



PATIENT PRESENTING CLINICAL SIGNS

Louie Traister

SPECIES

Canine

BREED

Australian Labradoodle

SEX

Intact Male

AGE

7 Months

WEIGHT

38.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sara Hansaen

HOSPITAL NAME

Banfield South Eugene

REFERRING VET

Dr. Wright

INVOICE

39498

DATE

7/13/22

WT: 38.60 lbs / 17.51 kgs BCS: 5/9 BAR, TPR - wnl (see screens); CRT < 2 sec/pink, moist MM. COAT/INTEG: no lesions nor ectoparasites appreciated. EYES/EARS: OU WNL. AU clear. N/T: No nasal discharge, no sneezing, no cough on tracheal palpation. ORAL: healthy dentition. HEART/LUNGS: no murmurs nor arrhythmias, synchronous pulses, Lungs clear, No coughing. LN: peripheral LNs are normal in size, shape, consistency. GI/UG: soft nonpainful abdomen on palpation. unilateral cryptorchid, 1 scrotal testicle, unable to palpate 2nd testicle in prescrotal/inguinal regions. M/S: no lameness nor abnormalities appreciated. NEURO: appropriate mentation, no deficits appreciated, nor spinal pain.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The prostate is normal for an intact, although young, dog.

The right kidney is normal in size (6.75 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.

The left kidney is normal in size (5.71 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.

Adrenal Glands

The right adrenal gland is normal in size (2.14 cm long x 1.46 cm at the cranial pole and 0.44 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.1 cm long x 0.34 cm at the cranial pole and 0.37 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

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.



PATIENT

Louie Traister

SPECIES

Canine

BREED

Australian Labradoodle

SEX

Intact Male

AGE

7 Months

WEIGHT

38.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sara Hansaen

HOSPITAL NAME

Banfield South Eugene

REFERRING VET

Dr. Wright

INVOICE

39498

DATE

7/13/22

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 empty with no evidence of obstruction, foreign material or infiltrative disease. 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 free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

There is a 1.3 cm x 0.8 cm hypoechoic, ovoid structure that contains a hyperechoic line down the center, just cranial to the aortic bifurcation. This structure is consistent with the reported retained testicle.

ULTRASONOGRAPHIC FINDINGS

- Suspected retained testicle present intraabdominally, just cranial to the aortic bifurcation. It is smaller than would be expected in this breed of dog. However, size is difficult to interpret without a comparison to the normal distended testicle. Lymph node cannot be definitively ruled out, but is considered much less likely. Right versus left cannot be determined based on these images.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommendations are to proceed with neuter, removing both the distended and the intraabdominal retained testicle, as planned.



PATIENT

Louie Traister

SPECIES

Canine

BREED

Australian Labradoodle

SEX

Intact Male

AGE

7 Months

WEIGHT

38.6 Pounds

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Sara Hansaen

HOSPITAL NAME

Banfield South Eugene

REFERRING VET

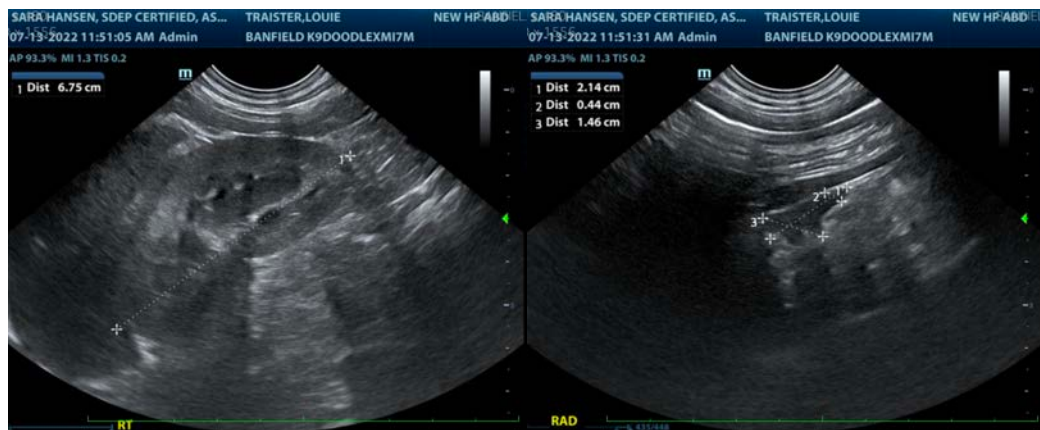
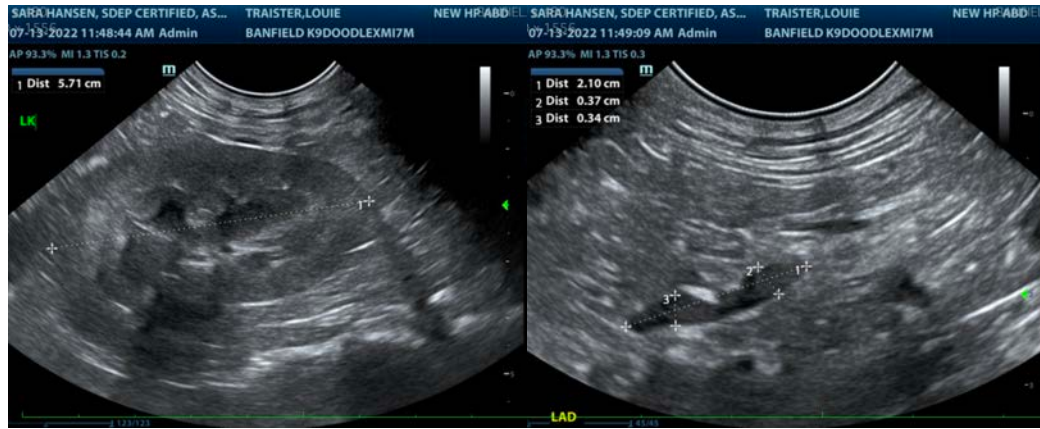
Dr. Wright

INVOICE

39498

DATE

7/13/22



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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com