



PATIENT PRESENTING CLINICAL SIGNS

Sam Fraser History: Chronic Joint pain, seen jan 23rd for poss UTI
Radiographs taken, mass discovered in abd.
appetite is normal, increased thirst, pollakiuria, smell from wet spots in bedding, probably urine from incontinence. Takes meloxicam as needed

SPECIES

Canine

BREED

Labrador/Terrier Mix

Abnormal PE/Chem/CBC/UA Results: PE-abdominal mass on palpation suspected Xray - Large mass in Abdomen (attached for your reference) UA- Ua collected revealed mildly active sediment consistent with UTI Pending: FNA collected of mass labelled as 'possible liver mass' FNA collected of 'caudal abdominal' mass

SEX

Female Spayed

AGE

9

WEIGHT

25.2 kg

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Small Animal Internal
Medicine)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (6.87 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (7.80 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The region of the adrenal glands is largely obscured by the cranial-to-mid abdominal mass. The glands are not definitively visualized.

Spleen

The spleen is normal in size (1.79 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Tuxedo AH

Liver

A >8.0 cm irregular, heterogenous mass appears to be arising from the left lateral lobe. In the remainder of of the liver, the margins are curvilinear. The parenchyma is hypoechoic relative to the spleen. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Dr Mooi - Centennial AH

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The pancr region is largely obscured by the cranial- to midabdominal mass.



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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A small amount of free fluid is observed.

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Other

A >7.0 cm irregular, heterogenous mass is observed in the caudal abdomen (ventral to the urinary bladder, at the level of the cystourethral junction).

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- Mass in the left cranial- to mid-abdomen, supportive care to be arising from the left lateral lobe of the liver. However, other origins (i.e., pancreas, lymph node, mesentery, other) cannot be excluded. Neoplasia (i.e., sarcoma, carcinoma, round cell tumor) is strongly suspected with a low possibility of an inflammatory process.

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- Caudoventral abdominal mass, the origin of which is unclear. It may be arising from mesentery, lymph node, other. Again, neoplasia (i.e., sarcoma, carcinoma, round cell tumor) is suspected, with a low possibility of an inflammatory process.

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- Diffuse peritonitis, likely secondary to the abdominal masses

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. Depending on the results of the thoracic radiographs as well as the cytology from the abdominal masses, consultation with a board-certified oncologist and/or surgeon may be indicated.

IMAGING PERFORMED BY

Dr. Iacovides

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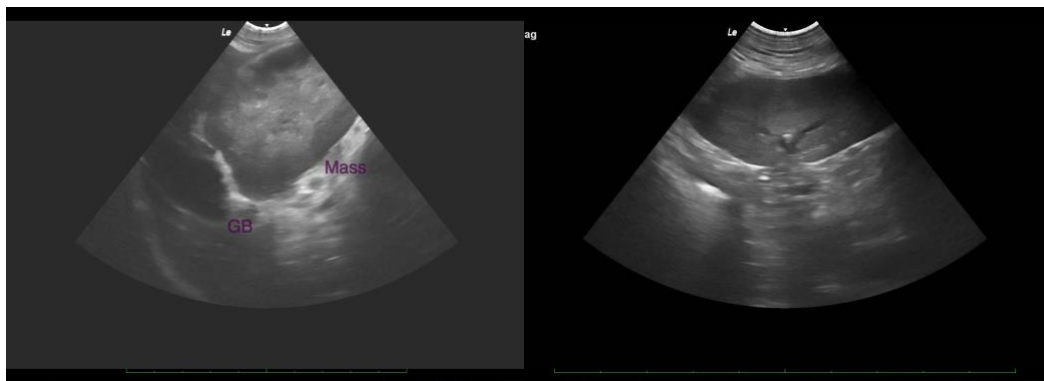
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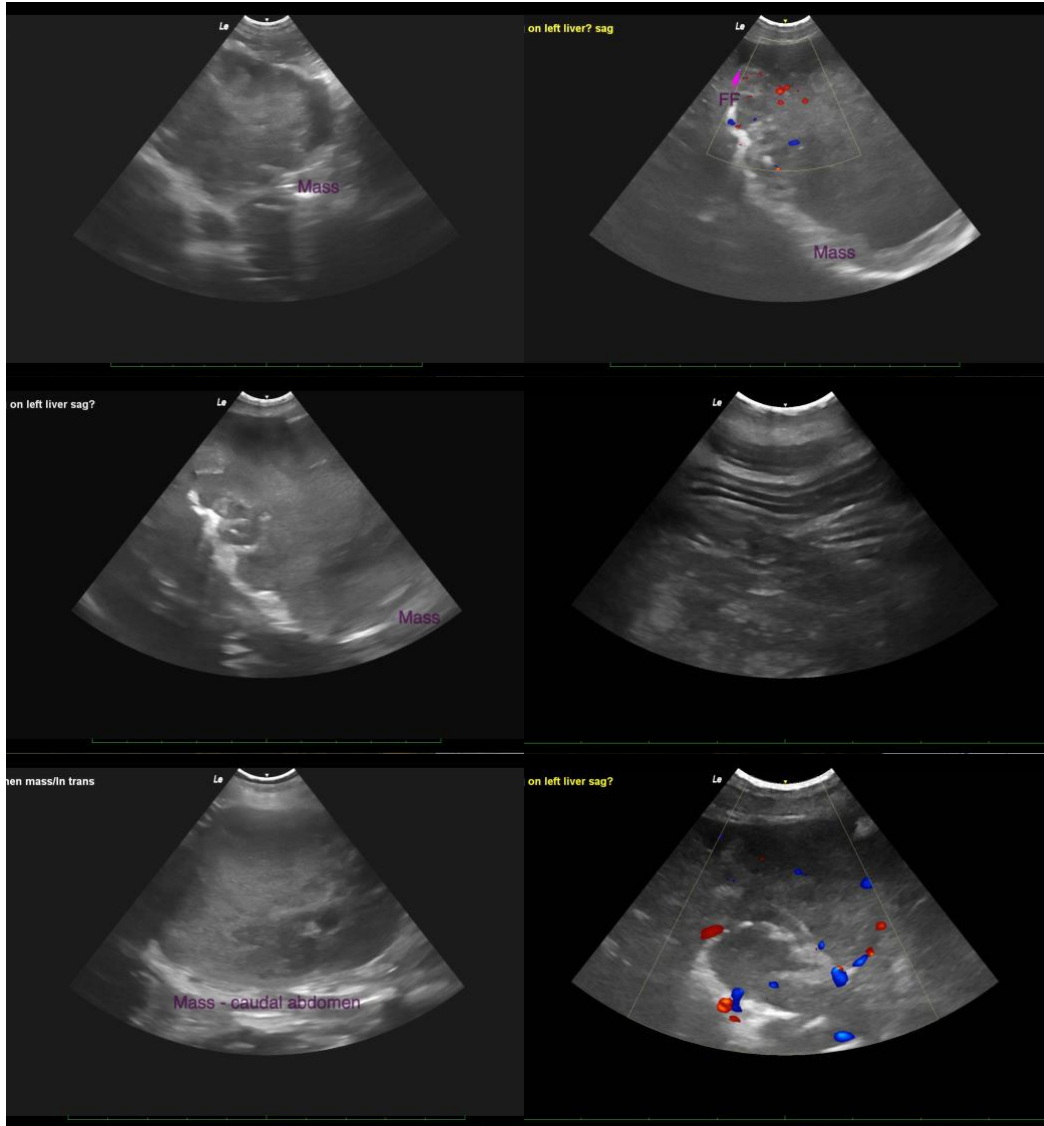
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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