

PATIENT

Jerzee Torres

PRESENTING CLINICAL SIGNS

History: Patient had presented for skin tags/warts on body and owner noted that dog occasionally looks like he has a distended abdomen. Upon PE a palpable mid-abdominal mass was appreciated. CBC/Chem: unremarkable.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

German Shepherd

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.

SEX

Neutered male

There is a large, spherical, hypoechoic structure that measured 4.08 x 4.39 cm with a hyperechoic rim in the area of the prostate. This is most consistent with a homogenous fluid filled structure, but a solid mass effect cannot be excluded. Lack of color flow supports the possibility of a prostatic cyst or abscess. This structure obscures the prostatic tissue, but I suspect it is adjacent and abnormal as well. The prostatic urethra is not visible.

AGE

9 years

The left kidney has a normal shape and size (7.86 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 hydroureter. Renal vasculature is normal.

WEIGHT

100 lbs

The right kidney has a normal shape and size (8.19 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 hydroureter. Renal vasculature is normal.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.52 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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect.

HOSPITAL NAME

North Haledon VC

Spleen

The spleen is subjectively 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. There is a large, heterogenous and cavitated mass effect rising from the caudal portion of the spleen measuring 12 x 17 cm. .

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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

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normal. No focal nodules or cystic lesions are observed. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

SPECIES

Canine

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.

BREED

German Shepherd

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.)

SEX

Neutered male

Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

AGE

9 years

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.

WEIGHT

100 lbs

Pancreas

The region of 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.

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Internal Medicine)

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any significant pericardial effusion. There is a mild lymphadenomegaly present. This consisted of a prominent, sublumbar lymph node that measured 0.92 cm. There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of increased echogenicity around the splenic mass.

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ULTRASONOGRAPHIC FINDINGS

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PRIMARY FINDINGS:

- Suspect large prostatic cyst/abscess. I cannot rule out a solid mass effect.
- Large, cavitated splenic mass. A large, heterogenous mass with cavitations is present within the splenic parenchyma. The mass distorts the splenic capsule. Differentials for the mass include neoplasia (e.g., hemangiosarcoma, hemangioma), hematoma, abscess, other. A neoplastic process is favored.

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SECONDARY FINDINGS:

- Prominent sublumbar lymph node. This may represent a reactive lymph node or possible early metastasis.

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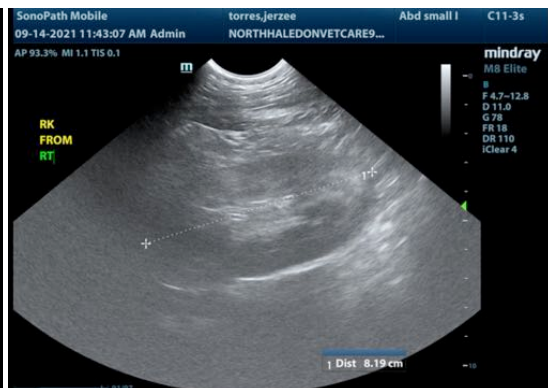
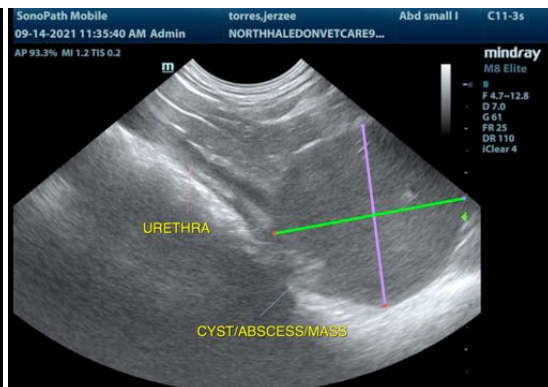
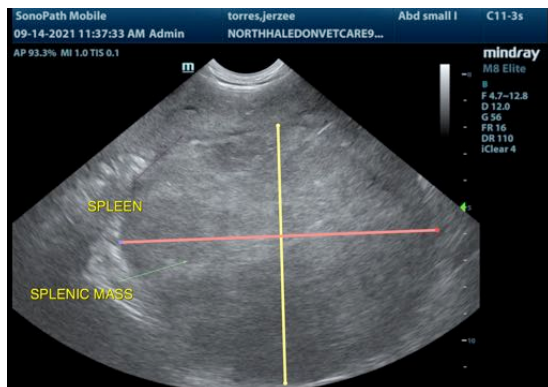
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I suspect that the lesion in the area of the prostate is a cyst or abscess, but cannot be 100% sure. Correlate these findings with the age of neutering. If the patient was neutered before puberty this would be concerning to be associated with a neoplastic process. If the patient was neutered more recently this could be an unresolved lesion from prior to castration. I recommend either a FNA if it is solid tissue or transitioning to a drainage procedure if it is cystic in nature. I recommend fluid analysis and cytology on the fluid +/- culture. If an abscess is suspected you can instill Baytril during the same procedure. If this lesion decompresses to allow visualization of the prostate then a FNA of the prostate can be considered.

Additionally there is a large, cavitated splenic mass. This is very concerning in appearance, but could be benign or cancerous. There is risk for rupture either way. I recommend surgical removal for both therapeutic and diagnostic purposes. If the prostatic lesion is an abscess or you feel a prostatic biopsy will be necessary I recommend a referral to a veterinary surgeon for possible evaluation of both lesions. I recommend three view thoracic radiographs.





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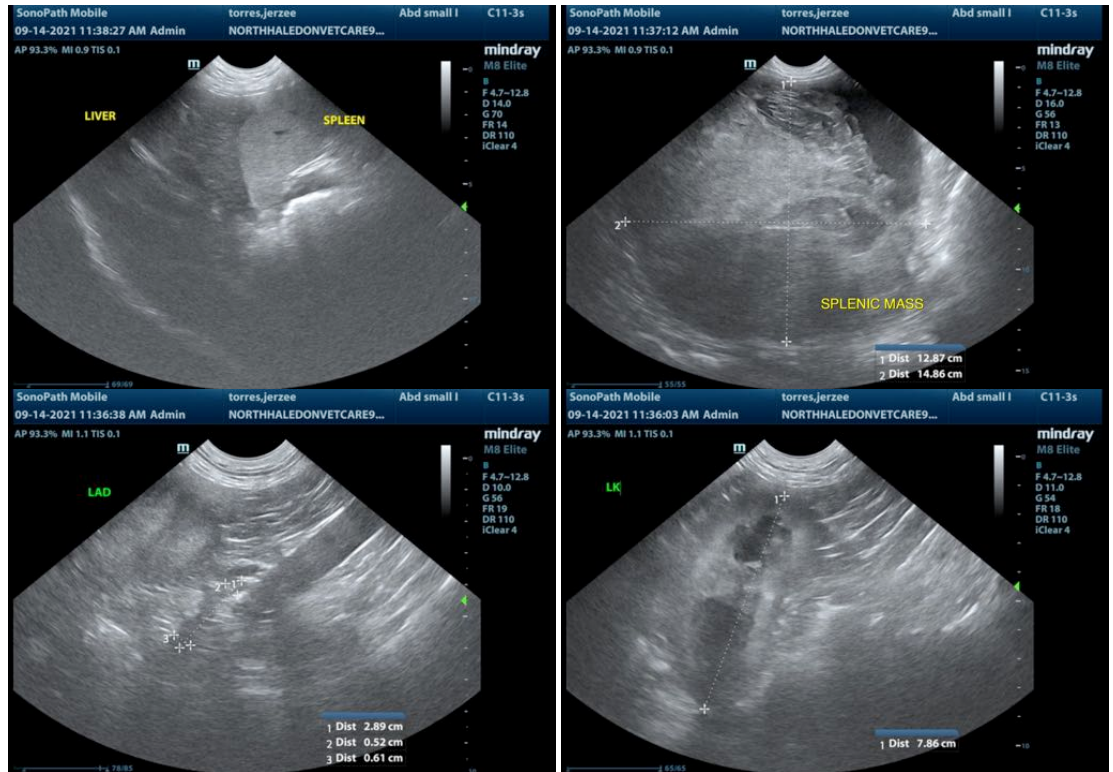
Neutered male

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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.

IMAGING PERFORMED BY

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