



**PATIENT**

Ben McGonnigle

**PRESENTING CLINICAL SIGNS**

Follow-up from February – recheck right adrenal mass

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Terrier Mix

**Urinary System**

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

**SEX**

Male Neutered

The prostate is normal in size (0.82 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

05/06/2013

The left kidney is normal in size (5.96 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several, small, cortical cysts are observed. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**WEIGHT**

36

The right kidney is normal in size (6.00 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several, small, cortical cysts are observed. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

**INTERPRETED BY**

Andrea Nicastrò DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**Adrenal Glands**

The left adrenal gland is normal in size (0.65 cm at cranial pole) (0.63 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

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The right adrenal gland is enlarged (5.54 cm at cranial pole) (2.66 cm at caudal pole) irregular, and heterogenous with a vascular mass effect. The mass is invading into the caudal vena cava. The mesentery surrounding the adrenal gland is mildly hyperechoic.

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**Spleen**

The spleen is normal in size (1.11 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few, small, ill-defined myelolipomas are observed in the region of the hilus. Splenic vasculature is normal.

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Dr. Todd Brown

**Liver**

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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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.

**DATE**

11-14-25

**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 ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.



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**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.

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**Lymph Nodes**

The abdominal lymph nodes are normal/not visible.

**BREED**

Terrier Mix

**Free Abdomen**

There is no obvious evidence of free fluid.

**SEX**

Male Neutered

**Other**

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

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

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- Right adrenal mass. The mass is larger compared to the previous sonogram. It is now invading into the caudal vena cava. Neoplasia (i.e., adenocarcinoma, pheochromocytoma) is suspected, with a low possibility of a non-neoplastic process. Mild adjacent to retroperitonitis is present.

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**Secondary Findings**

- Bilateral age-related renal changes with subtle dystrophic mineralization and cortical cysts. Changes are similar to the previous sonogram.
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy. Changes are similar to the previous sonogram.
- 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. Changes are similar to the previous sonogram.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Continued monitoring of the patient's blood pressure is recommended to evaluate for systemic hypertension.
- Consider further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels) if not already performed.
- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Given the invasion of the mass into the caudal vena cava, palliative care should be considered in lieu of aggressive treatment (i.e., right adrenalectomy).

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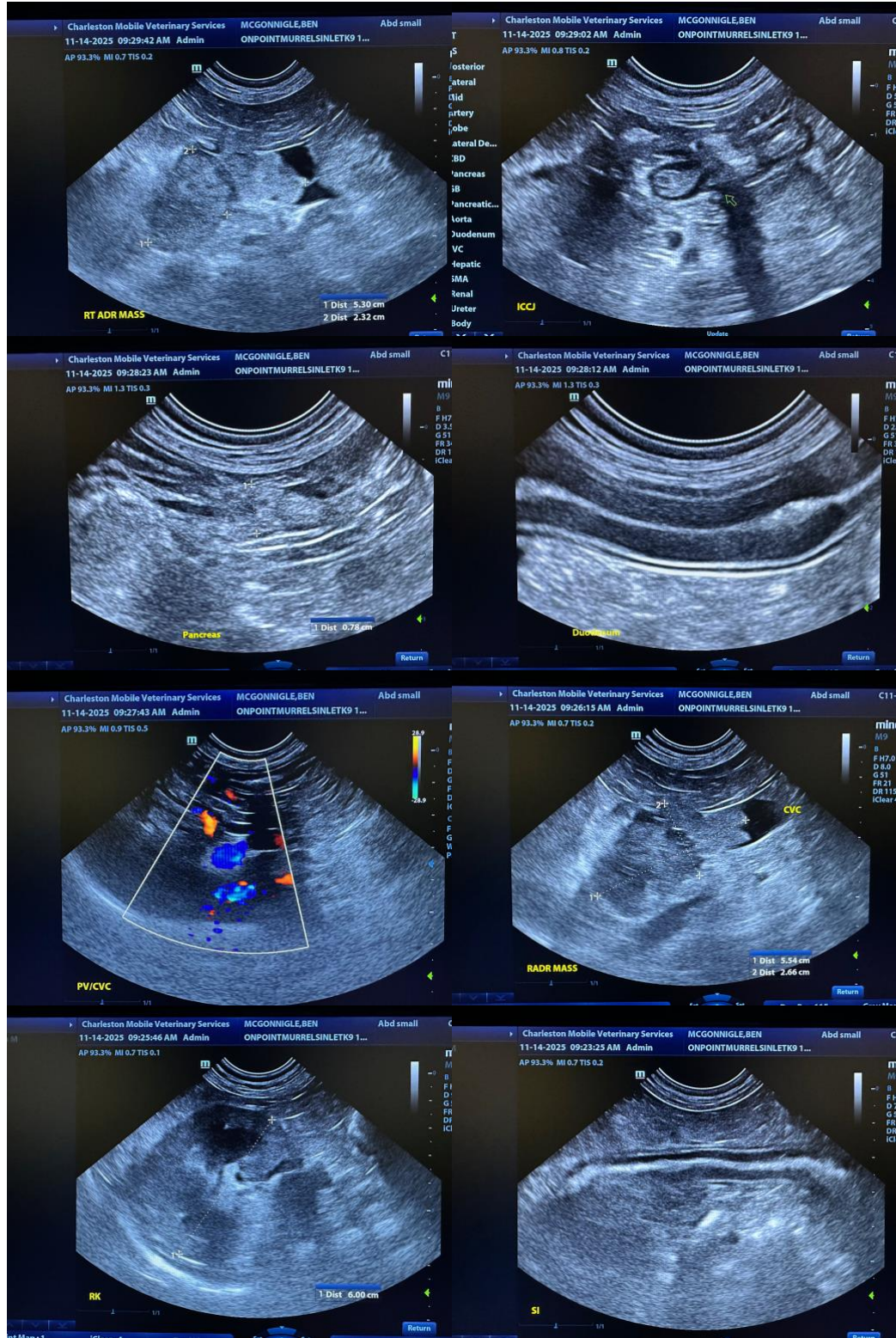
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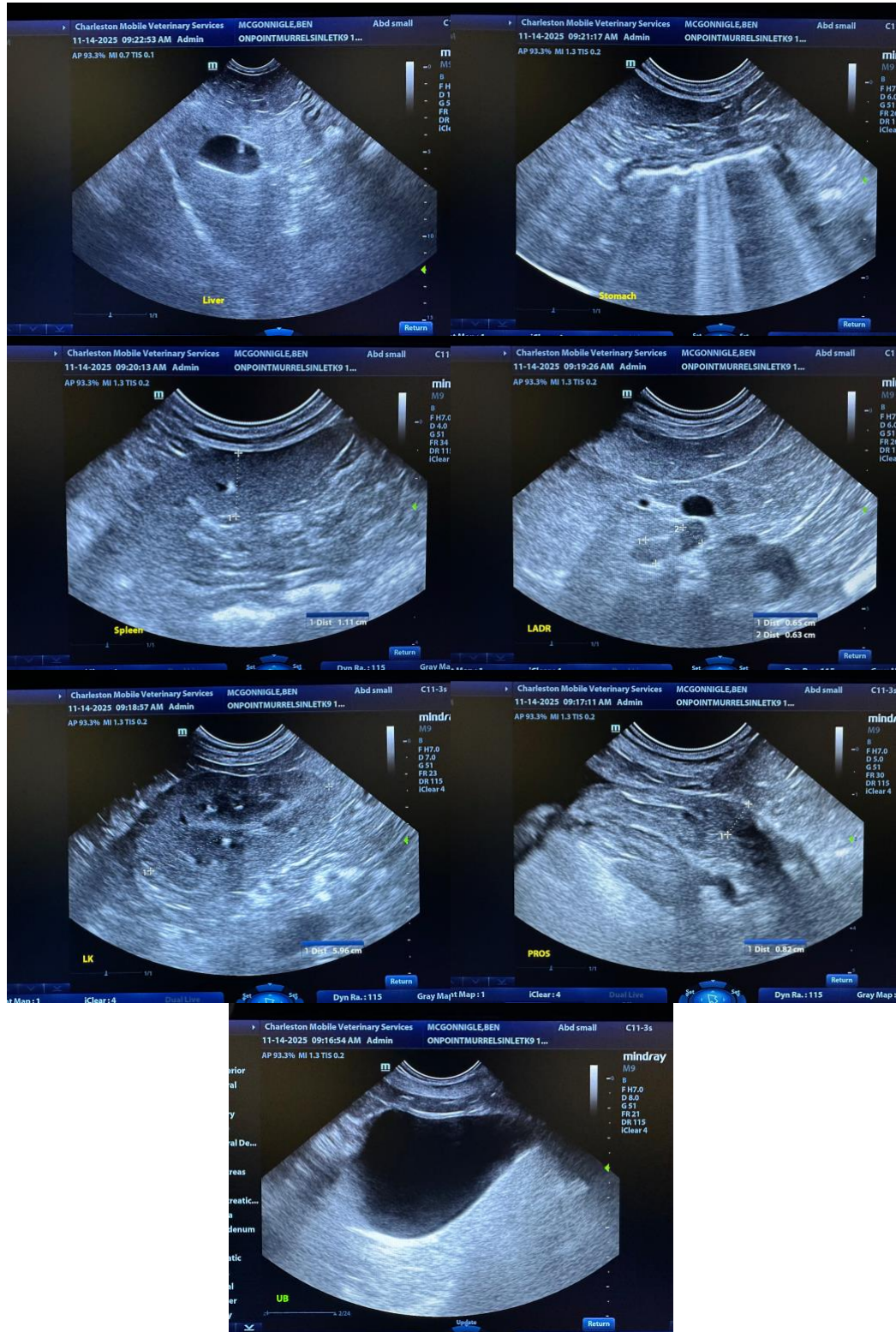
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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](mailto:info@SonoPath.com)

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