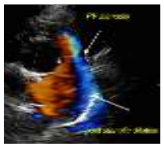
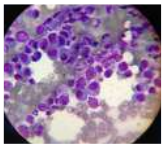
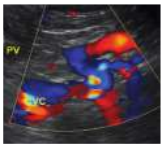
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Chase Richard

SPECIES
Canine

BREED
Lab

SEX
M

AGE
11 Years

WEIGHT
41kg

INTERPRETED BY
Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging

IMAGING PERFORMED BY
Dr. Gromalak

HOSPITAL NAME
SVS Imaging

REFERRING VET
Dr. Custead

INVOICE
49189

DATE
12-22-21

PRESENTING CLINICAL SIGNS

Elevated renal value, cocci and ampicillin crystals in urine, presented for cranial abdominal mass seen on radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary system

The urinary bladder, trigone and pelvic urethra present normal findings without evidence of uroliths or sediment. Wall layering is intact on all views without focal or diffuse thickening. Ureters are not visualized and considered to be normal. No evidence of an inflammatory or neoplastic process is noted.

Both kidneys are inconspicuous with a clear corticomedullary definition. Renal pelvises and exits to the ureters are unremarkable.

Reproductive tract

The prostate is mildly enlarged but homogeneous and appears smoothly marginated.

The left testicle is enlarged and shows a length of 3.81 cm with a hypoechoic, well-defined, mildly irregular lesion of 1.83 x 1.14 cm. The right testicle is small with a length of 2.50 cm.

Adrenal glands

Both adrenal glands are normal.

Spleen

The spleen shows diameters of 2.90 cm. Splenic margins are rounded. Splenic echogenic texture is homogeneous without protrusions of the capsule. Splenic vasculature presents normal course of vessels and unremarkable perfusion of the splenic veins.

There are no signs of nodular/focal changes noted.

Cranial to the spleen adjacent to stomach and left liver a large, inhomogeneous and amorphous mass is detected measuring at least 9.36 x 8.8 cm. There is questionable splenic origin in the near field noted.

Liver/Gallbladder

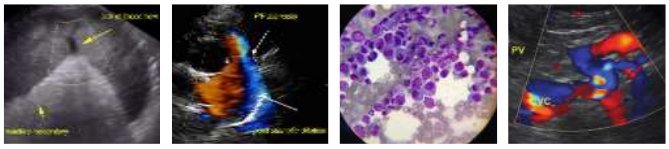
Liver images are inconspicuous. Echotexture, size and vasculature appear regular. Evidence of nodular or focal changes is not visible. The gallbladder is inconspicuous.

Gastrointestinal

The stomach is empty and gets cranially displaced by the mass in the left lateral and cranial abdomen. There is direct contact to the mass, but no clear gastric origin recognized. The small intestine and colon present intact wall layers being normal in width and echogenicity. Adjacent mesentery and fat tissue are of normal appearance.

There is no overt evidence of an ileus, a florid-inflammatory or even neoplastic process. The mesenteric, epigastric and portal lymph nodes are considered to be normal.

Free Abdomen



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There is no evidence of peritoneal or retroperitoneal effusion noted. The para-aortal and medial iliac lymph nodes are considered to be normal. The abdominal fat and great vessels show no pathological findings.

ULTRASONOGRAPHIC FINDINGS

Primary

- Large, inhomogeneous mass left lateral/cranial abdomen 9.3 x 8.8 cm

Secondary

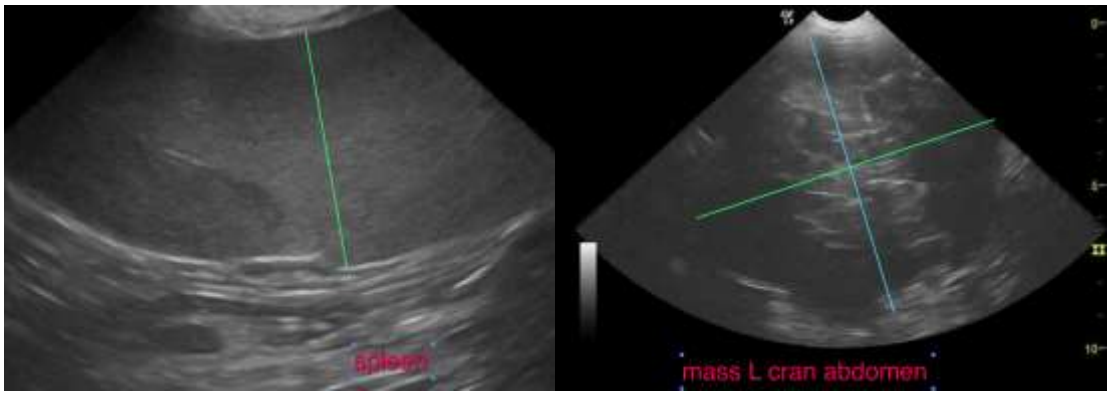
- Enlargement left testicle with a hypoechoic, nodular lesion
- Reduced size right testicle
- Mild benign hyperplasia of the prostate
- Unspecific splenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The origin of the detected large mass is unknown. Hepatic (left lateral liver), splenic, intestinal or pancreatic origin are possible. I suspected the cranial tip of the spleen to be most likely. The shape, size and echotexture present an aggressive, malignant neoplastic lesion more than a benign mass. Biopsy is needed for further evaluation. Resection of the mass should be considered to prevent rupture with abdominal hemorrhage (CT chest/abdomen?). The displayed parts of the heart show no evidence of metastases.

Regarding the size and shape of the prostate the hypoechoic lesion of the left testicle likely represents a Leydig cell tumor. This is often an incidental, benign finding in older dogs. However, Sertoli cell tumors and seminomas cannot be excluded sonographically. The right testicle is mildly atrophic. Bilateral orchiectomy could be performed in case of surgery.

Splenomegaly is an unspecific finding and commonly is secondary to systemic inflammatory/infectious disease.



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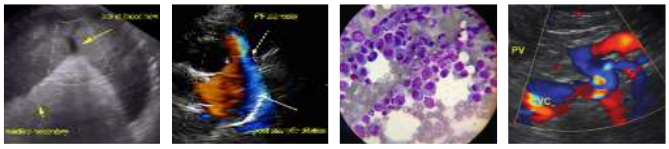

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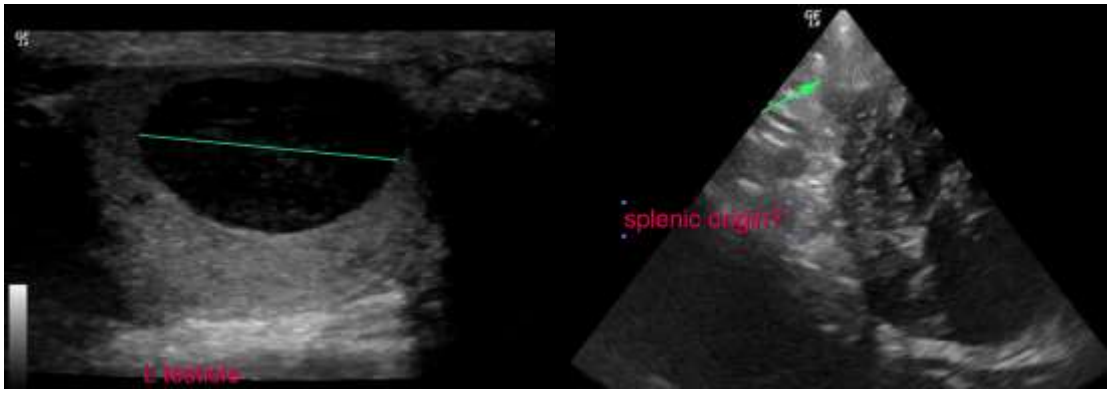

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Sebastian Jawinski, German Board Certified Vet Specialist in Diagnostic Imaging
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