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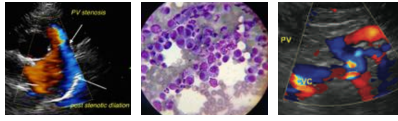

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DATE
9/8/21

PATIENT
Louie Smith

SPECIES
Canine

BREED
Maltese

SEX
Intact male

AGE
11/28/09

WEIGHT
7.5 lbs

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

HOSPITAL NAME
Padonia VH

REFERRING VET
Dr. Youssef

INVOICE
91720

PRESENTING CLINICAL SIGNS

History: No appetite for 3 days; has abdominal retained testicle; hx of pancreatitis.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not needed.
Stat Report: Not requested.

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.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (3.75 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 hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (4.1 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. Mild pyelectasia is noted and measures 0.24 cm. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.37 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 0.47 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.

Gastrointestinal

The stomach is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 and the jejunum measured as normal (0.32 cm). 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. There is a moderate to severe lymphadenomegaly present. There is a lymph node ventral to the urinary bladder that is enlarged and measured 0.98 cm and an enlarged, iliac lymph node that measured 1.6 cm. Additionally, there is a larger, inguinal mass that could be the right undescended testicle measuring 3.1 cm. The omentum is of increased echogenicity.

Other/Masses

There is a large, hypoechoic, solid midabdominal mass that measured 4.61 x 6.31 cm. I do not see an attachment to any other organ.

Additionally, there is an inguinal mass that measured 3.1 cm. I suspect this to be an abnormal right undescended testicle. This mass has no anatomic features of a testicle but location is consistent.

There is a rounded, slightly irregular subcutaneous mass that measured 3.9 cm and has an ill-defined, hypoechoic nodule within it measuring 1.8 cm. I suspect this to be the left, non-distended testicle that has transformed into a mass effect.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large, solid, free standing, midabdominal mass.
- Hypoechoic inguinal mass-most consistent with a mass of the right undescended testicle
- Severe caudal abdominal lymphadenopathy. The severe mesenteric lymphadenopathy is most concerning for a neoplastic process, although you can see significant lymphadenopathy in some cases of autoimmune/inflammatory disease, infectious disease, etc. A fine needle aspirate with cytology is recommended for further evaluation.

- Left-sided, subcutaneous peri-preputial mass. This is most consistent with a mass of the undescended SC left testicle.

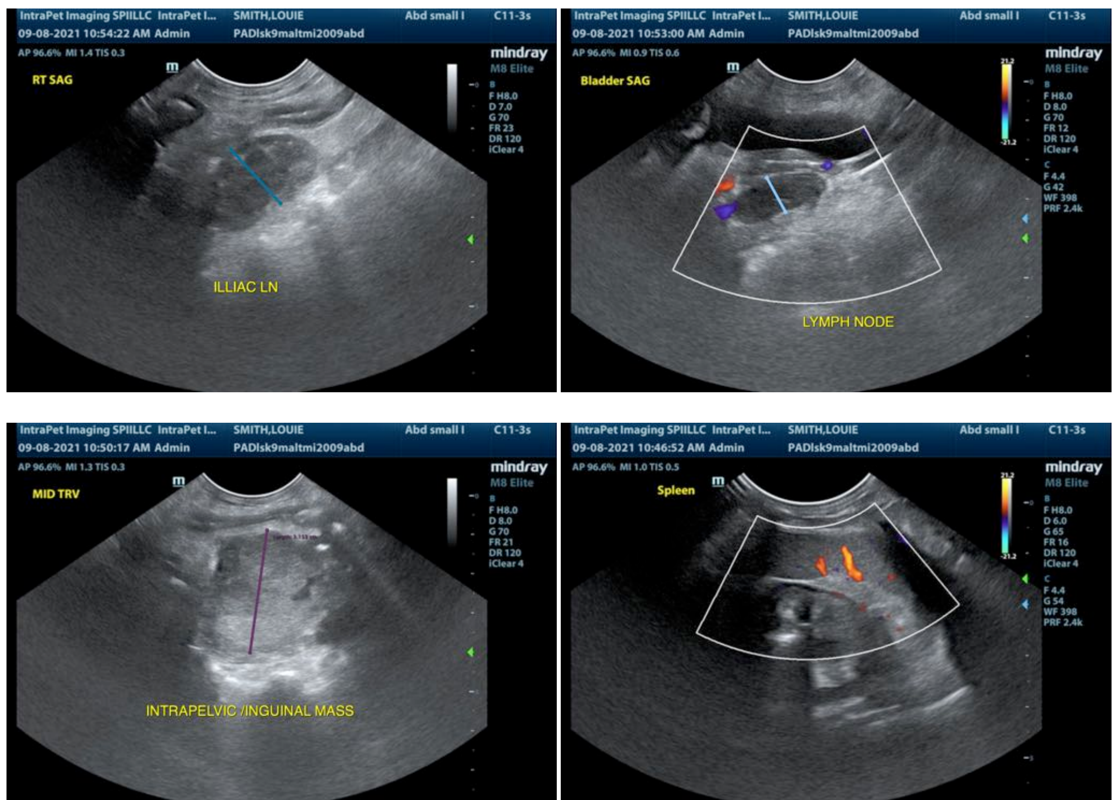
SECONDARY FINDINGS:

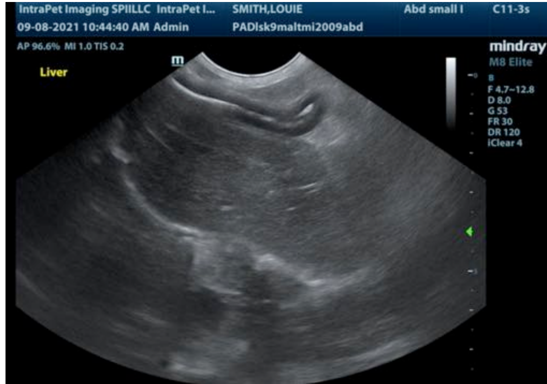
- Decreased corticomedullary distinction in both kidneys with right-sided pyelectasia. Mild loss of corticomedullary distinction in both kidneys could be consistent with chronic degenerative disease or interstitial nephrosis. Pyelectasia of the right kidney could be consistent with pyelonephritis, chronic renal disease, secondary to PU/PD or fluid therapy (if applicable), other.

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a mass lateral to the prepuce on the left-side located subcutaneously, which is suspected to be the left undescended testicle, which appears to be a tumor. Additionally, there is a mass in the inguinal area which I suspect to be a tumorous right testicle and a large, midabdominal mass. The mid abdominal mass may represent a metastatic lesion or could be a primary tumors. I recommend a FNA of the midabdominal mass, subcutaneous mass and inguinal mass to try to obtain a diagnosis and determine the extent of disease (and to determine if there is only one disease going on). I recommend three view thoracic radiographs.
Based on cytology a plan for surgery or chemotherapy can be considered.

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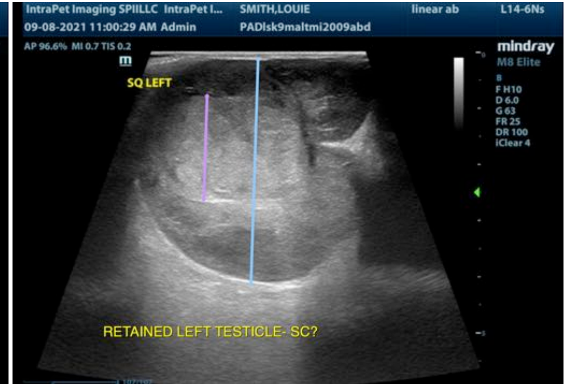
Liver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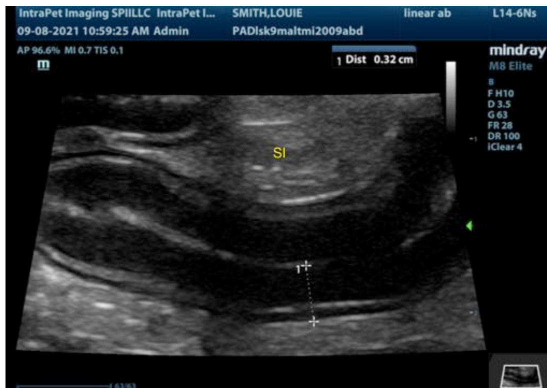
SQ LEFT
RETAINED LEFT TESTICLE- SC?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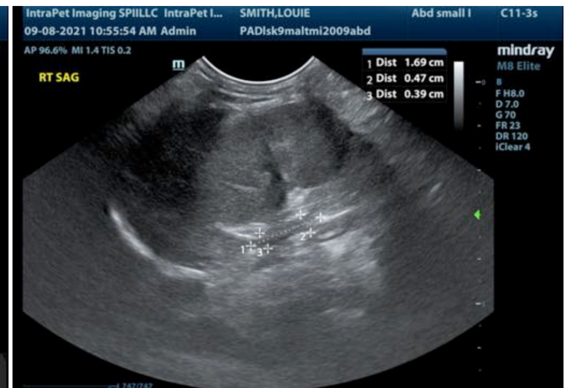
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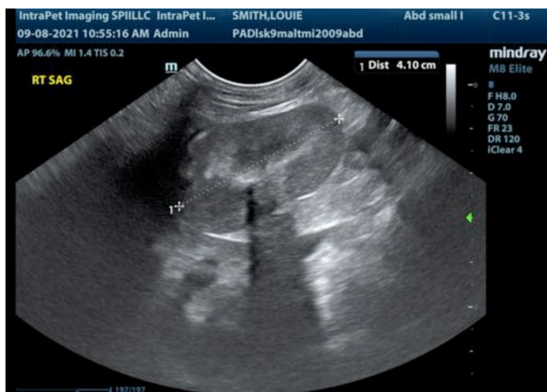
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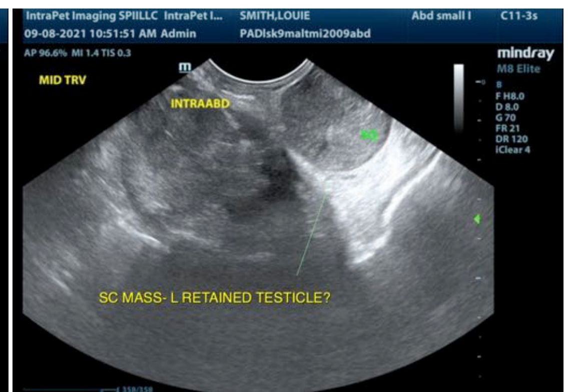
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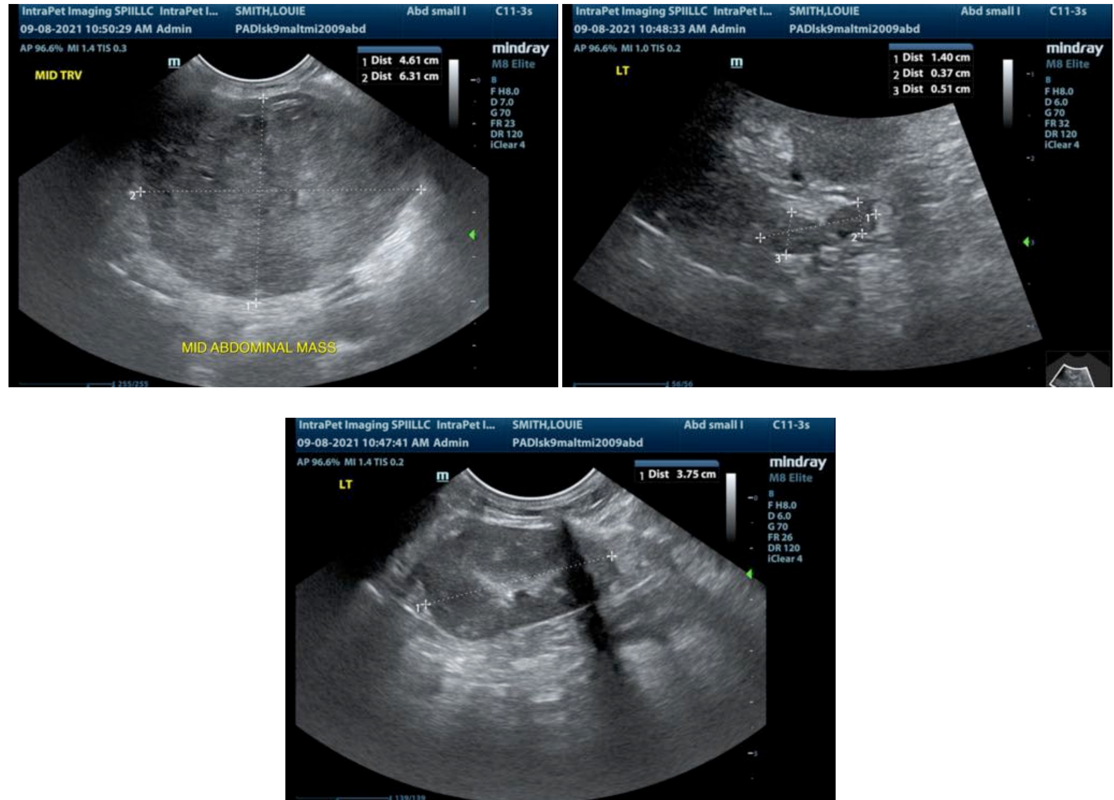
SC MASS- L RETAINED TESTICLE?



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.

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