

**PATIENT**

Sinatra Menon

**PRESENTING CLINICAL SIGNS**

History: Retained Testicle (one). Labs attached

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 was noted. Ureteral papillae were normal.

**BREED**

German Shepherd

The prostate was uniform and measured 3.12 cm. A 9.0 cm testicular mass was noted in this patient. The second testicle was not visualized. It is likely regressed. There was no evidence of cryptorchid.

**SEX**

Male

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.

**AGE**

10 years

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 7.57 cm. The left kidney measured 8.41 cm.

**WEIGHT**

93.8 lbs

**Adrenal Glands**

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.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** revealed slight, heterogenous parenchymal changes. The spleen was folded upon itself caudally.

**IMAGING PERFORMED BY**

Denise Bruno, LVT,  
RDMS

**Liver**

**HOSPITAL NAME**

Forest Hills AC

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.

**REFERRING VET**

Dr. Cortes

**INVOICE**

43569

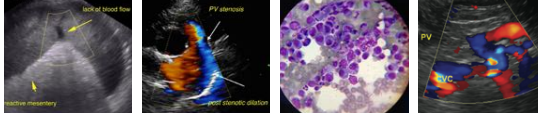
**Gastrointestinal**

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.

**DATE**

3/28/23

**Pancreas**



**PATIENT**

Sinatra Menon

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

Testicular mass.

**BREED**

German Shepherd

Otherwise, unremarkable abdomen.

**SEX**

Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend surgical removal of the testicle and upon dissection assess the scrotal sac for a second testicle as well as palpation +/- imaging of the inguinal canal if necessary. There was no evidence of metastatic disease.

**AGE**

10 years

**WEIGHT**

93.8 lbs

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DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

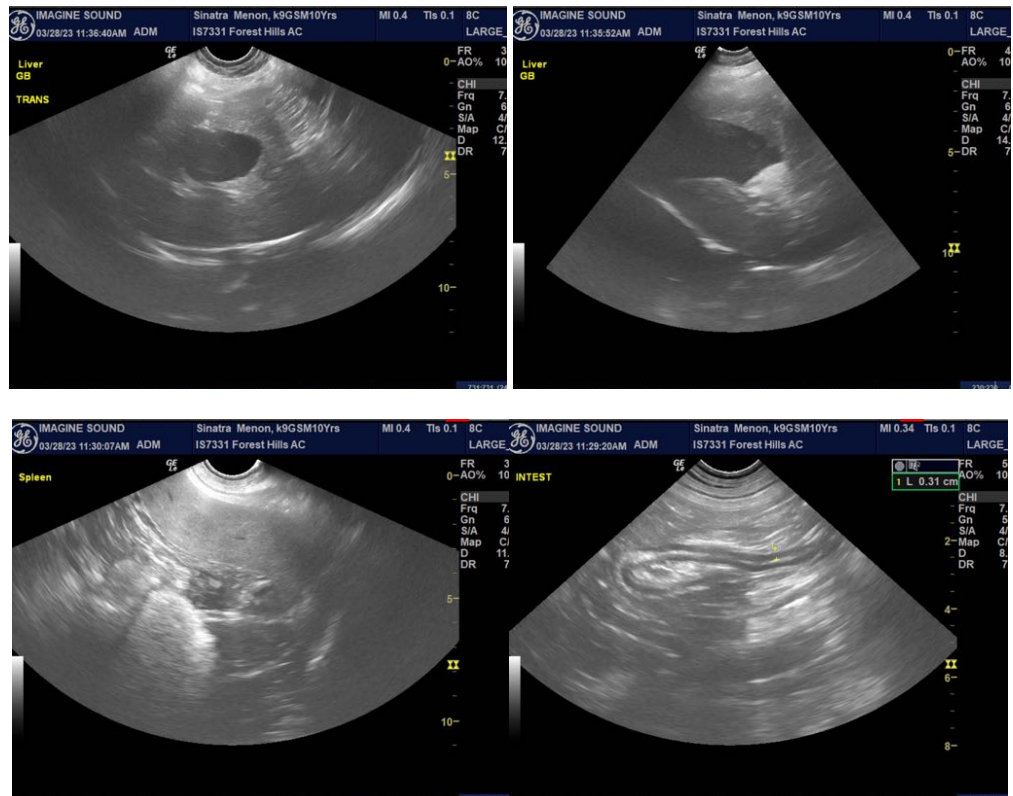
Dr. Cortes

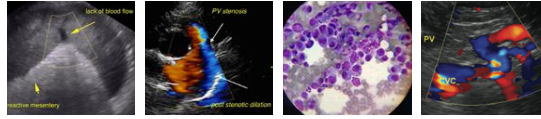
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**PATIENT**

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**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

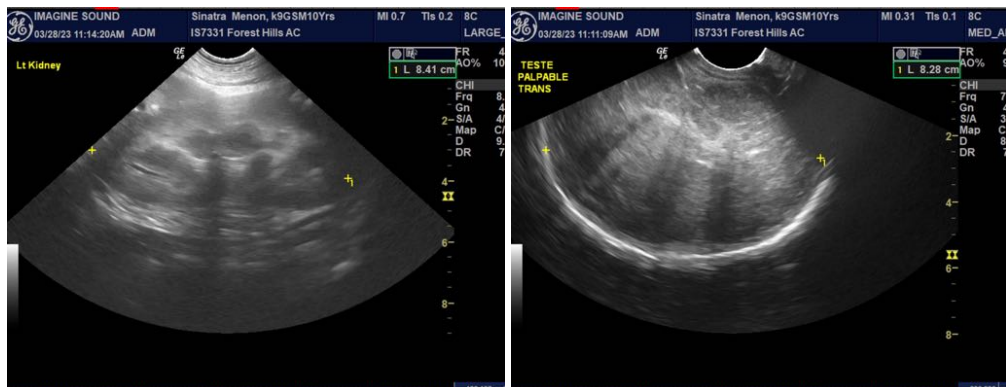
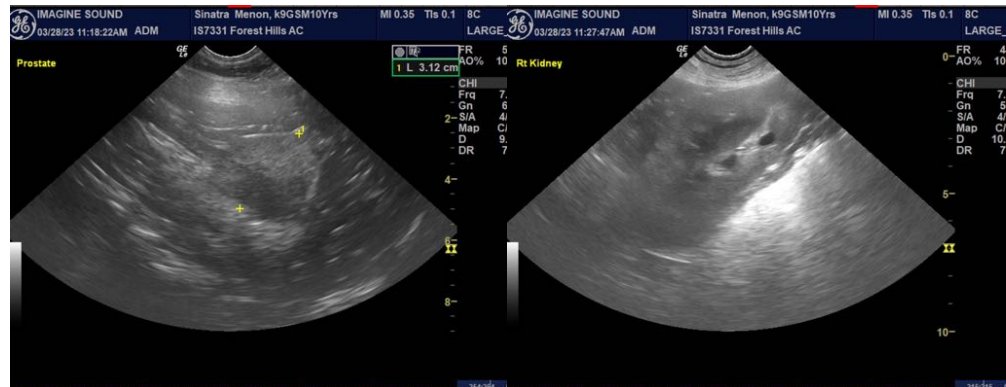
Male

**AGE**

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**WEIGHT**

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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.

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