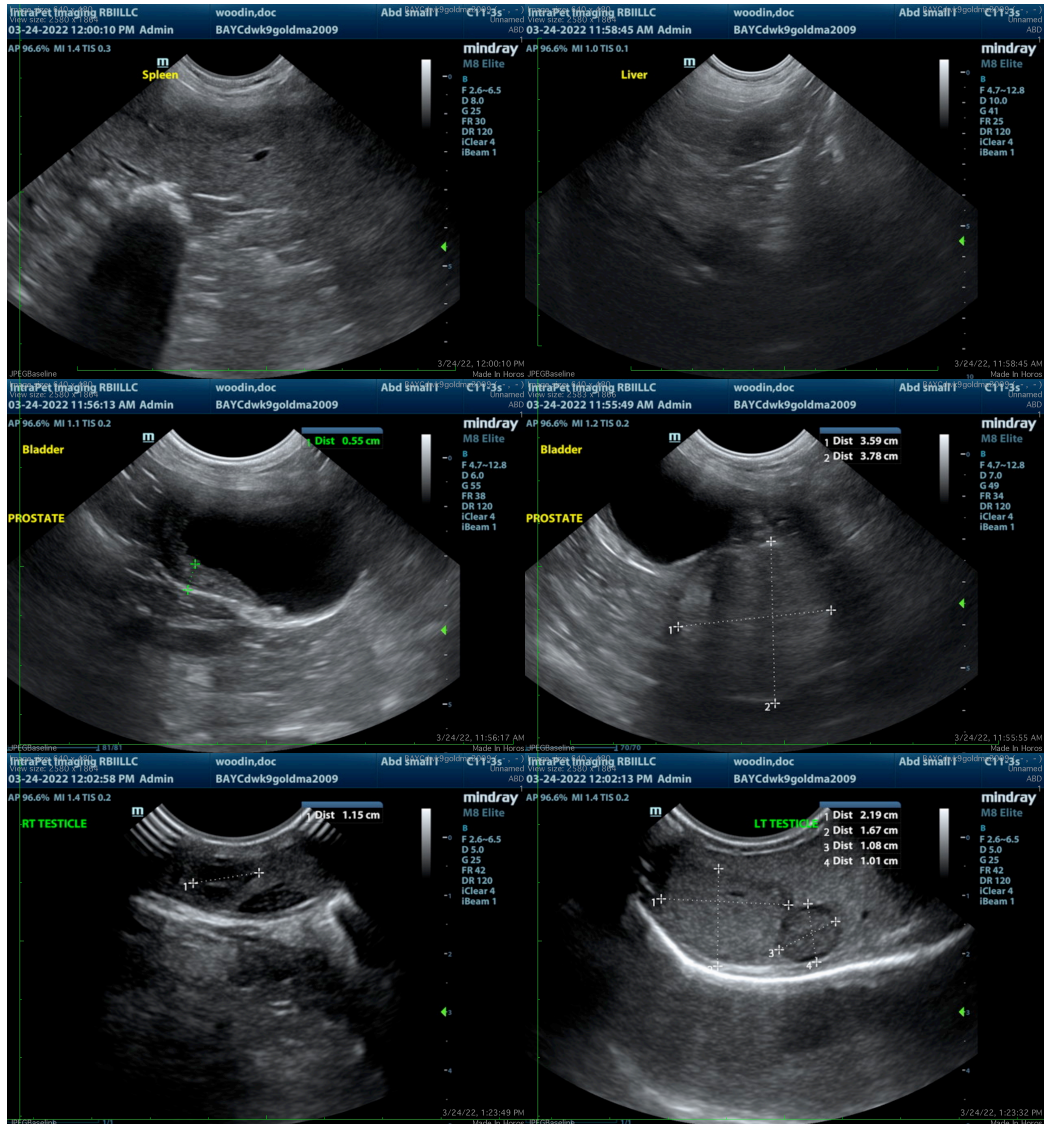
- Heterogenous liver – Differentials for hepatic changes include both benign steroid (vacuolar) hepatopathy or extramedullary hematopoiesis as well as infiltrative round cell or metastatic neoplasia.
- Coarse spleen – Differentials include both benign conditions such as extramedullary hematopoiesis, lymphoid hyperplasia, etc., as well as infiltrative neoplastic disease such as round cell neoplasia, which cannot be differentiated with ultrasound alone.
- Benign prostatic hyperplasia
- Testicular nodules of varying sizes and echogenicities with an enlarged left testicle and a small right testicle – Differentials for the nodules include seminoma, Leydig tumors, hyperplasia, etc. Sertoli cell tumor is possible, especially given the difference in testicular size. However, this is unlikely without clinical signs.

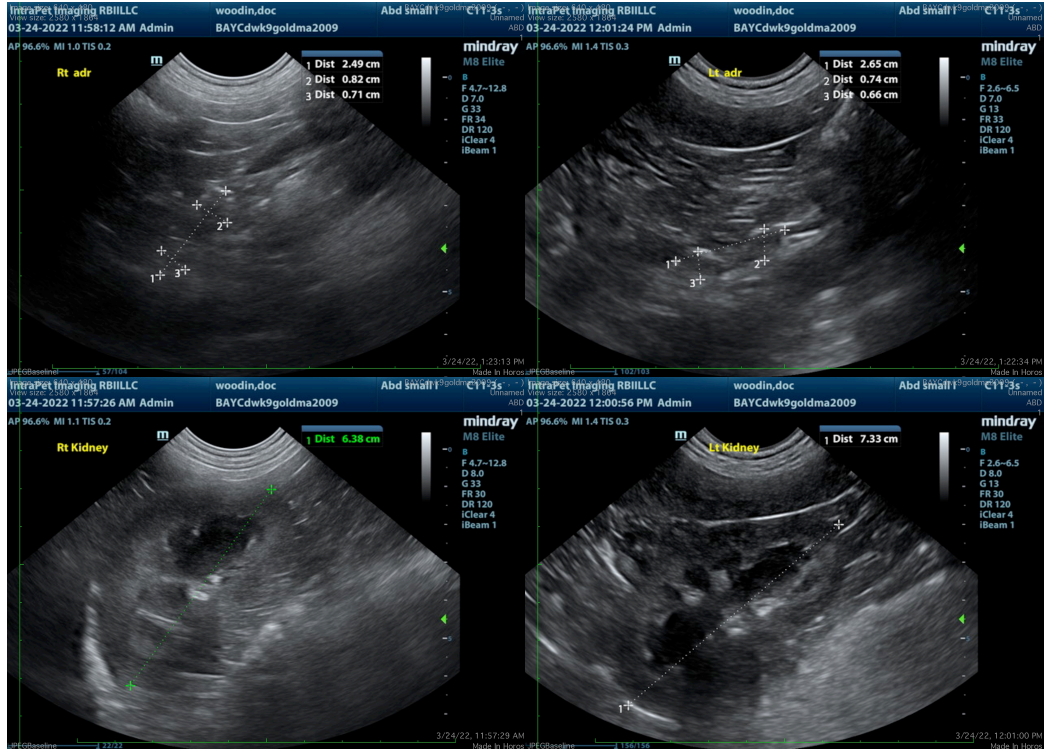
SECONDARY FINDINGS

- Chronic Cystitis – Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely given the location and diffuse nature of the changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations include a fine needle aspirate of both the spleen and liver if patient's coagulation status is appropriate, as well as 3-view thoracic radiographs if not recently evaluated. Ideally, neuter would be performed with biopsy of the testicular nodules, which would also address any possible progression of the benign prostatic hyperplasia.





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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