



## PATIENT

Mazie Paschall

## SPECIES

Canine

## BREED

Boxer Mix

## SEX

Spayed Female

## AGE

11/28/14

## WEIGHT

58 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

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

## HOSPITAL NAME

Park West Vet Assoc

## REFERRING VET

Jen Brogie

## INVOICE

11922

## DATE

11.28.22

## PRESENTING CLINICAL SIGNS

Clinical Exam Findings: BAR, heart/lungs auscultate normal, abdomen severely distended with fluid wave, few SQ/dermal masses throughout, stage 2-3 periodontal disease.

Abnormal lab-work values: ALT 216 IU/L, remainder of CBC/chem wnl  
abdominal fluid - TP 3.2, SG 1.021

Current Medications: None

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney is normal size (6.39 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.

The right kidney is normal size (7.33 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.

### Left adrenal Gland

The left adrenal gland is normal size (0.65 cm at cranial pole) (0.52 cm at caudal pole); 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.

### Right adrenal Gland

(See "Other" category).

### Spleen

The spleen is subjectively normal in size (1.77 cm in width at the level of the hilus) with normal curvilinear peripheral contours. The parenchyma is of appropriate echogenicity and is slightly mottled with a coarse echotexture. No focal lesions are observed. Splenic vasculature appears normal with no evidence of thrombosis.

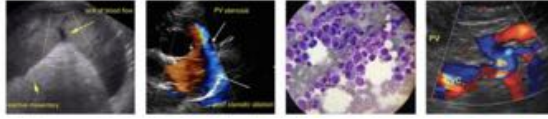
### Liver

The liver is prominent in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly mottled in appearance. No distinct focal lesions are observed. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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

### Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly distended with ingesta. The gastric wall and pylorus are normal in thickness with a normal



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layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal 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 right limb is prominent in size with slightly irregular peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and subtly mottled in appearance. The pancreatic duct is not overtly dilated. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

**Free Abdomen**

A large amount of mildly echogenic free fluid is observed. The abdominal lymph nodes are normal/not visible.

**Other**

In the right cranial quadrant, in the region of the right adrenal gland, a 7.11 x 6.82 cm irregular, heterogenous, vascular mass is visualized. The mesentery surrounding the mass is hyperechoic.

A brief echocardiogram reveals subjective mild, bi-atrial enlargement. There is no obvious evidence of pericardial, pleural effusion or cardiac masses.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Large mass in the right cranial quadrant, the origin of which is unclear. It may be arising from right adrenal gland, pancreas, liver, mesentery, other. An adrenal origin is favored. It is unclear whether vascular invasion is present, as the caudal vena cava and portal vein are obscured by the mass effect. Adjacent peritonitis is present.
- The ascites may be secondary to right-sided congestive heart failure, compression or invasion of the cava or portal vein, other.
- Possible mild bi-atrial enlargement

**Secondary Findings**

- The hepatic parenchymal changes are nonspecific and could be secondary to benign age-related remodeling, metastatic disease (less likely) or other hepatopathy.
- Minor bilateral age-related renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- If an aggressive approach is desired, consider three-view thoracic radiographs and a full echocardiogram, along with an abdominal CT scan to determine if the abdominal mass is surgically resectable. Otherwise, palliative care (i.e., therapeutic abdominocentesis, pain management) is recommended.



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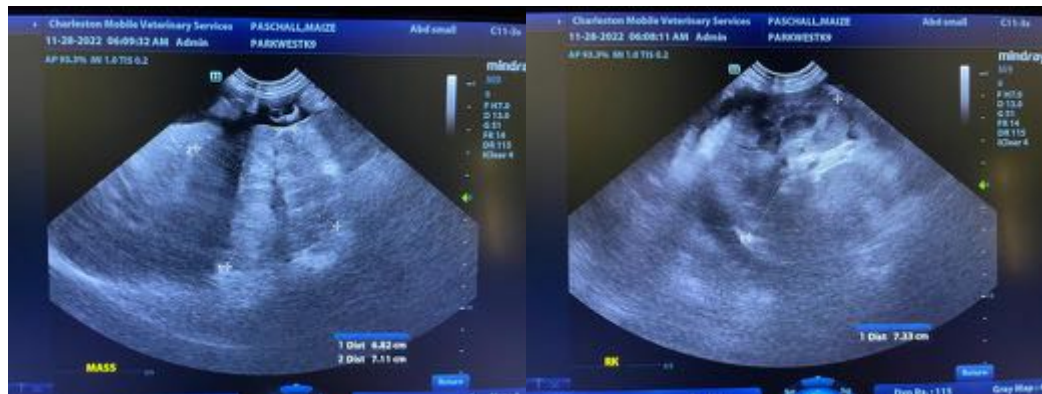
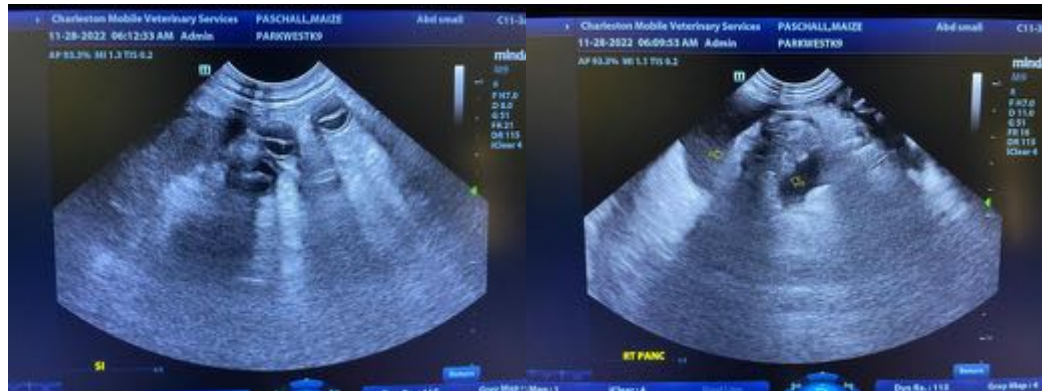
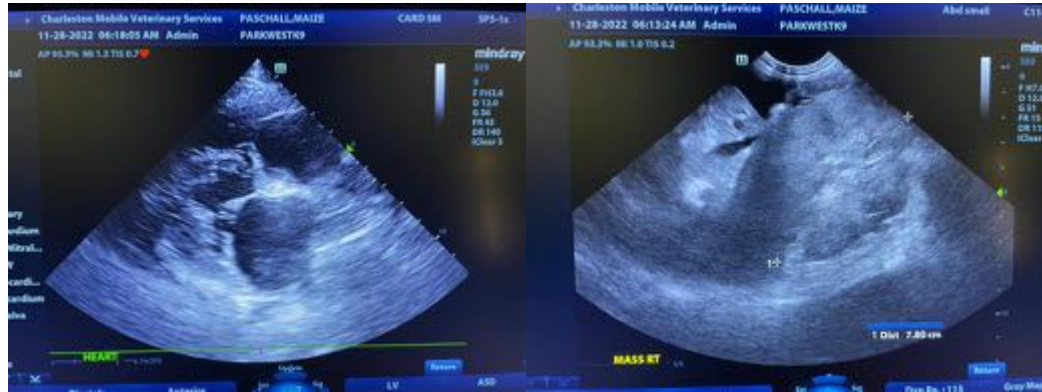
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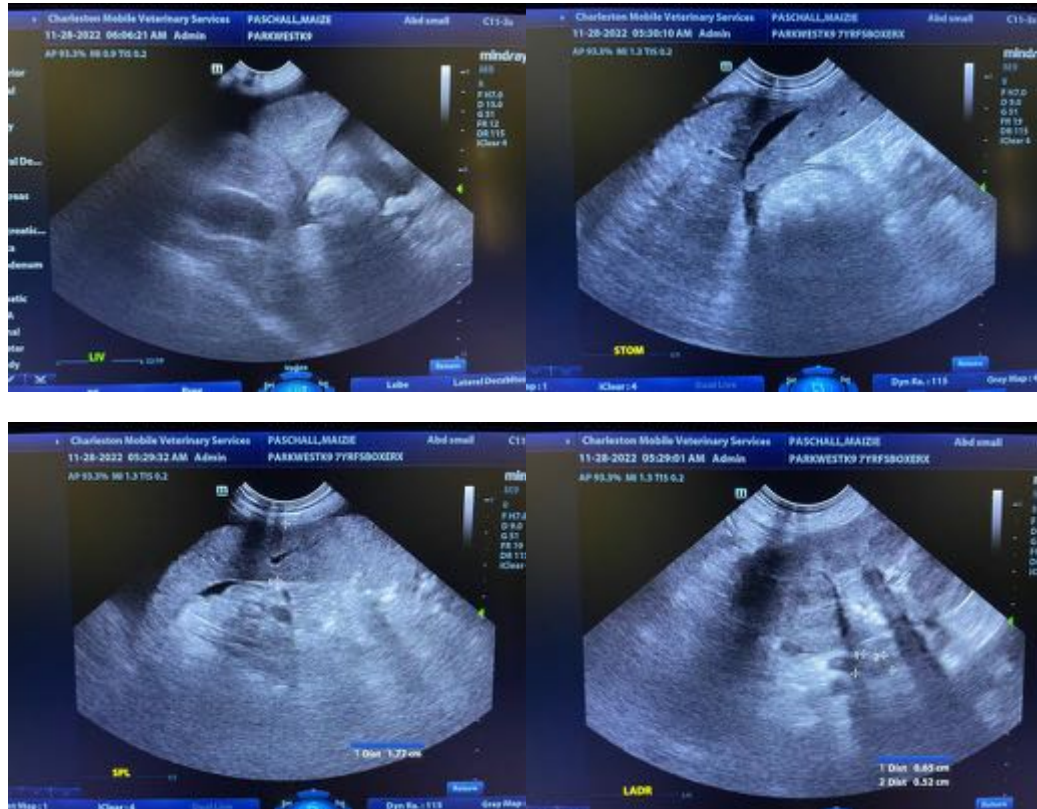
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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