



PATIENT

Hercules Palmer

PRESENTING CLINICAL SIGNS

Several month hx of finicky appetite, more recent weight loss, lethargy

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: ALP 2240, Hct 36.1%, Glob 4.1 UA: UPC 0.5 SG: 1.026

BREED

Alaskan Malamute

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.

SEX

Male

The prostate is large (2.2 cm in height in the sagittal view) and slightly irregular. The parenchyma is heterogenous with numerous small cystic lesions (1-2 mm). The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

AGE

12 Years

The left kidney has a normal shape and size (7.24 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.

WEIGHT

58.2 Pounds

The right kidney has a normal shape and size (6.69 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.

INTERPRETED BY

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

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 0.62 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.

IMAGING PERFORMED BY

Jessica Miller

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.

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Liver

The liver is large and irregular in shape. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. There are numerous hypoechoic nodules visualized throughout the parenchyma varying in size from approximately 0.50-1.0 cm. Additionally, there is a large focal solid mass effect measuring 10.79 cm x 11.46 cm.

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The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. 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.

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.

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

The pancreas is prominent and hypoechoic as 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.

Free Abdomen

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.

Other

A brief view of the heart was submitted. No significant pericardial effusion was seen.

Both testicles are visualized and are somewhat irregular with mixed echogenic tissue. There are two hyperechoic nodules visualized within the right testicle, one is smaller measuring 0.72 cm in diameter. A larger nodule measures 1.02 cm and has a cystic area in the center of the lesion. The left testicle has a hypoechoic cystic nodule visualized measuring 1.55 cm x 1.17 cm, and a smaller solid hyperechoic nodule measuring 0.47 cm.

ULTRASONOGRAPHIC FINDINGS

- Large, irregular, heterogeneous prostate with numerous small cystic lesions – most consistent with benign prostatic hypertrophy +/- prostatitis.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Numerous diffuse hypoechoic nodules throughout the liver in addition to a large solid liver mass – The large solid liver mass is most consistent with a primary liver mass (adenoma/carcinoma). The smaller hypoechoic lesions could represent benign or neoplastic change and do not seem to deform the margins of the liver.
- Moderate gallbladder debris – The significance of the aggregated gallbladder debris is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting but seems unlikely to be causing a current issue. Recommend continued monitoring.



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- Hyper- and hypoechoic nodules visualized in both testicles – There are nodules visualized in both testicles. Consider such differentials as benign or neoplastic lesions such as Leydig cell tumor, Sertoli cell tumor, seminoma, granuloma, etc. Recommend neuter with histopathology (as treatment of choice), or cytology.

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is large and mildly cystic and there are nodules visualized in both testicles. Recommend castration with histopathology of the testicles and to allow likely involution of the prostate.

BREED

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Recommend a urinalysis and culture to look for evidence of prostatitis.

SEX

Male

There is a large solitary liver mass. This is most consistent with a primary liver mass such as an adenoma or carcinoma. These can have a relatively good prognosis if they can be surgically resected. Consider a CT scan of the abdomen to further evaluate the extent of this abnormal tissue for possible surgical resection.

AGE

12 Years

Additionally, there are some hypoechoic nodules within the parenchyma of the liver. Options would include a fine needle aspirate of the liver or biopsy/sampling of these nodules at the time of surgery.

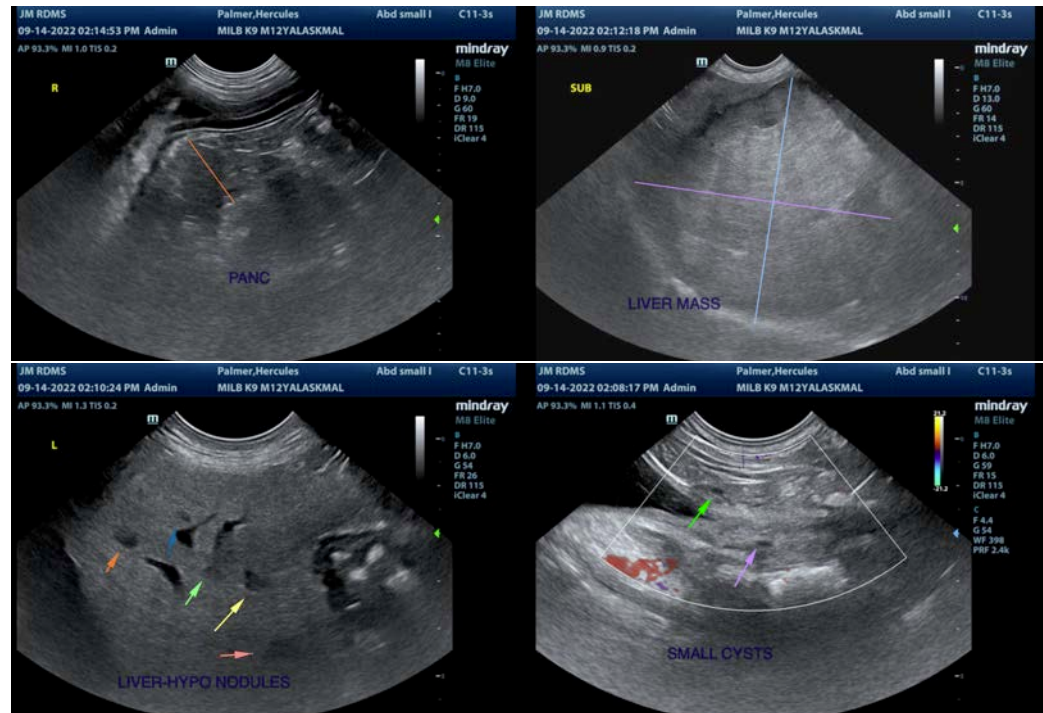
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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.

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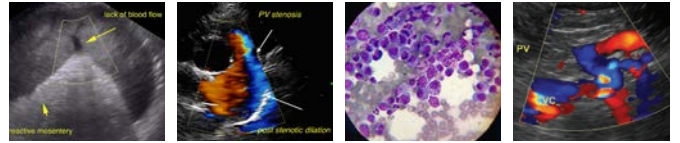
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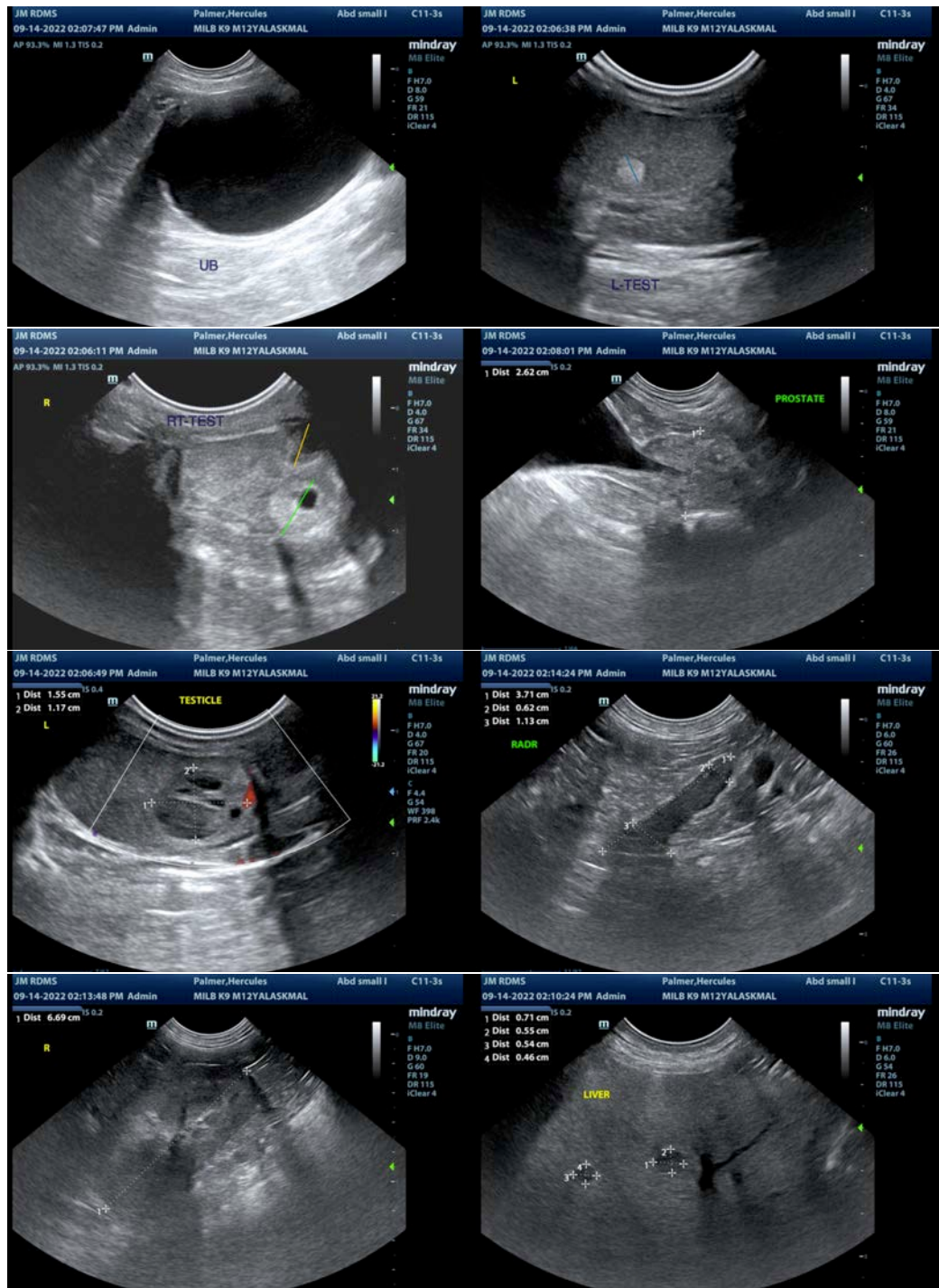
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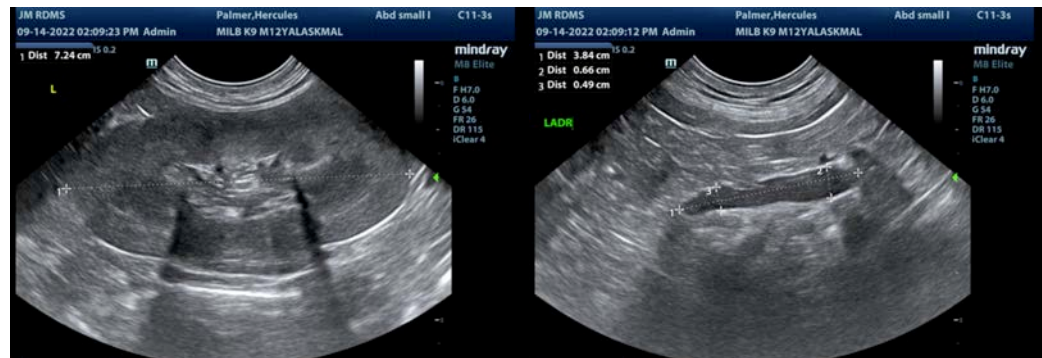
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

kathleen.sennello@sonopath.com