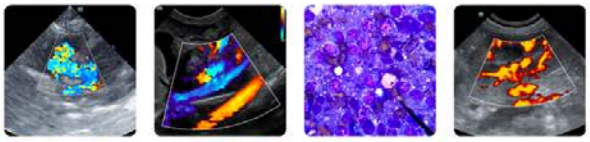


PATIENT

Lucas Jimenez

SPECIES

Canine

BREED

Mixed

SEX

Intact Male

AGE

10 Years

WEIGHT

23.6 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Gabriel Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound

REFERRING VET

Dr. Yolanda Sierra

INVOICE

73587

DATE

3/11/26

PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of hematuria and cryptorchidism. Owner indicates that Px has been urinating blood for about 2 weeks, the blood started out being very minimal, but the urine is now a very dark red color. Px has severe thrombocytopenia. Owner reports that Px is not lethargic, is eating/drinking well, and overall seems to be BAR

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached below for your reference, 4DX (-)

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, mottled, and cystic, measuring 3.59 cm in height in the sagittal view.

The left kidney is not clearly visualized, obscured by the large abdominal mass.

The right kidney has a normal shape and size (6.24 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 not clearly visualized and is obscured by the large abdominal mass.

The right adrenal gland is normal in size measuring 0.47 cm at the cranial pole and 0.51 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.

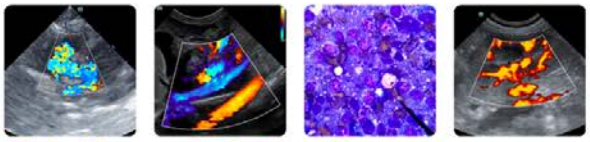
Spleen

The spleen is normal in size but irregular in shape, measuring 1.13 cm at the hilus. The blood flow through the hilus and splenic parenchyma appears normal. There are numerous mottled hypoechoic nodules within the parenchyma. Examples measure 0.63 cm and 1.17 cm in diameter. Additionally, there is a larger nodule that deforms the splenic margins measuring 1.64 cm x 1.61 cm.

Liver

The liver is subjectively normal in size, and 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 gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and likely incidental at this time. The cystic and common bile ducts are normal/not visible.



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Gastrointestinal

The stomach contains moderate fluid and shadowing ingesta. 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 0.40 cm. Jejunum wall measures 0.33 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

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. There are prominent caudal abdominal lymph nodes. Examples in the iliac region measure 0.68 cm and 0.48 cm in diameter. The omentum is diffusely hyperechoic.

Other

There is a large, hypoechoic, discrete mass effect visualized in the caudal abdomen measuring 7.81 cm x 8.57 cm. This could be consistent with a retained right testicle. No anatomy consistent with a testicle can be definitively identified.

A descended left testicle is visualized measuring 2.46 cm in length.

There is a large, poorly defined, diffusely cystic, more hyperechoic mass effect visualized cranial to the urinary bladder measuring >10.95 cm x 12.7 cm. The origins of this mass effect are uncertain (possibly splenic?). An association with the hypoechoic mass effect cannot be ruled out.

ULTRASONOGRAPHIC FINDINGS

- Large, hyperechoic, mottled prostate with small microcysts – Possible differentials include benign prostatic hypertrophy +/- prostatitis. Squamous metaplasia is also a possibility. Recommend a fine needle aspirate.
- Multiple hypoechoic mottled nodules in the spleen – There are several, non-cavitated, hypoechoic splenic nodules visualized. Differentials include lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis. **Given the other abdominal mass lesions visualized, concern for metastatic lesions would be high.*

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- 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.

- Discrete hypoechoic mass effect in the caudal abdomen – Findings could be consistent with a retained right testicle. Other differentials are possible.

- Poorly defined hyperechoic, diffusely cystic mass effect visualized cranial to the urinary bladder – The origins of this mass lesion are not clear. This could have an unseen splenic attachment, be associated with the hypoechoic mass lesion, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

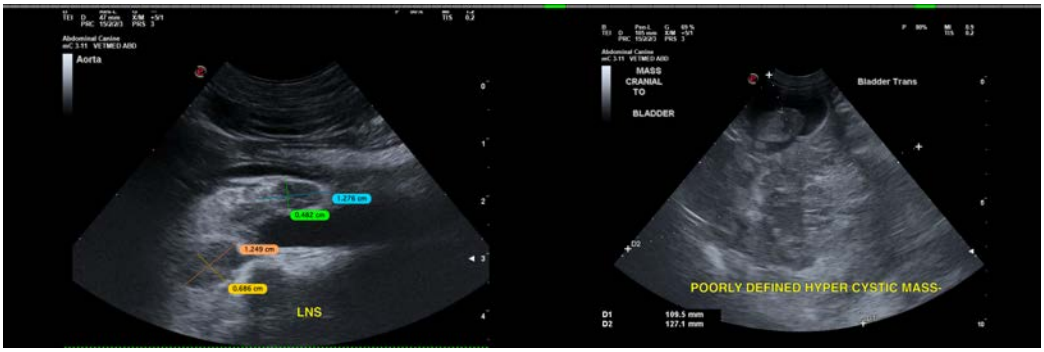
This patient is a cryptorchid with a descended left testicle. There is a large, hypoechoic mass effect visualized in the caudal abdomen, which is suspicious for a right testicle that has undergone neoplastic transformation. A fine needle aspirate of this mass lesion is recommended.

Additionally, there is a more mottled, hyperechoic mass effect that is poorly defined visualized cranial to the urinary bladder. This could be associated with the hypoechoic mass lesion or be its own separate mass lesion. This obscures visualization of the left kidney and left adrenal. An association with the spleen is very possible. Consider a fine needle aspirate of this lesion as well as ideally a contrast CT scan to better delineate origins of these mass lesion and if there is evidence of definitive metastatic lesions. There are numerous hypoechoic, irregular nodules visualized associated with the spleen that are concerning for metastatic lesions. Fine needle aspirate could be considered to further evaluate.

This patient has hematuria and a very low platelet count. The hematuria could be secondary to the low platelet count or could be associated with prostatic disease. If the undescended testicle isa Sertoli cell tumor, this can cause estrogen toxicity, bone marrow suppression, and cytopenias (typically starting with neutrophils and platelets).

Aspiration of these lesions as well as advanced imaging may be helpful. A bone marrow aspiration could be considered, as bone marrow toxicity can be persistent even after the mass effect is removed.

Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement (disregard if this has already been done).



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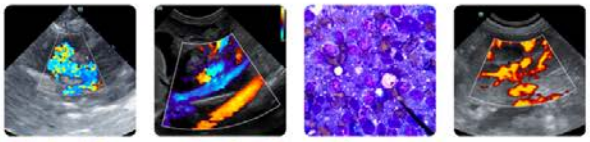

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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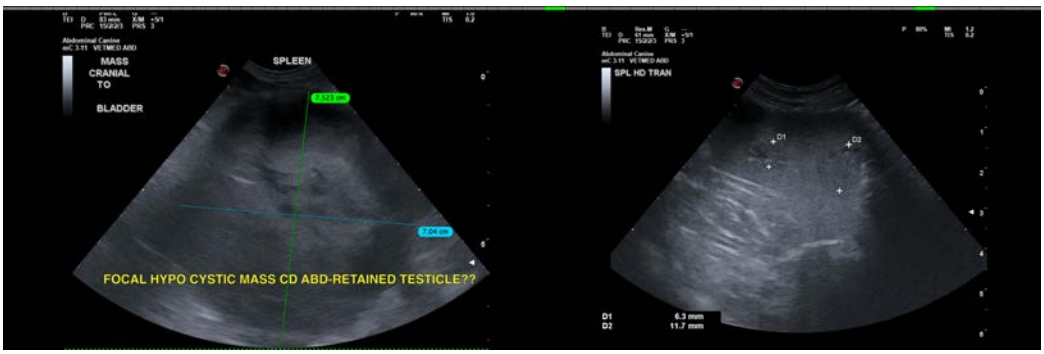

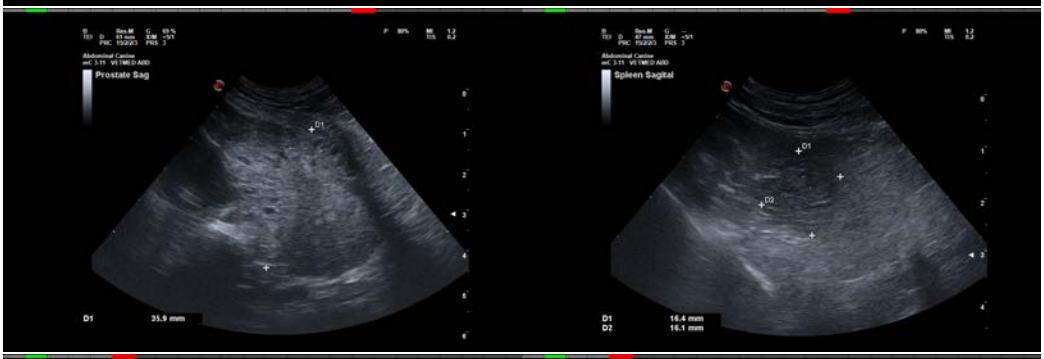

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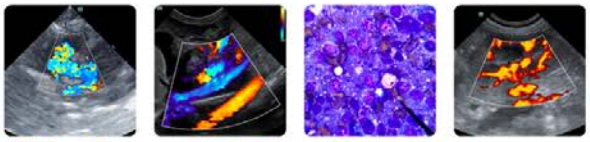

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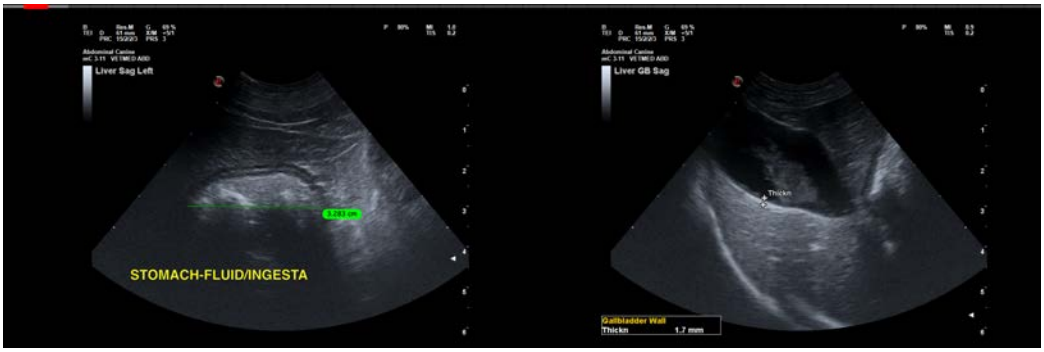

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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