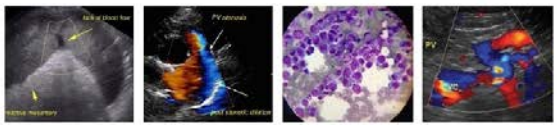

PATIENT

Valentino Smale

SPECIES

Canine

BREED

Italian Greyhound

SEX

Neutered Male

AGE

8 Years

WEIGHT

13.8 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Ancaster AH

REFERRING VET

Dr. Mathews

INVOICE

45165

DATE

2/15/23

PRESENTING CLINICAL SIGNS

Bilateral Alopecia, upon physical exam large mass felt in abdomen. X-rays confirm large mass. Valentino had retained testicle and owner paid to have them removed at another hospital when he was a puppy prior to coming to our clinic last year. Possibility of tumor being related to a retained testicle. Possibly felt testicle in right inguinal area but also could potentially be a enlarged lymph node?

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The prostate is large, hyperechoic, and heterogeneous, measuring 1.88 cm in height in the sagittal view. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.18 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.27 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.41 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.38 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size. The spleen echotexture is heterogenous and mildly mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

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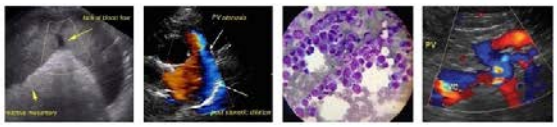

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Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Duodenum wall measures 0.41 cm. Jejunum wall measures 0.30 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

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.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The sublumbar lymph node is visualized and appears somewhat prominent, measuring 0.75 cm. The omentum is generally of normal echogenicity but is hyperechoic around the abdominal mass effect.

Other

There is a large, hypoechoic, heterogeneous mass effect visualized in the mid abdomen measuring 5.9 4 cm x 3.71 cm. No association with other abdominal structures is noted.

There is a hypoechoic round structure visualized in the right inguinal region measuring 1.42 cm x 1.1 cm. This most resembles an inguinal testicle because there is the suspicion of a median raphe.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic, heterogeneous prostate – The appearance of this testicle is most consistent with being under testosterone influence, and the changes are most consistent with BPH +/- prostatitis.
- Subjectively mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, hypoechoic, heterogeneous mid abdominal mass – An association with this mass effect and other structures is not readily apparent. This could be consistent with a neoplastic testicle. Recommend a fine needle aspirate.
- Hypoechoic oval structure visualized in the right inguinal region – Findings are most consistent with an undescended left testicle. A lymph node is thought much less likely.
- Prominent sublumbar lymph node – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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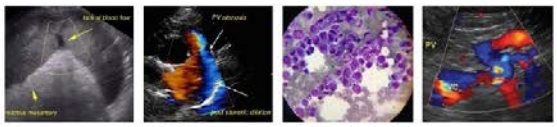

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mid abdominal mass visualized. An association with other structures is not readily apparent, so this certainly could be a retained testicle that underwent neoplastic transformation. Consider a fine needle aspirate of this mass to try and further determine its origins.

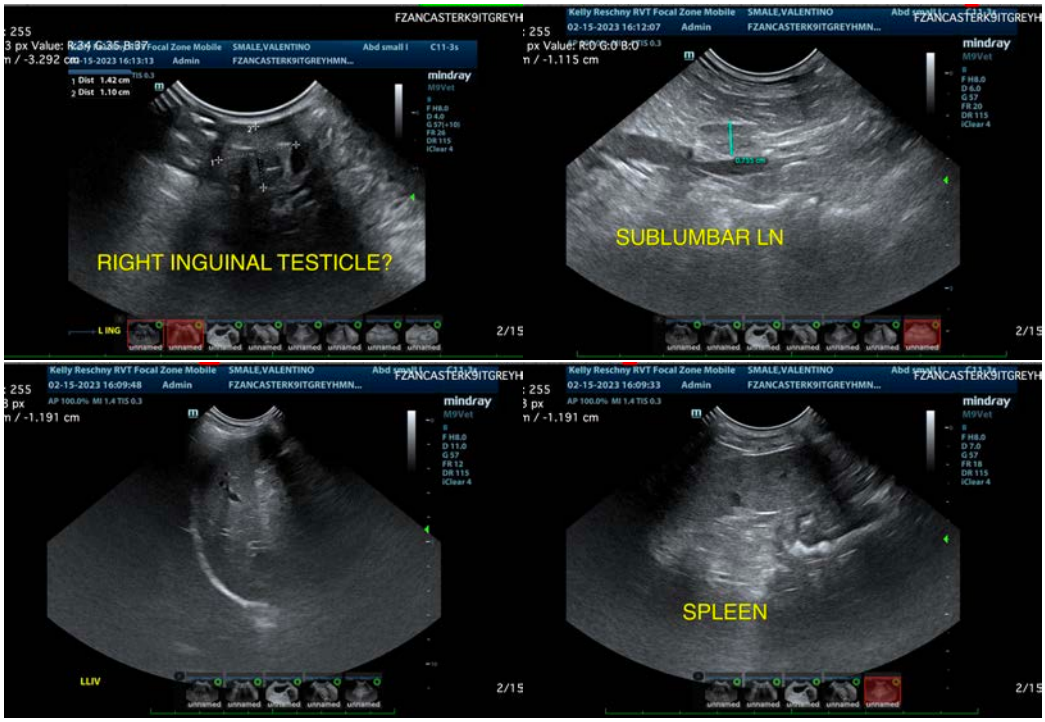
Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

Additionally, there is a structure in the inguinal region with a resemblance to a right testicle. This could be a lymph node, other tissue, etc., but I suspect a median raphe is visualized. A fine needle aspirate of this could be performed as well (likely to rule out lymph node, lipoma, etc.).

The prostate is large, hyperechoic and heterogeneous, most consistent with a prostate under the influence of testosterone, which supports the idea that this pet is not completely neutered. Keep in mind that often with retained testicles estrogen can be produced, causing bone marrow toxicity, feminization, squamous metaplasia of the prostate, etc., so evaluation of a CBC prior to surgery, aspirates, etc. is recommended, as well as 3-view thoracic radiographs. A fine needle aspirate of the prostate could be considered if there is concern that this could be a Sertoli cell tumor with estrogen production (looking for evidence of squamous metaplasia).

If the mass lesions can be confirmed as to their identity, consider exploratory (ideally referral to a veterinary surgeon) to remove these lesions, and recommend histopath. Additionally, recommend taking photographs and documenting all findings.

**The inguinal lesion described is verbally confirmed by the sonographer to be the right side despite labeling.



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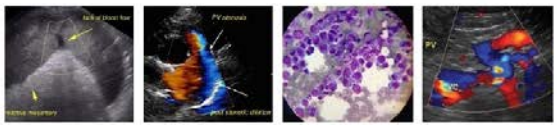

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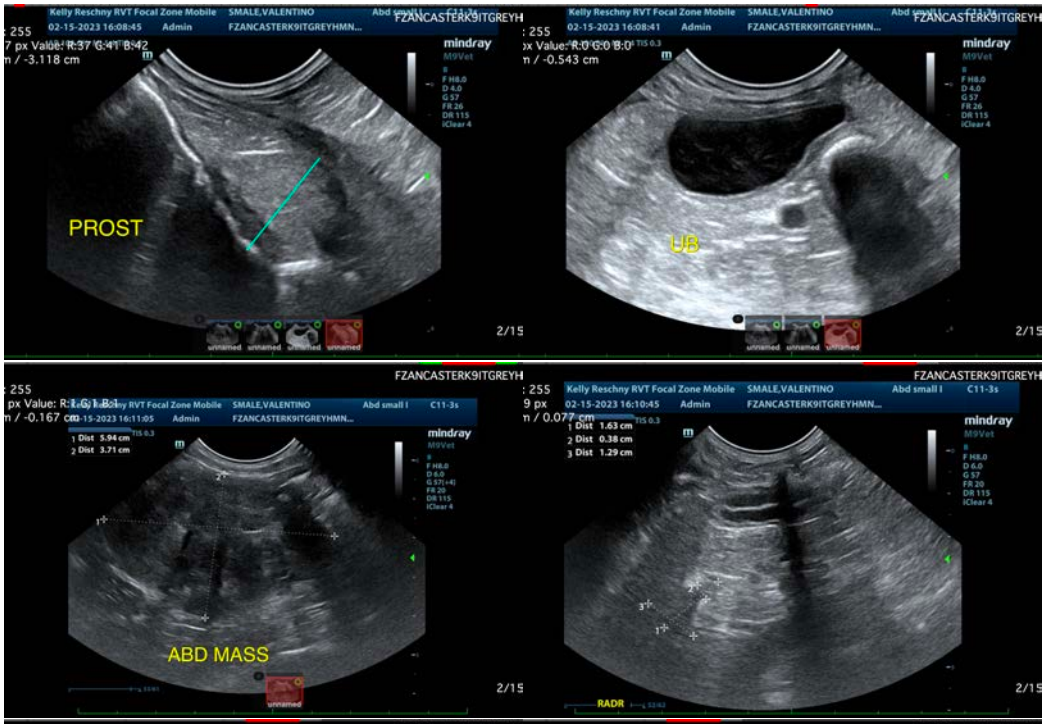

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)kathleen.sennello@sonopath.com