



PATIENT

Leo Terrizzi

SPECIES

Canine

BREED

American Bulldog

SEX

MI

AGE

10yr

WEIGHT

NA

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

New Bridge
Veterinary Hospital

REFERRING VET

Dr. Glennon

INVOICE

12918ag

DATE

02/07/2023

PRESENTING CLINICAL SIGNS

Patient presents for pale mucous membranes. Testicular mass. No current meds.

Abnormal PE/Chem/CBC/UA Results: Bloods pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 8.0 cm in length. The right kidney measured 8.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The bilateral testicles were overtly normal in size and contour with uniform parenchyma and well defined mediastinum testis. No evidence of testicular nodular or neoplastic criteria was present. The left testicle measured 3.5 cm. The right testicle measured 3.9 cm.

The prostate was significantly enlarged in size with asymmetrical capsule contour exhibiting ill-defined capsule margination. Non-homogenous to diffusely cystic parenchyma with potential for cysts was present. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 9 cm x 5.5 cm. Mildly prominent prostatic urethra exhibiting normal tone was present.

A solitary mildly prominent to enlarged medial iliac lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.8 cm x 0.7 cm.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.58 cm width at the caudal pole and 2.8 cm length. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm width at the caudal pole and 2.6 cm length.

Spleen

The spleen exhibited normal size and contour with generalized mild parenchyma heterogeneity and focal to intermittent non-disruptive cystic appearing nodules, an example measured 1.2 cm in diameter. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were



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normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material.

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The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio. Minor non-specific duodenojejunal mucosal speckling was present. A segmental mid abdominal intestinal mural mass exhibiting variable mural hypertrophy, decreased echogenicity and loss of wall layering was present measuring ~ 7-8 cm in length with wall width measuring up to 1.2 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

WEIGHT

NA

No omental masses or peritoneal effusion was present.

Regional focally enlarged mid abdominal mesenteric/mesenteric root lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 3.7 cm x 1.7 cm.

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ULTRASONOGRAPHIC FINDINGS

- Overtly normal bilateral testicles-no obvious evidence of neoplastic criteria
- Segmental mid abdominal small intestinal mural mass with associated regional mesenteric lymphadenopathy-subjective jejunal involvement
- Prostatomegaly exhibiting non-homogenous diffusely cystic parenchyma-benign prostatic hyperplasia with cysts, prostatitis or less likely prostatic neoplasia
- Focal to intermittent cystic appearing splenic nodules-hyperplasia, hematopoiesis, focal splenitis, small hematoma or similar suspected, potential for emerging neoplastic criteria cannot be definitively excluded

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary concern for neoplastic criteria associated with the segmental jejunal mural mass and regional mesenteric lymphadenopathy is warranted. Assuming normal clotting status, jejunal mural mass and associated lymph node FNA for screening cytology could be considered for further assessment. Surgical and/or oncology consult could be considered pending sampling although an extremely guarded prognosis is indicated given potential concurrent thoracic pathology.

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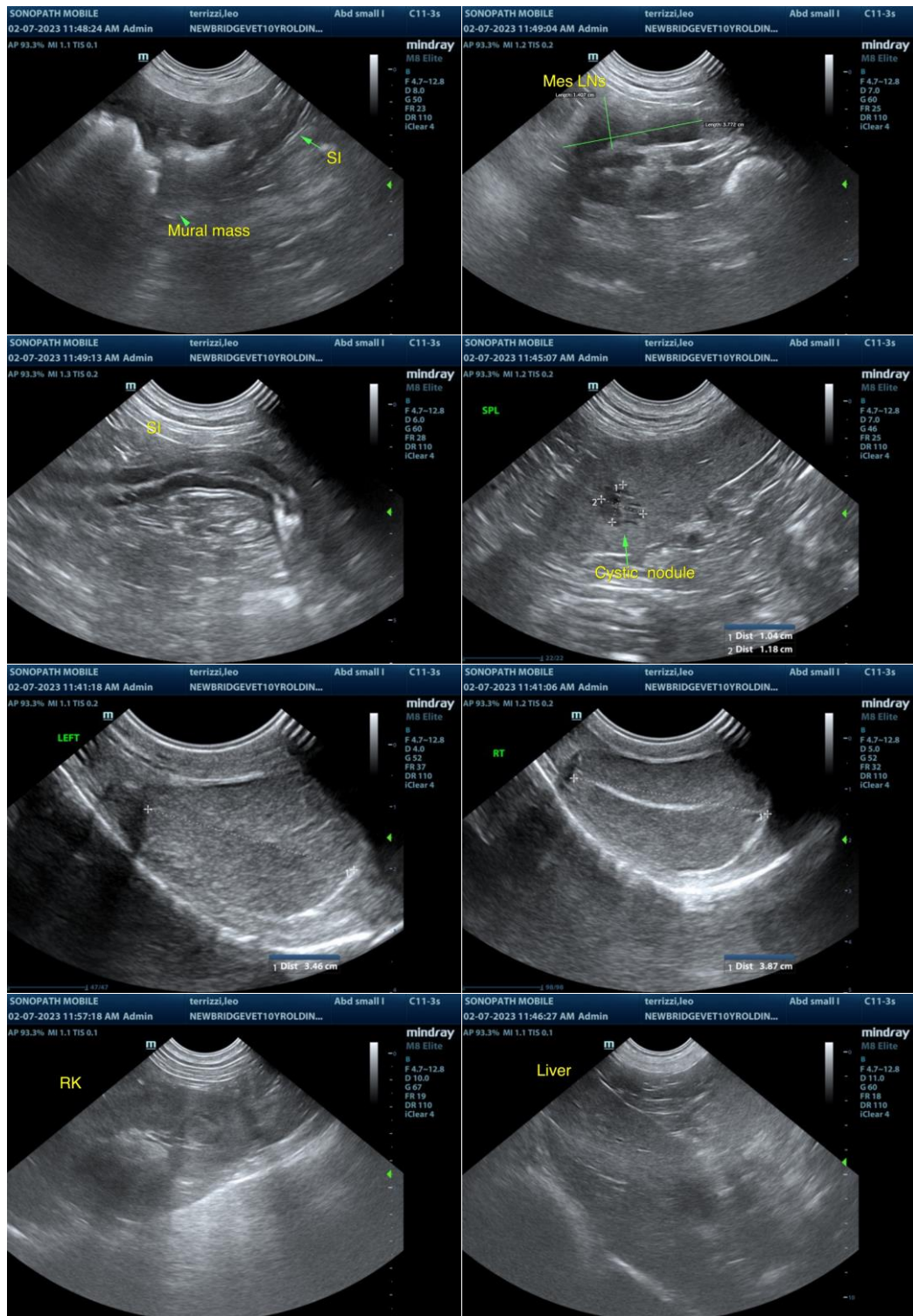
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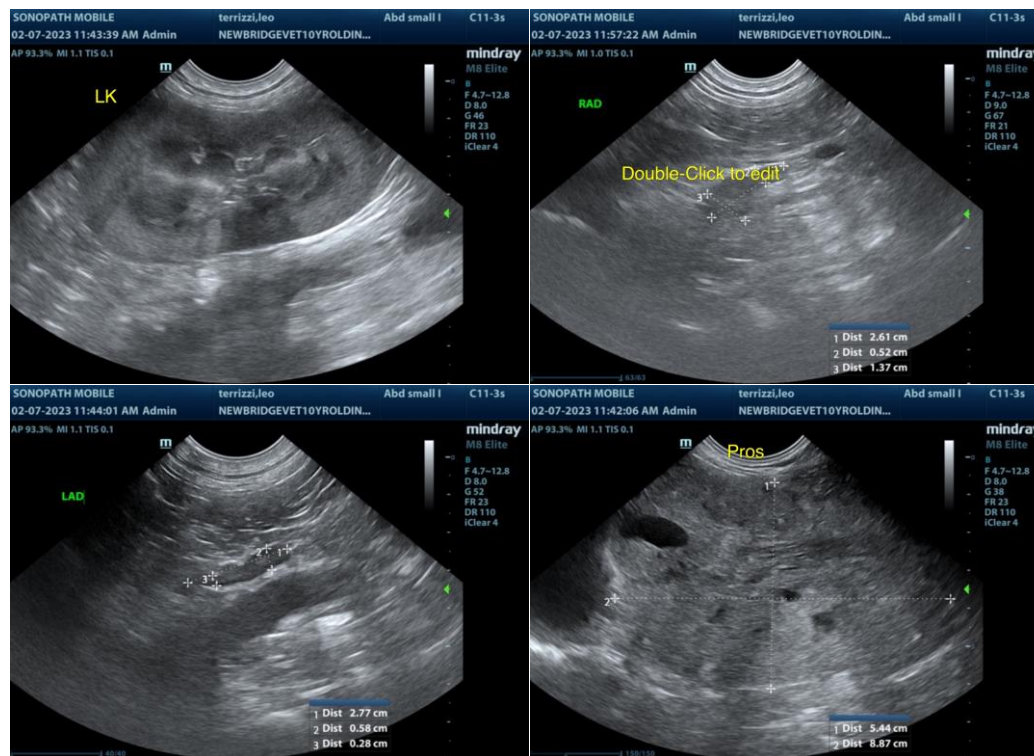
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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