



PATIENT

Jake Wlas

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

10.5 Years

WEIGHT

88 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Tam Mengine

HOSPITAL NAME

Stoney Creek VH

REFERRING VET

Dr. Tam Mengine

INVOICE

24629

DATE

8/13/21

PRESENTING CLINICAL SIGNS

Presented yesterday for lethargy - there was a palpable R testicular mass and enlarge nipples noted, and otherwise an unremarkable exam. CBC / Chem revealed pancytopenia (Hct 32.7%, Plts 10k, PMN's 2.0k). Chest rads unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is minimally distended with anechoic urine. The Bladder wall appears somewhat thickened and irregular, but this may be due to lack of distention. In general, the 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 enlarged and somewhat hyperechoic with a smooth external capsule. There are no discreet focal lesions. The prostatic urethra appears normal with no evidence of irregularity, invasion of mass effect, or calculi. The prostate measured 3.84 cm as measured in the sagittal view.

The left kidney has a normal shape and size (8.09 cm). Overall echogenicity is slightly hyperechoic with poor 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, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney has a normal shape and size (7.8 cm). Overall echogenicity is slightly hyperechoic with mildly decreased 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, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.72 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 0.7 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, echotexture is homogenous, and 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 primarily anechoic. The cystic and common bile ducts are normal/not visible.



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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.

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Canine

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.)

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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

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Evaluation of the peritoneal cavity did not reveal any evidence of effusion. Suspect moderate lymphadenomegaly (there is a cluster of irregular tissue in the area of the head of the spleen/left kidney, which has three almost anechoic structures consistent either with lymph nodes or cystic lesions). The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is generally of normal echogenicity.

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Other

The right testicle is imaged, and there is a large, mixed echogenic 3.09 cm x 2.68 cm mass that appears to be effacing the normal testicular anatomy.

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PRIMARY FINDINGS

- Right-sided testicular mass – differentials include cancerous tumor (Sertoli cell, Leydig, and Seminoma) or benign lesion. Concern is high for an estrogen secreting Sertoli cell tumor causing pancytopenia and feminization.
- Large, hyperechoic prostate – If this patient was neutered at a young age, this is concerning for possible squamous metaplasia due to estrogen production by a testicular tumor. Consider fine needle aspirate of the prostate.
- Hypoechoic focal structures in the abdomen – There is a cluster of irregular tissue in the abdomen with almost anechoic circular structures reminiscent of lymph nodes or cystic structures. These could be metastatic lesions, primary enlarged lymph nodes, etc. Consider fine needle aspirate of a hypoechoic structure provided platelet numbers are adequate.

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SECONDARY FINDINGS

- Decreased corticomedullary distinction in both kidneys – The bilateral renal findings are consistent with age-related change.

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- Irregular, thickened urinary bladder wall – can be consistent with cystitis or could be artifact due to inadequate urinary bladder distention.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Canine

This presentation is very concerning for the possibility of an estrogen secreting testicular tumor causing pancytopenia, feminization, and squamous metaplasia of the prostate. Discuss history with the owners and make sure there isn't the possibility of a retained testicle in the abdomen (I noted the left testicle was not imaged). I'm not sure of the nature of the hypoechoic lesions in the abdomen, but I'm concerned that they could represent metastasis or an additional lesion. Unfortunately, it is not distinct enough to say definitively. If you feel it is safe, you could consider a fine needle aspirate of that area.

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Recommend neutering and submission of tissues for histopathology. I fear that typically the bone marrow toxicity is irreversible. You could consider a platelet transfusion (you may need to talk to your local university's blood bank about what products they can offer) to get through surgery, but I think it is unlikely that you will see significant recovery. These dogs are surprisingly resistant to hemorrhage, etc., but these levels are very concerning. You could consider a bone marrow aspirate to help confirm diagnosis, and an aspirate of the prostate. Prognosis is guarded. Recommend 3-view thoracic radiographs.

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Although all of this ties in together very well, there is a small chance of unrelated primary bone marrow disease, a testicular tumor etc., so ideally additional diagnostics would be performed to confirm what is occurring.

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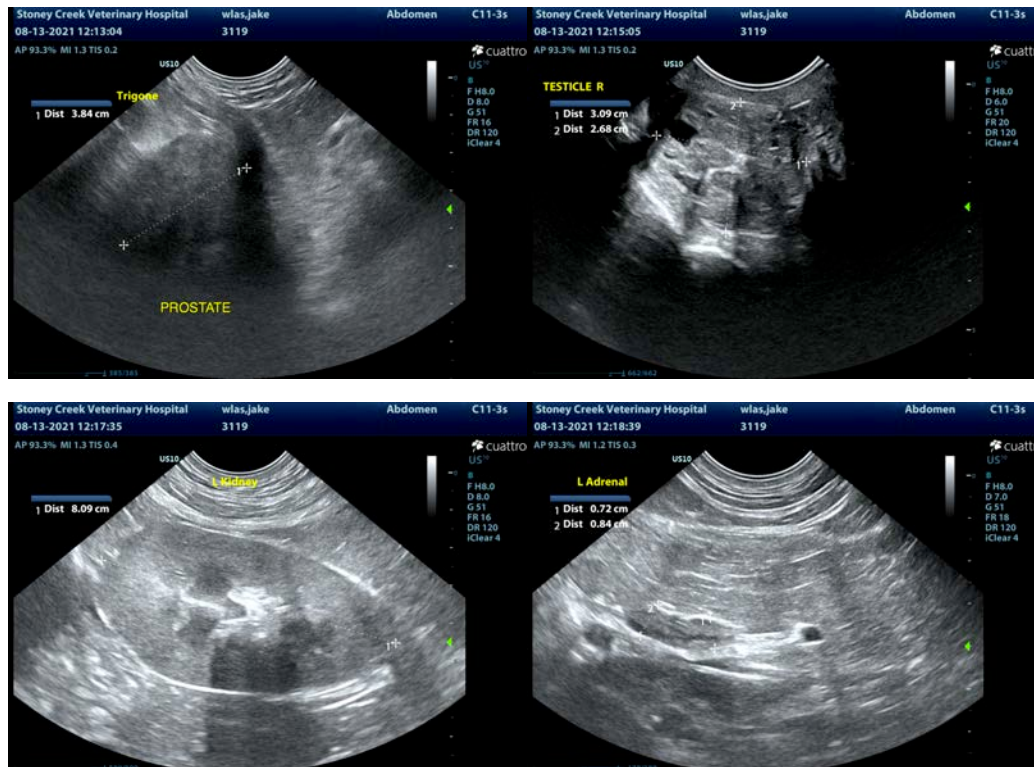
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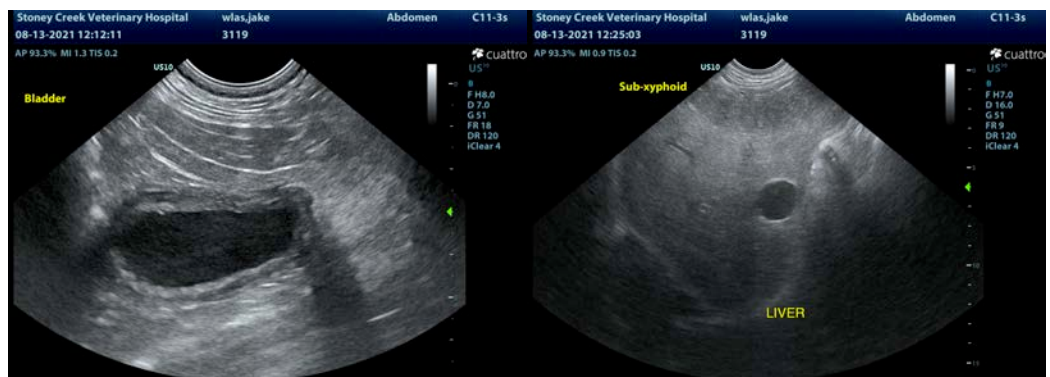
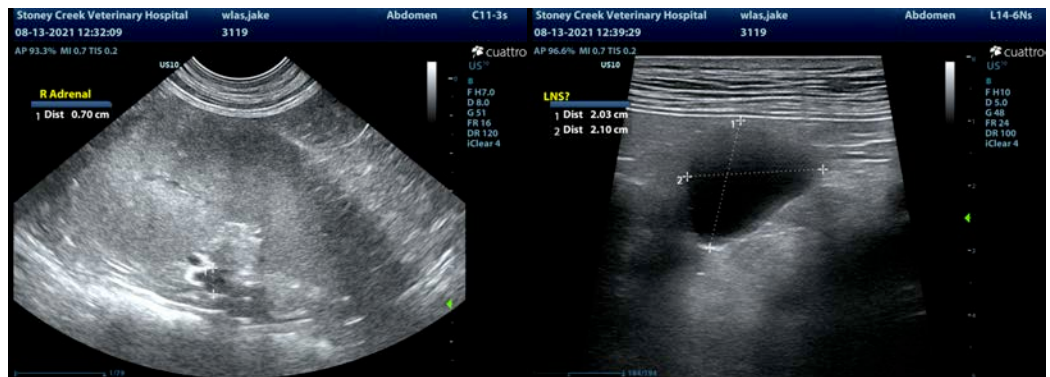
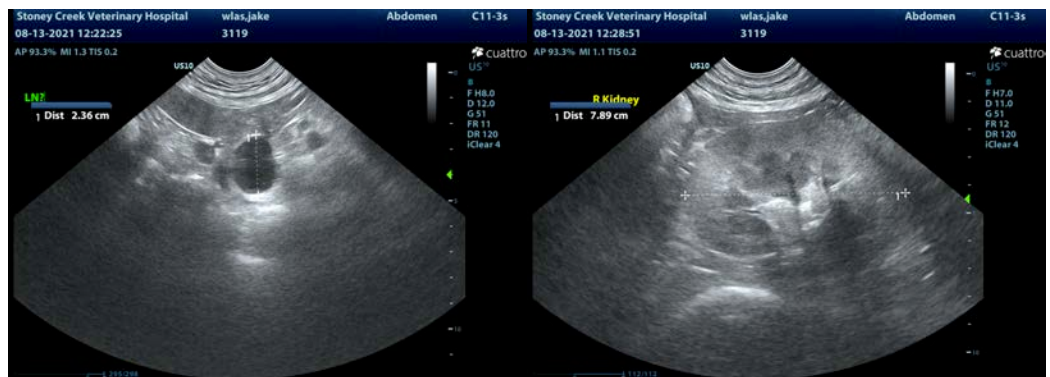
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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