



PATIENT PRESENTING CLINICAL SIGNS

Gusty Marcello
History: Gusty presents for two-week history of licking his prepuce after he was boarded. No urinary signs present, otherwise acting normal. Prepuce exteriorizes normal, no discharge from penis or penile sheath. Inflammation present along entire prepuce. Started on apoquel and short course of cefpodoxime and responded well initially. Then went back to boarding for a few days and when returned, was licking again. Started back on BID apoquel with no response. Returned for recheck, at which point brief US of bladder was performed showing focal round homogenous soft tissue structure between caudal bladder and colon. Recommended full abdominal ultrasound.

SPECIES Canine
BREED Abnormal PE/Chem/CBC/UA Results: USG: 1.044, otherwise unremarkable

Jack Russel Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

Neutered Male
The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine.

AGE The prostate was not visualized.

12 years, 5 mos
The left kidney is normal in size (4.4 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT 14.2 lbs
The right kidney is normal in size (4.7 cm) shape and architecture with smooth peripheral margins. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

INTERPRETED BY *Adrenal Glands*

Jessica Midence, DVM, DACVIM (SAIM)
The left adrenal gland is normal in size (caudal pole 0.50 cm / cranial pole 0.33 cm) with a normal shape and is normal in appearance and echogenicity.

IMAGING PERFORMED BY

Dr. Ellen Puthoff

The right adrenal gland is normal in size (0.50 cm) with a normal shape and is normal in appearance and echogenicity.

HOSPITAL NAME

Kings VH

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.

REFERRING VET

Dr. Ellen Puthoff

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears normal with normal portal markings. No overt evidence of inflammatory, infiltrative or regenerative pathology is evident. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

INVOICE

12948

The gallbladder lumen is moderately distended. The wall is a normal thickness and smooth. There is a large volume of both dependent and suspended echogenic debris. The cystic and common bile ducts are not visible.

DATE

5.4.23

Gastrointestinal Tract

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum is normal with distinct wall layering. The remainder of the small intestines are normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. No focal lesions observed.

The sections of colon are visualized with large volume of feces shadowing distally.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Peritoneum

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity. There is a soft tissue mass-like structure between the descending colon and the caudal aspect of the bladder. This mass measures 1.40 cm thick x 2.00 cm in length, and is smooth, well-encapsulated and homogenous in echotexture. Because of the significant fecal material within the colon, full evaluation is difficult, and all borders of this mass cannot be evaluated. There does not appear to be inflammation around this mass.

ULTRASONOGRAPHIC FINDINGS

Findings

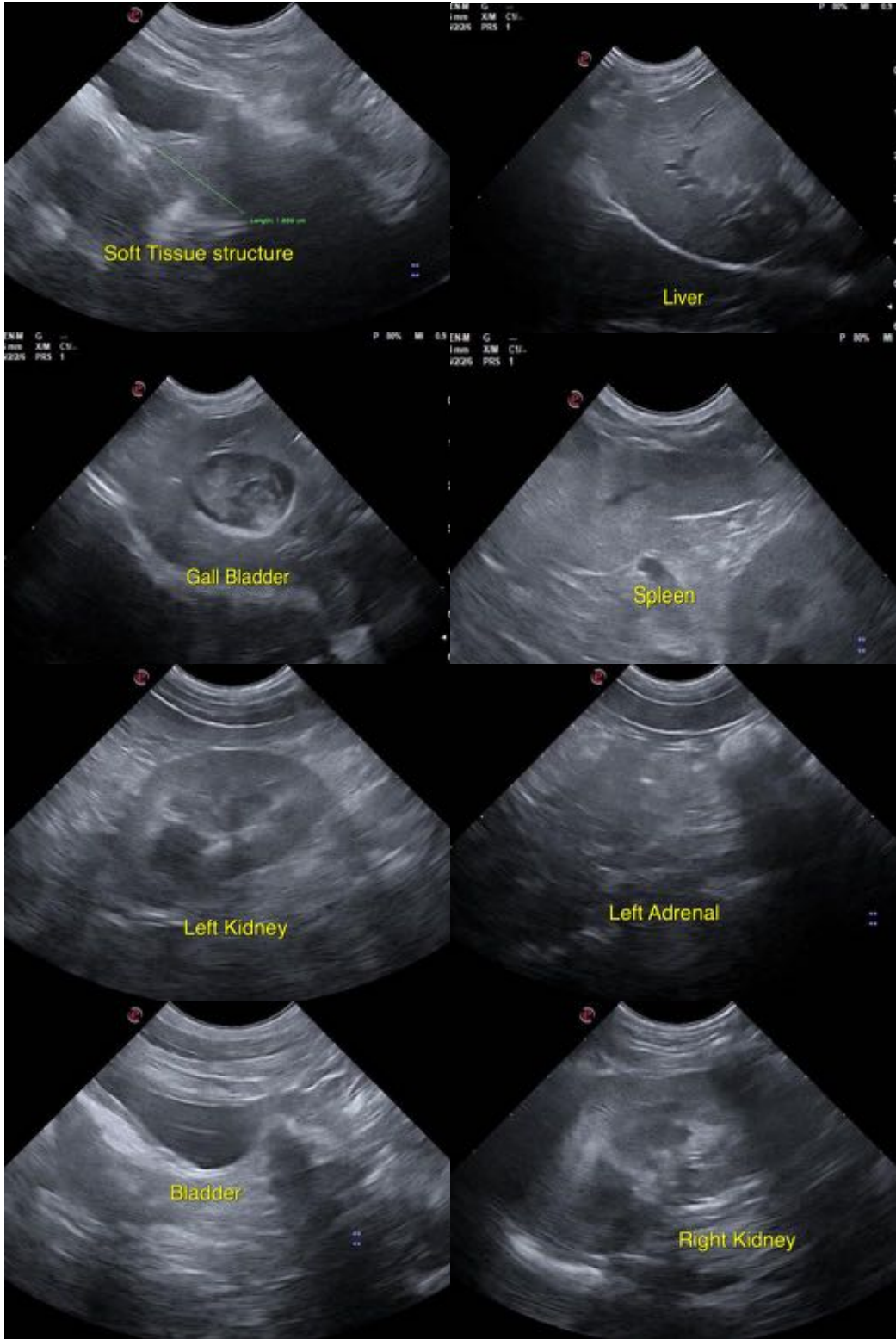
- Round cell soft tissue mass in the caudal abdomen
- Gall bladder sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue structure found in the caudal abdomen is very homogenous and well-encapsulated/smooth. Given the area and shadowing from the colon, it was difficult to evaluate all borders of this mass and determine the exact organ of origin. Consideration is given to a lymph node, a neuroendocrine-type tumor, a cryptorchid testicle, enlarged lymph node, or other benign or malignant neoplasm. With adequate sedation, consider fine-needle aspirate for cytology. A Ct scan could also be considered for further characterization.

In regard to the licking of the prepuce, consider recurrent/persistent balanoposthitis and consider topical antimicrobial preputial flushes. An occult low-grade urinary incontinence from the soft tissue structure in the abdomen could also be another consideration for the reported clinical signs. If signs persist endoscopy of the prepuce can be considered to rule out preputial disease at the fornix or further work-up for the abdominal soft tissue structure should also be considered as a contributing pathology.

Consider Ursodiol therapy, given the amount of gall bladder sludge.





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.

Jessica Midence, DVM, DACVIM (SAIM)
info@SonoPath.com