



**PATIENT**

Honey Astudillo

**PRESENTING CLINICAL SIGNS**

History: Recent visit to E.R. revealed abdominal mass, slightly low HCT.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended. The wall is slightly thickened (up to 0.35 cm) with a subtly irregular mucosal surface in the region of the apex. A small to moderate amount of suspended echogenic debris is observed within the lumen. No cystic calculi are seen. The region of the trigone and visible portion of the proximal urethra are normal.

**BREED**

Labrador retriever

The left kidney is normal in size (7.78 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild loss of corticomedullary distinction. Mild pyelectasia is present (0.25 cm in the longitudinal plane). There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

**SEX**

Female, spayed

The right kidney is normal size (8.03 cm in length); normal shape and architecture with 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 hydronephrosis. Renal vasculature is normal.

**AGE**

11 Yrs.

**WEIGHT**

70.8 lbs.

**Adrenal Glands**

The left adrenal gland is normal size (0.85 cm at cranial pole) (0.89 cm at caudal pole) (3.78 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**INTERPRETED BY**

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

The right adrenal gland is normal size (0.92 cm at cranial pole) (0.57 cm at caudal pole) (1.96 cm in length); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (2.48 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**IMAGING PERFORMED BY**

Kelly Vasquez

**HOSPITAL NAME**

Animal General on  
Hudson

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of gravity-dependent echogenic to mineralized debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Karen Zelinski

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**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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

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thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. No obstructive disease is noted.

**Pancreas**

**SPECIES**

Canine

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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**Other**

A 7.92 x 6.71 cm heterogeneous vascular slightly cavitated mass is observed in the mid to caudal abdomen. The mass does not appear to be connected to any specific organ.

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

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Mid to caudal abdominal mass, the origin of which is unclear. It may be arising from mesentery, lymph node, other. Neoplasia (i.e., sarcoma, round cell tumor) is considered likely with a low possibility of benign pathology.

**Secondary Findings:**

- Minor geriatric hepatic and renal changes.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The urinary bladder wall changes may be artifactual due to lack of full repletion. Alternatively, cystitis may be present. Correlation with clinical findings is recommended.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider a fine needle aspirate of the mid-abdominal mass (if clotting status is normal). A 25-gauge needle should be used. Alternatively, an abdominal exploratory with mass removal and submission for histopathology can be considered if there is no evidence of pulmonary metastatic disease. An abdominal CT scan may be useful in pre-surgical planning.

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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.

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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.

**BREED**

Labrador retriever

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

Andrea.nicastro@sonopath.com

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