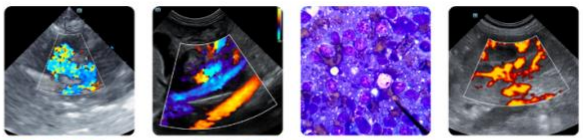



**PATIENT**

Kali Low

**SPECIES**

Canine

**BREED**

Mixed large breed

**SEX**

Female Spayed

**AGE**

11/30/2012

**WEIGHT**

76

**INTERPRETED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING PERFORMED BY**

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Saddleback Mobile VC

**REFERRING VET**

Dr Russell Bauman

**INVOICE**

22372

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1-5-2026

## PRESENTING CLINICAL SIGNS

Clinical Exam Findings: 8-10 cm freely moveable subcutaneous mass present on left flank which is attached to underlying tissue. Cytology revealed rafts of likely lymphocytes with reactive cytoplasm/nucleoli

Abnormal lab-work values: ALK Phosphate 230
Current Medications: Carprofen 100mg- 1 tab SID, Gabapentin 300mg- 1 cap BID, Librela,
Radiographic Findings: taking radiographs day of ultrasound

## 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 mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The left kidney is normal in size (6.71 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.90 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

### *Adrenal Glands*

The left adrenal gland is enlarged (1.35 cm at cranial pole) (1.00 cm at caudal pole) with a slightly irregular shape. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is enlarged (2.26 cm at cranial pole) (0.84 cm at caudal pole). A 2.31 x 2.26 cm hyperechoic-to heterogenous expansile mass is observed in the cranial pole. Glandular echogenicity and detail in the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

### *Spleen*

The spleen is normal in size (1.46 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.

### *Liver*

The liver is normal to prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. A 1.9 x 1.8 cm hypoechoic-to heterogenous nodule is observed on the left side. In addition, a 2.2 x 2.0 cm hypoechoic-to-heterogenous mass is seen on the right side adjacent to the diaphragm. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

### *Gastrointestinal*

The gastric lumen is minimally distended with ingesta. 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

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dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

***Pancreas***
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

***Lymph Nodes***
The abdominal lymph nodes are normal/not visible.

***Free Abdomen***
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

***Other***
An 8.4 x 5.7 cm heterogenous, cavitated, subcutaneous mass is observed on the right flank, overlying the abdomen. There is no obvious evidence of breach of the body wall.

A brief echocardiogram reveals no obvious evidence of right atrial or auricular mass. There is no obvious evidence of pericardial effusion.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

- Large, cavitated subcutaneous mass on the right flank
- The hepatic nodules could be consistent with metastatic lesions, emerging primary hepatic neoplasia, regenerative nodules, inflammatory foci, other
- The diffuse hepatic parenchymal changes are nonspecific and could be secondary to vacuolar hepatopathy, regenerative nodular hyperplasia, age-related parenchymal remodeling, inflammatory disease, infiltrative neoplasia, hepatotoxicosis (i.e., copper), and/or other hepatopathy.

### Secondary Findings

- Mild bilateral nonspecific age-related renal changes
- Gallbladder debris, non-mucocele
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral adrenomegaly. The right adrenal mass could be consistent with focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.
- Minor retained gastric ingesta

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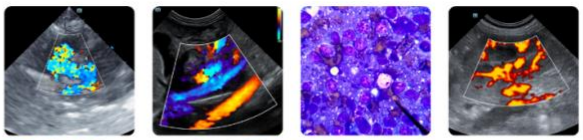

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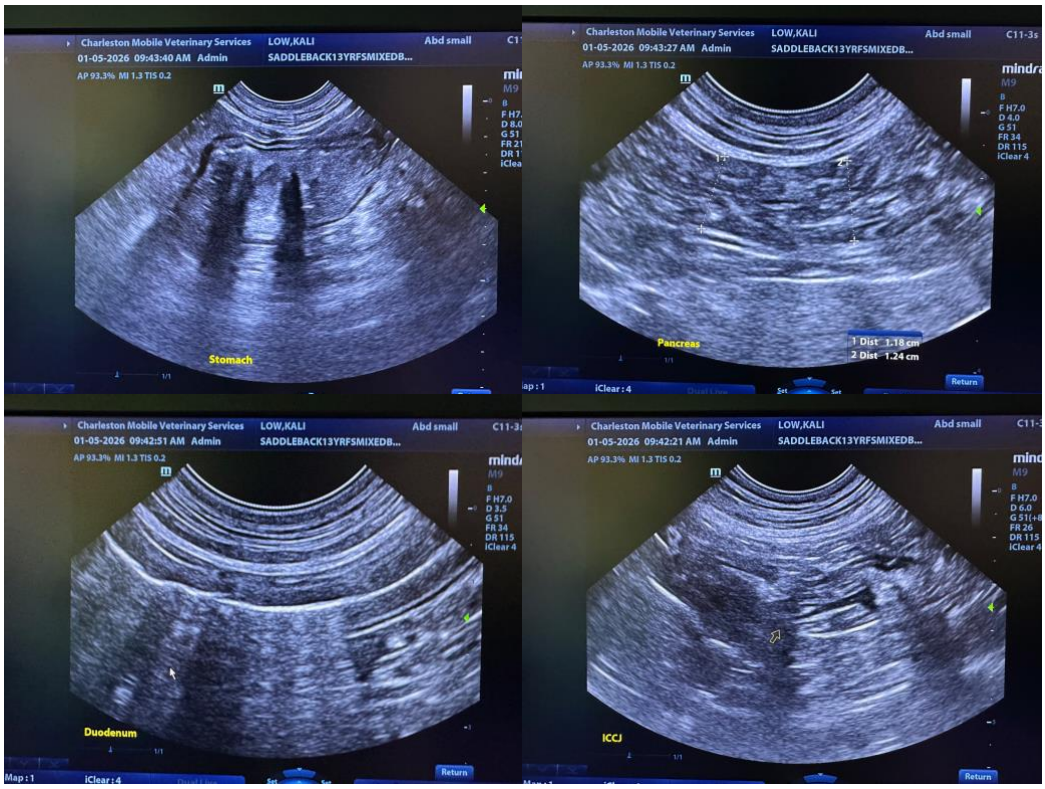
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Radiologist review of the thoracic radiographs is recommended. If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider referral to a board-certified surgeon to discuss subcapsular mass removal. An abdominal CT scan would be useful in presurgical planning, particularly to evaluate the extent of the subcutaneous mass, and to also further evaluate the hepatic nodules.

- Regarding the right adrenal mass, consider the following:

1. Baseline blood pressure measurement
2. Three-view thoracic radiographs are recommended to assess for pulmonary metastases (as above)
3. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels)
4. Recheck ultrasound in 2-3 months to assess for growth of the lesion



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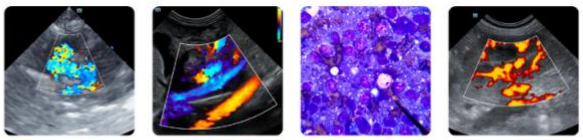

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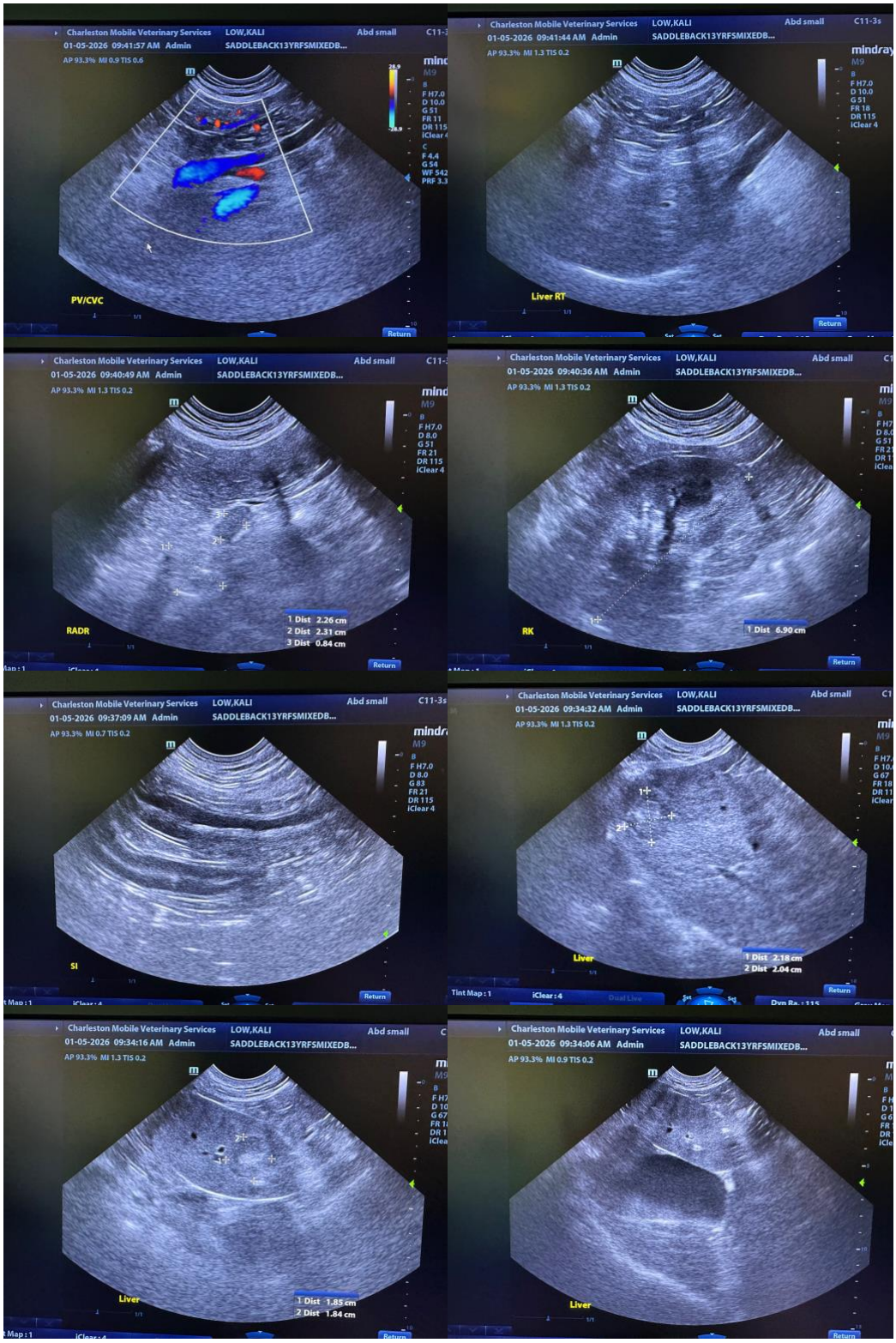

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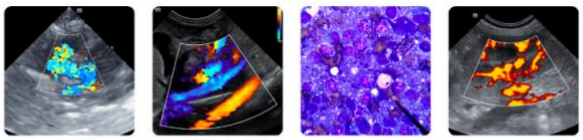

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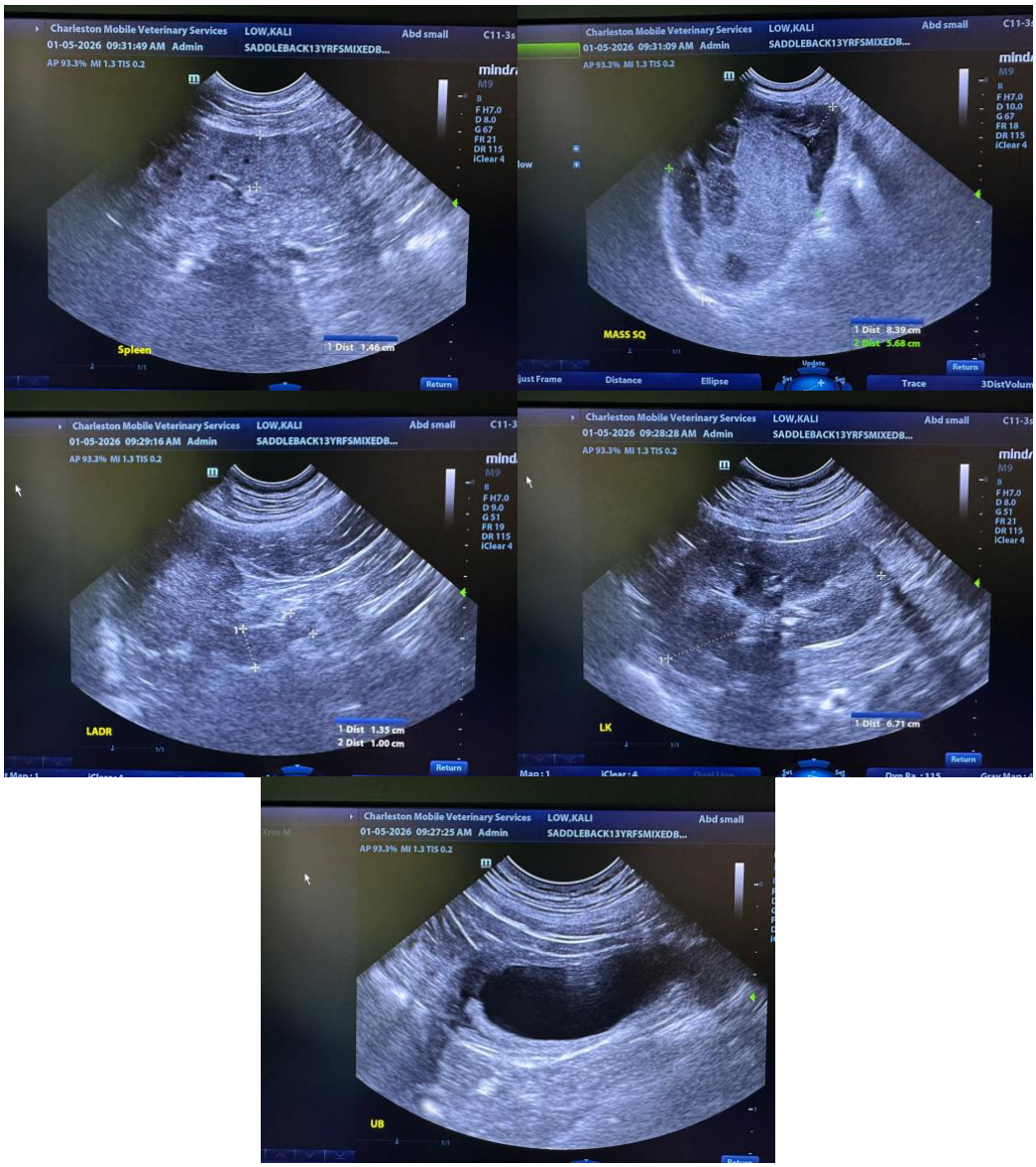


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Andrea Nicastro**, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com