

## PATIENT

Ruben Zavala

## PRESENTING CLINICAL SIGNS

## SPECIES

Canine

## BREED

American Eskimo

second opinion regarding retained testicle / or tumor Patient has been having difficulty defecating for about 4 months, urination normal, eating with some hesitation on occasion, drinking normally. Eating canned wet food 2/3 can split BID, patient has access to dry food which he nibbles at but only shows interest when there may be competition for the dry food, owner gives steamed vegetables and soft dog treats as a snack. patient was neutered in 2012, owner unsure if both testicles were descended at the time of neuter. patient has a peri anal tumor removed last year. owner said other clinic noted a possible enlarged prostate, this clinic prescribes lactulose stool softener 6mL SID, Carprofen 25mg BID but owner is giving 25mg TID as this helps patient feel better

## SEX

Abnormal PE/Chem/CBC/UA Results: Painful on scan

Neutered Male  
(Possible cryptorchid)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

## AGE

12 Years

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.

## WEIGHT

26 Pounds

The prostate is large and size and shape for this possibly neutered male dog. The parenchyma is heterogeneous and external margins are smooth. There are diffuse pinpoint hyperechoic foci throughout the parenchyma, most consistent with mineralizations. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi. Prostate measures 2.77 cm x 3.46 cm.

## INTERPRETED BY

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

The left kidney has a normal shape and size (4.81 cm). 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, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

The right kidney has a normal shape and size (4.99 cm). 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, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

## HOSPITAL NAME

Pine Creek VC

### Adrenal Glands

The left adrenal gland is normal in size measuring 0.57 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.

## REFERRING VET

Dr. Denny Nolet

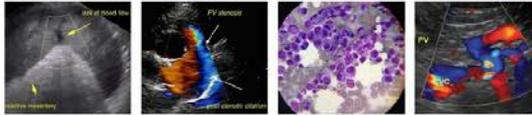
The right adrenal gland is normal in size measuring 0.50 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

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## DATE

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### **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.

## SPECIES

Canine

### **Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. Two hypoechoic nodules are visualized within the parenchyma, measuring 0.69 cm, and one measuring 0.64 cm.

## BREED

American Eskimo

## SEX

Neutered Male  
(Possible cryptorchid)

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.

### **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.

## AGE

12 Years

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.

## WEIGHT

26 Pounds

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

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.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### **Pancreas**

The pancreas is prominent and mottled compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

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### **Free Abdomen**

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. The left and right sublumbar lymph nodes are somewhat prominent. Left measures 0.79, right measures 0.64 cm.

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Dr. Denny Nolet

### **Other**

There is an irregular hypoechoic inguinal structure visualized measuring 0.62 cm x 1.49 cm, which appears to have a linear/tubular attachment that appears to lead towards the prostate. The nature of this lesion is unclear. It could represent an atrophied retained cryptorchid testicle, a remnant, atypical lymph node, etc.

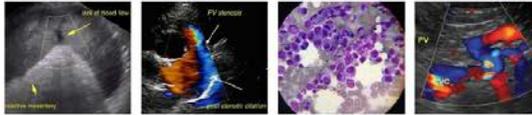
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Additionally, there appears to be a tubular structure extending laterally along the urethra, which could be consistent with an ectopic ureter.

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**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

Canine

- Large, mineralized prostate – Consider such differentials as prostatic neoplasia, squamous metaplasia, benign prostatic hypertrophy (if there is testosterone influence somewhere), etc.

**BREED**

American Eskimo

- Heterogeneous liver with hypoechoic nodules – 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. The hypoechoic nodules could represent a benign or neoplastic process. The appearance trends towards a more benign appearance.

**SEX**

Neutered Male  
(Possible cryptorchid)

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**AGE**

12 Years

- Irregular inguinal structure – This could represent an atrophied testicle, a lymph node, a vestigial organ, etc.

**WEIGHT**

26 Pounds

- Tubular structure adjacent to the urethra – This could represent an ectopic ureter, anatomic variant, etc.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

The prostate is large and appears somewhat mineralized. If there is no testosterone present, the primary differential for this lesion would be prostatic neoplasia. If testosterone is present (based on a cryptorchid testicle most commonly), then benign prostatic hypertrophy, prostatitis, etc. could be possible. Additionally, if there is estrogen influence (exogenous estrogen exposure, testicular neoplasia secreting estrogen, etc.), this could represent squamous metaplasia.

**IMAGING BY**

Loetitia Saint-Jacques,  
LVT

Recommend a fine needle aspirate of the prostate to try and get a better idea of what is going on. If there is the suggestion of estrogen influence, then a search for an estrogen secreting tumor would be appropriate. Consider CT scan, exposure to exogenous hormones, etc. If prostatitis or benign prostatic hypertrophy is present, consider the possibility of a retained testicle. It is questionable if the small structure visualized would be secreting testosterone or not(?). There could be an alternate source. Consider consultation with a veterinary theriogenologist for additional input if prostatic neoplasia is ruled out.

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There is the suggestion of a tubular structure adjacent to the urethra, which could be consistent with an ectopic ureter. This structure currently appears asymptomatic. If additional information is desired, consider a contrast CT scan or excretory urogram.

**REFERRING VET**

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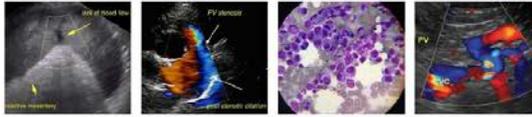
Recommend 3-view thoracic radiographs and a urinalysis and culture.

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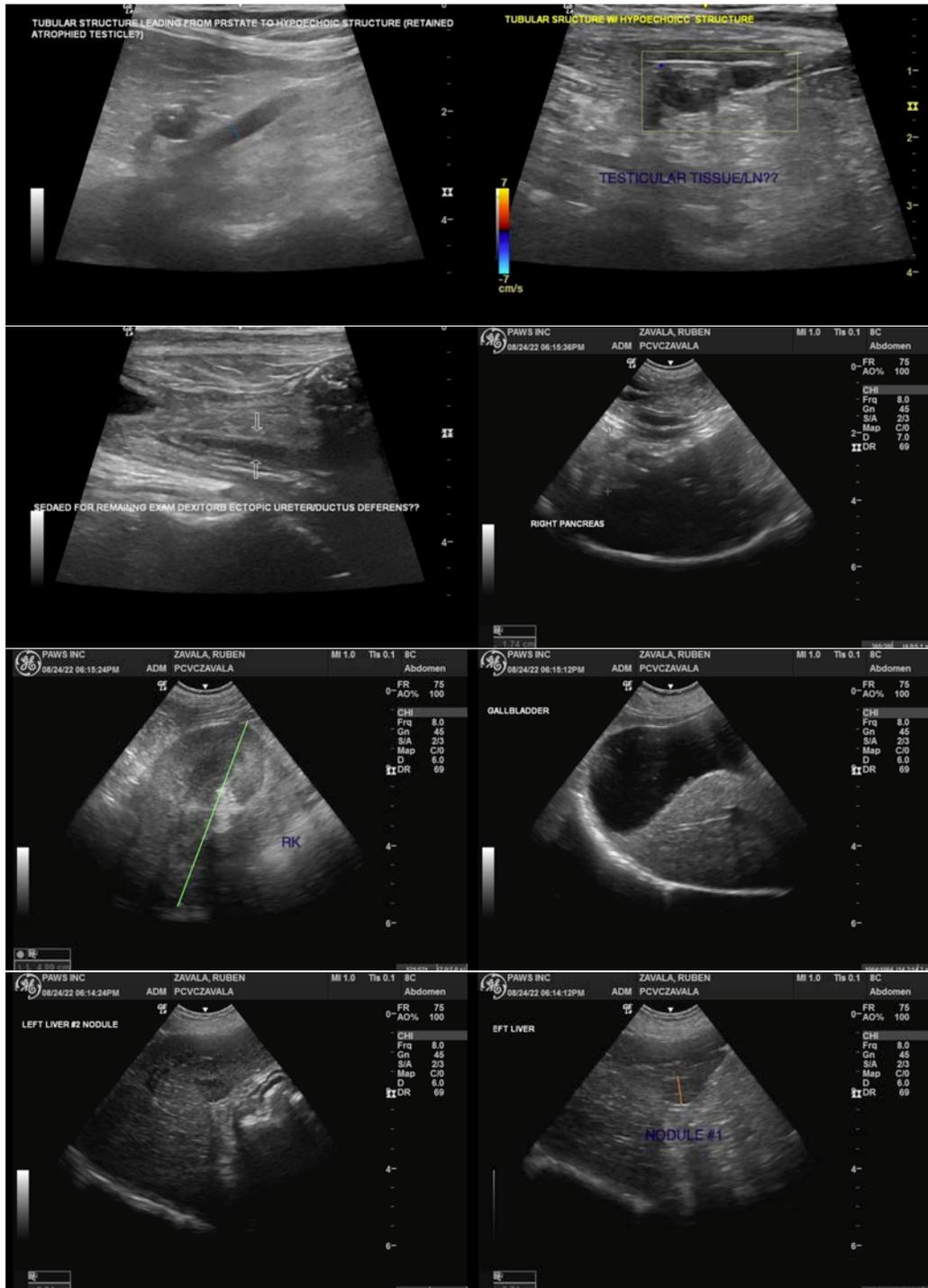
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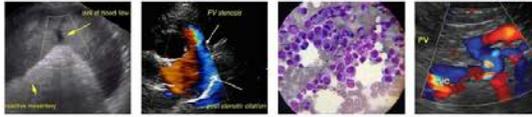
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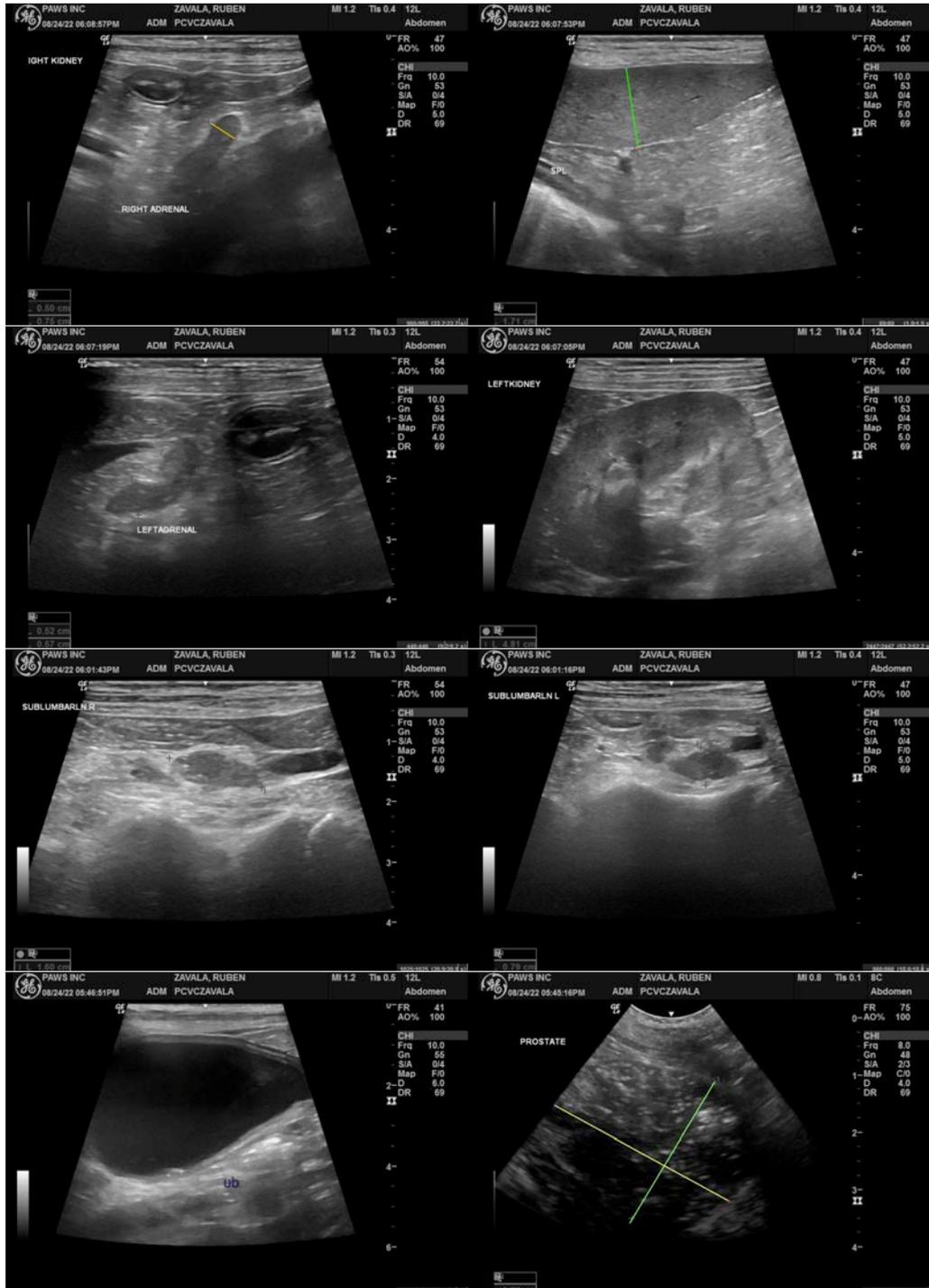
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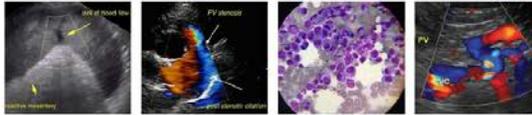
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Portable Animal Wellness Sonography, Inc.

IMAGING PERFORMED BY

pawsonography@gmail.com  530-786-8340

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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.

## BREED

American Eskimo

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

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