

**DATE PRESENTING CLINICAL SIGNS**

9/2/22 Sudden lethargy ~ 2-3 d ago, although recurrence of pancreatitis and gave gabapentin, seemed a little better but still a little weak and maybe painful.

PATIENT

Rocky Hodnett

Current Medications: cerenia 60 mg po qd and gabapentin 300 mg po q 12 hours, 500 ml SQ LRS
 Lab Results: positive CPL, decreased hct 30 and 32 - ran twice (30 on pcv), decreased plts (25 on machine, very few on slide), chemistry normal
 blood work in June was normal.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: DVM requested.

BREED

Boxer

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Intact Male

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.

AGE

3/28/13

The prostate is large in size (2.8 cm x 3.84 cm) but has a regular shape with smooth external margins. The parenchyma is heterogenous but no discrete focal lesions are present. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

62.8 Pounds

The left kidney has a normal shape and size (7.45 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)

The right kidney has a normal shape and size (7.0 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.

IMAGING PERFORMED BY

Andi Parkinson RDMS

Adrenal Glands

The left adrenal gland is normal in size measuring 0.73 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.

HOSPITAL NAME

Banfield Towson

The right adrenal gland is normal in size measuring 0.67 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.

REFERRING VET

Dr. Mike

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.

INVOICE

40945

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 mild and 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.

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 area 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.

Free Abdomen

There is a small to moderate amount of echogenic free abdominal fluid. No lymphadenopathy is noted but the omentum is hyperechoic in the right cranial abdomen.

Other

A large, cavitated appearing, mixed echogenic mass effect is visualized near the right kidney and what appears to be the retroperitoneal space. This lesion measures approximately 13.96 cm x 9.03 cm.

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

There is a moderate amount of mixed echogenic pleural effusion visualized in the right thorax.

Both testicles are visualized. The right testicle is normal measuring 3.6 cm in length. The left testicle is larger, measuring 4.4 cm in length. There is a cystic, slightly hypoechoic nodule visualized within the testicle.

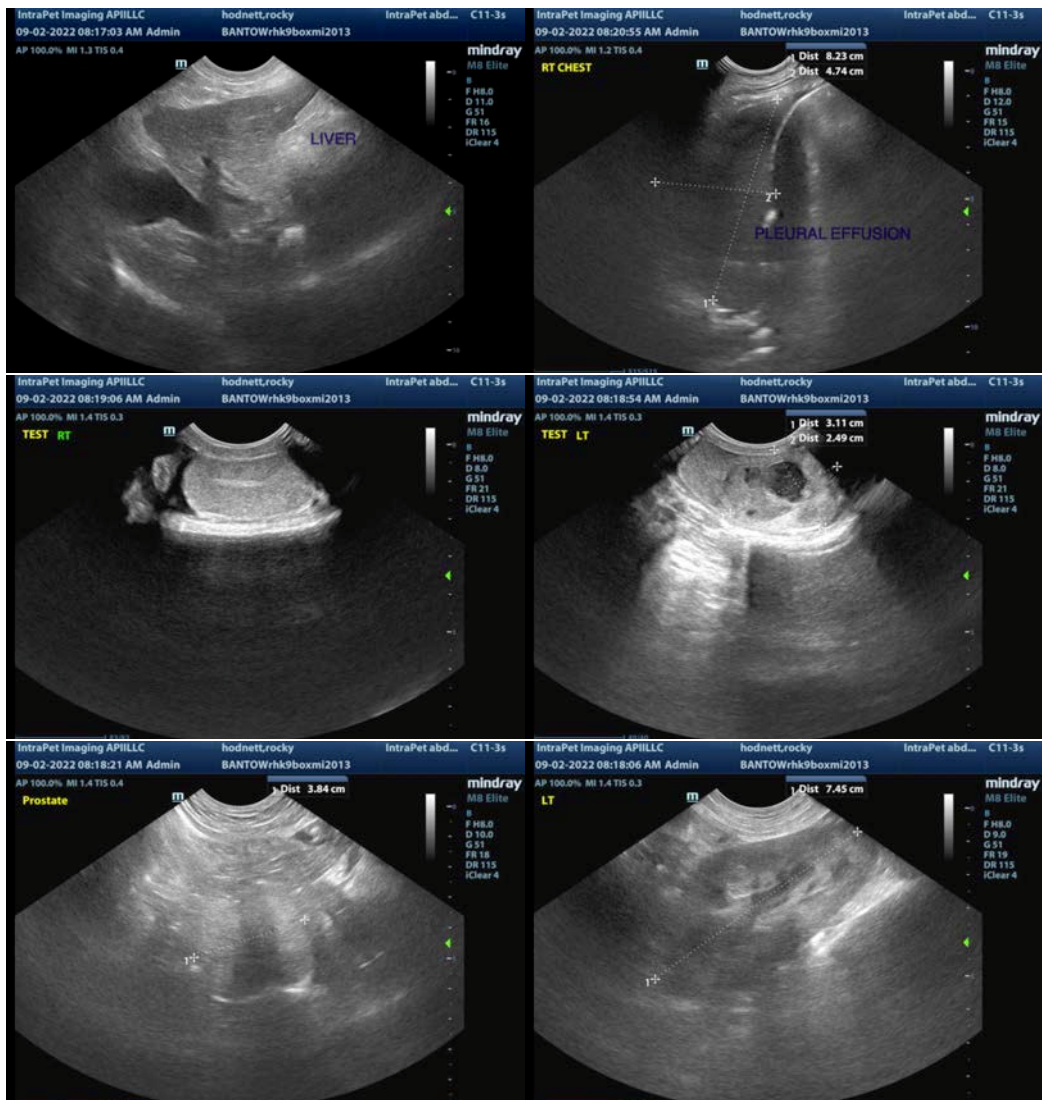
ULTRASONOGRAPHIC FINDINGS

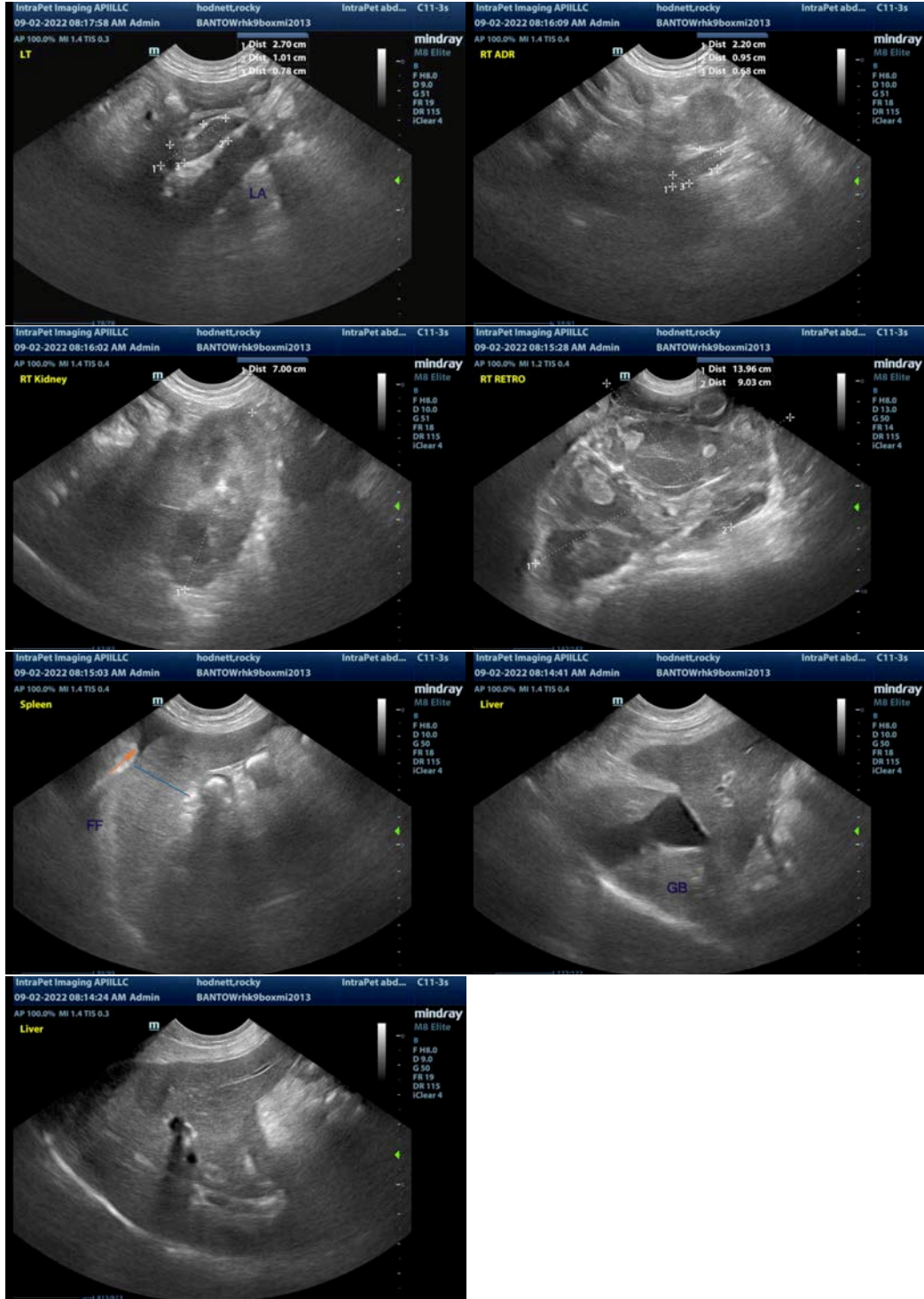
- Large, cavitated, mixed echogenic right retroperitoneal mass – most common differentials to consider would be hemangiosarcoma, clot (due to trauma or coagulopathy), ruptured adrenal gland (unlikely in this case due to a normal adrenal being visualized).
- Large, homogeneous prostate – Prostatic changes are most consistent with benign prostatic hyperplasia. Other differentials include bacterial prostatitis and prostatic neoplasia. However, given the lack of lower urinary tract symptoms, these differentials are considered less likely in this patient.
- Pleural and abdominal effusion present – concerning for possible hemorrhage. Recommend sampling with fluid analysis and cytology.

- Cystic nodule visualized in the left testicle – There is a nodule visualized in the testicle. 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a large mixed echogenic mass near the right kidney, most consistent with a retroperitoneal mass. This is a predilection site for hemangiosarcoma, but you can also have hemorrhage and clots in this area from coagulopathies, trauma, etc. Correlate with the clinical history. Evaluate coagulation parameters. You can consider a fine needle aspirate of this region, but often you will obtain blood (may be worth trying). Surgery in this area can be challenging. Contrast CT scan is recommended to further evaluate. Additionally, I would recommend a CT scan of the thorax to look for evidence of metastasis. While it is impossible to say definitively, this is not the type of hemorrhage you would typically get due to a low platelet count. I suspect the low platelet count is due to a consumptive coagulopathy.





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.

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