

**DATE PRESENTING CLINICAL SIGNS**

10/29/21 History: potential retroperitoneal abscess or hematoma.

PATIENT Current Medications: Enrofloxacin.

Boh Angert Lab Results: Not provided by the veterinarian.

Radiographs: Not provided by the veterinarian.

Date of Previous IntraPet Ultrasound: 10/8/2021.

Sedation: not needed

SPECIES Stat Report: not requested

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED****Urinary System**

Mixed Breed

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. Iliac lymph nodes were reactive.

SEX

Intact Male

AGE

7/23/2013

The **prostate** was uniformly moderately enlarged with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled-out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. The prostate measured 5.6 cm.

WEIGHT

106 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUS

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 9.66 cm. The left kidney measured 9.04 cm.

HOSPITAL NAME

Homeward Bound VS

Adrenal Glands**REFERRING VET**

Dr. Vance

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 3.22 cm x 1.02 cm at the cranial pole and 0.94 cm at the caudal pole. The left adrenal gland measured 2.76 cm x 0.67 cm at the caudal pole and 0.72 cm at the cranial pole.

INVOICE

14095

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Free Abdomen

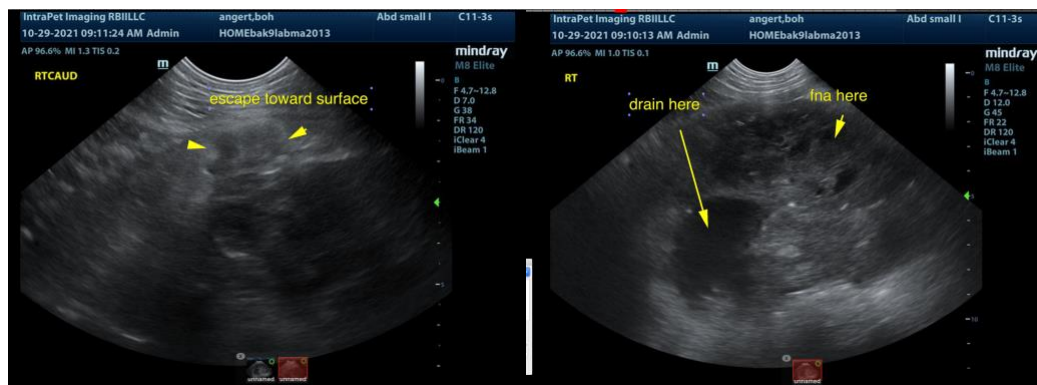
Retroperitoneal/body wall mass noted and has increased in size to 15+ cm. It appears more organized than the prior image set. Mild inflammatory pattern noted around the body wall mass.

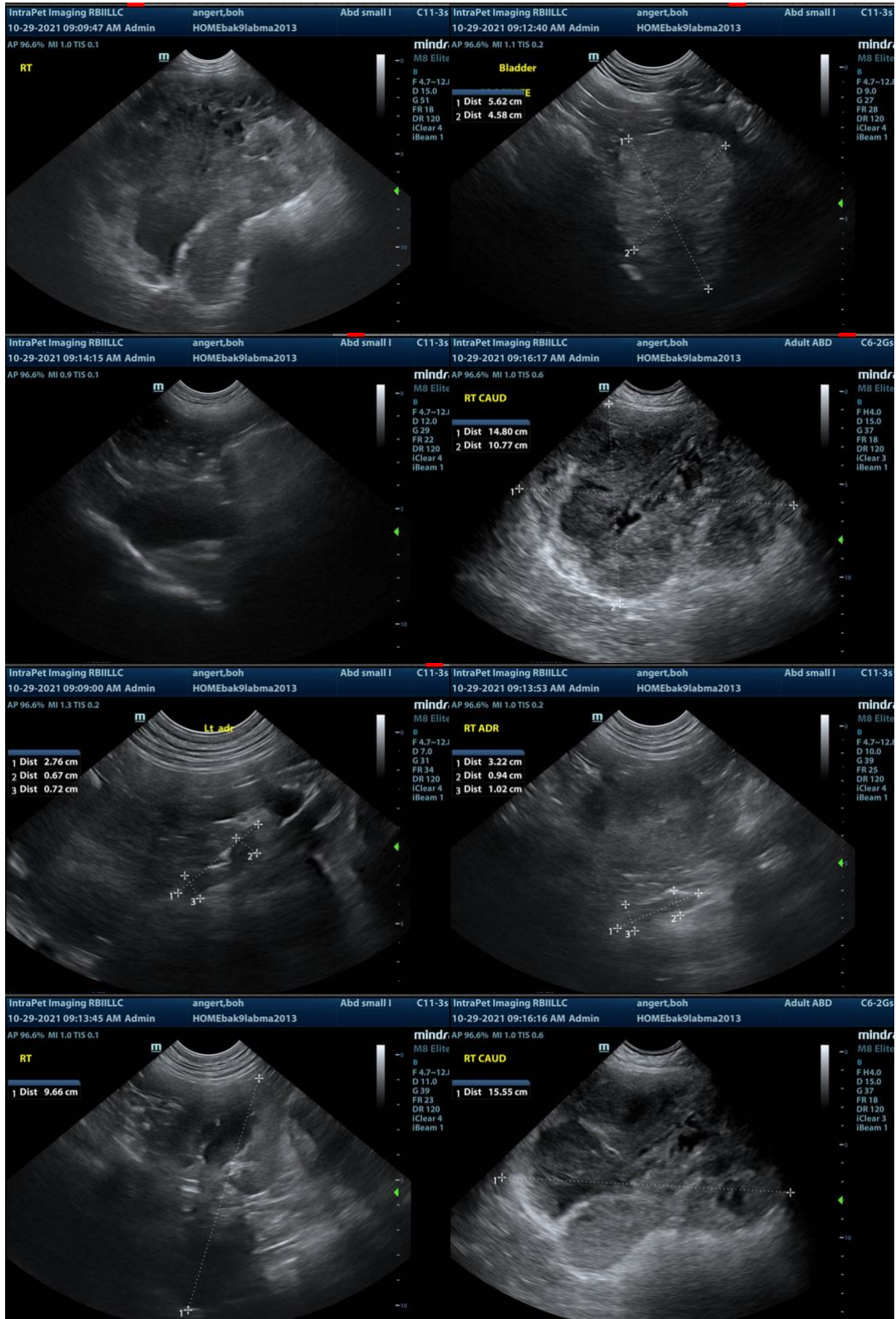
ULTRASONOGRAPHIC FINDINGS

- Progressive and further organized retroperitoneal/body wall mass- Strong suspicion for hemangiosarcoma or other sarcomatous typo process

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation for surgical planning or oncological approach, depending upon cytology results. FNA of the parenchymal portion of the mass recommended. Palliative treatment with drainage of the mass could be considered. However, surgical or oncological intervention recommended. Still possibility of an abscess and chronic inflammatory lesion yet less likely. A portion of the mass (of approximately 2.0 cm) appeared to be escaping toward the surface from the general encapsulated pathology. Prognosis is very guarded. The behavior would suggest a neoplastic process as opposed to granulomatous/inflammatory lesion.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com