



PATIENT

Max Grbovac

SPECIES

Canine

BREED

Mastiff x Chow x
Sharpei

SEX

Intact Male

AGE

9 Years

WEIGHT

74 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Beech Mobile

REFERRING VET

Dr. Beech

INVOICE

35710

DATE

2/16/22

PRESENTING CLINICAL SIGNS

One retained testicle, very large in appearance. Had an episode about a week ago where owner thought it looked even bigger and that he was really uncomfortable. Needs to be neutered but concerned about location of left testicle and size and health of right testicle and prostate. Allergic skin disease.

Abnormal PE/Chem/CBC/UA Results: RBCs low 5.3, WBCs elevated 18.83, Segmented Neuts elevated 15.24 U/A - Turbid urine, pH 5.5, Sp. Gravity 1.055, Protein 2+, Epithelial cells 2-5/hpf, WBC 6-12/hpf, Bacteria 5-10 cocci/hpf.

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 and hyperechoic, measuring 3.05 cm in height in the sagittal view. There are small pinpoint cysts throughout the parenchyma. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (6.13 cm) with non-obstructive pinpoint nephroliths. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (5.88 cm) with non-obstructive pinpoint nephroliths. Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.66 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 XXcm 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.

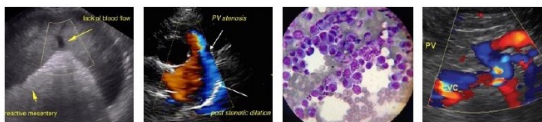
Spleen

The spleen is large in size. The spleen echotexture is heterogenous and 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 large in size, and normal in echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

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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.

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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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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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

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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

WEIGHT

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

INTERPRETED BY

Kathleen Sennello DVM,
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Medicine)

The left and right testicles were visualized. The left testicle measures 5.52 cm x 3.08 cm and has relatively normal parenchyma and is visualized in the inguinal region. The right testicle is visualized in the scrotum. It is large, measuring 3.1 cm x 2.25 cm with irregular anatomy including diffusely mottled tissue and a hyperechoic nodule.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Crystal Hill

- Undescended left testicle visualized in the inguinal region
- Abnormal descended right testicle – consistent with possible mass effect. Differentials include hyperplasia, neoplasia, granulomas, abscess, other.
- Hyperechoic, large, mildly cystic prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.
- Large, heterogeneous liver – The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

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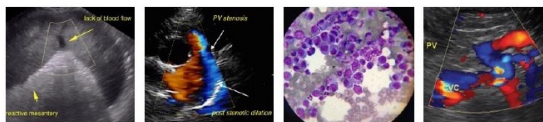
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- Mottled spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.

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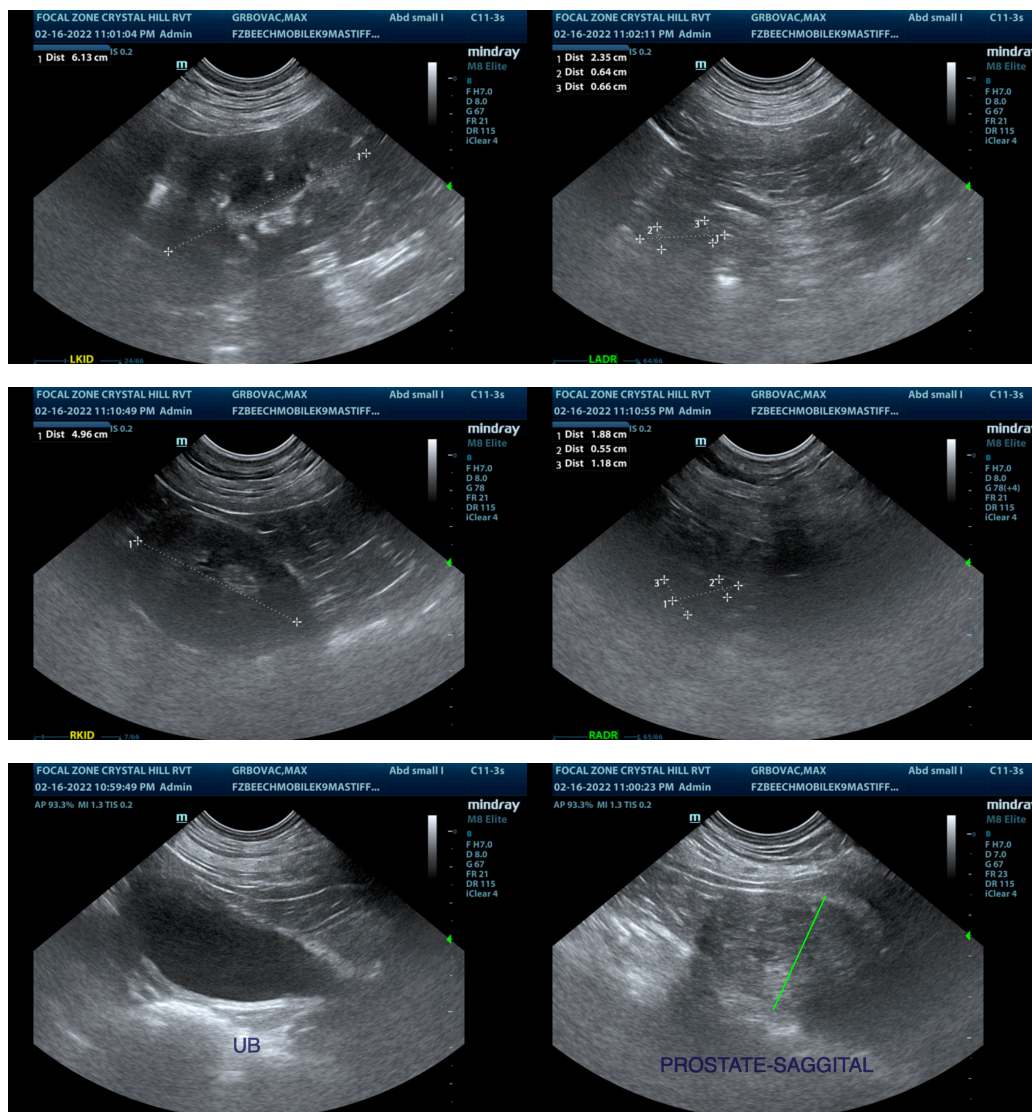
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

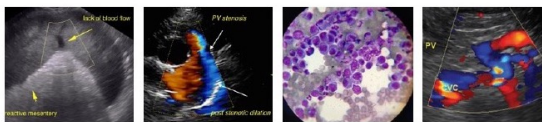
Findings are most consistent with benign prostatic hypertrophy/prostatitis in addition to an undescended left testicle and an abnormal right testicle.

- Recommend urinalysis and culture.
- Recommend neuter and removal of both testicles with histopathology of both structures.

Correlate the liver and spleen findings with lab work results. If liver values are normal and patient is doing well, these findings could be subjectively normal, and recommend continued monitoring.

Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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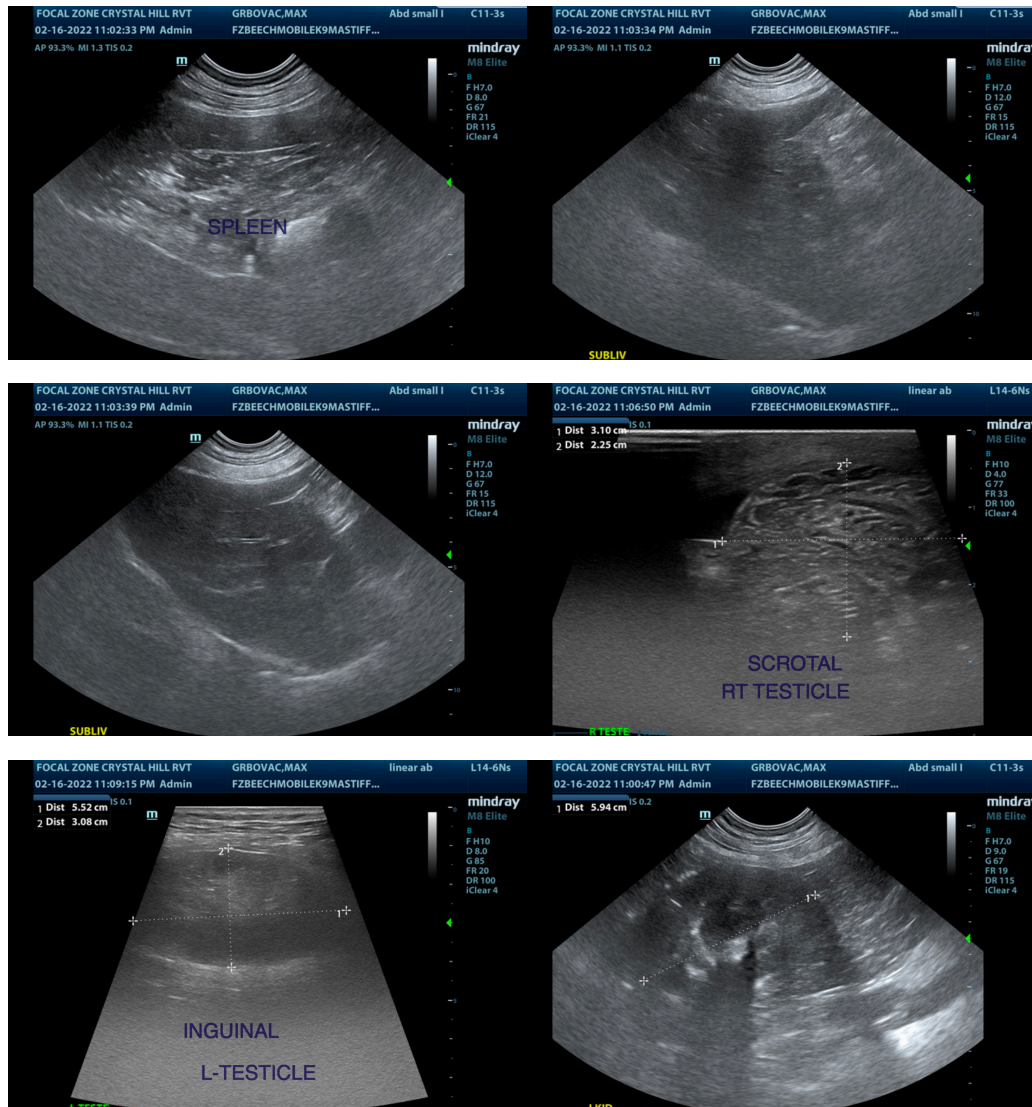
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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