



PATIENT PRESENTING CLINICAL SIGNS

Baxter Berkson

History: Presents for acute onset of lip-smacking, inappetence and soft stool. On exam, ascites and tachycardia was noted. Performed x-ray of thorax/abdomen and FAST scan indicating fluid present in 4/4 quadrants. Fluid analysis reveals a modified transudate (TP: 2 g/dL, TNCC: 2.55 K/uL), cytology pending. Chemistry/electrolytes/CBC was unremarkable, except monocytosis. Patient has history of allergy, anxiety and urinary sphincter mechanism incontinence. Current rx: alprazolam, Proin, fluoxetine, Zyrtec. Flea/HW Prevention: Bravecto/Sentinel. Diet: Royal Canin HA (but has fed Farmer's Dog the past few days). Note: Referred to Gulfcoast Veterinary Oncology for abdominal ultrasound to evaluate elevated liver enzymes on 4-2-24, ultrasound was unremarkable and liver enzymes returned to normal.

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

11

WEIGHT

34 lbs

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 and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.28 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (5.37 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. Renal vasculature is normal.

The right kidney is normal in size (5.53 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (2.28 cm at cranial pole) (0.46 cm at caudal pole) with a 3.0 x 2.28 cm irregular, heterogenous, and expansile mass at the cranial to mid-aspect, with extension into the caudal aspect. There is apparent extension of the tumor into the phrenicoabdominal vein. There appears to be a 2.3 x 1.6 cm tumor thrombus within the caudal vena cava extending from the left adrenal mass.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is prominent in size (2.27 cm in width at the level of the hilus) with relatively smooth peripheral contours. The parenchyma is diffusely mottled with a "moth-eaten" appearance. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen and slightly 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 gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic to mineralized, gravity-dependent sand/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Ashley McNamee DVM

INVOICE

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DATE

11-3-25



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Gastrointestinal

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

Pancreas

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.

Lymph Nodes

A 2.78 x 1.04 cm medial iliac lymph node is visualized. In addition, a 1.19 x 0.75 cm hypoechoic gastric lymph node is seen. A few prominent hypoechoic mesenteric lymph nodes are also seen (one measuring 1.08 cm in diameter).

Free Abdomen

The mesentery throughout the abdomen is hyperechoic. A large amount of echogenic free fluid is present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- The splenic parenchymal changes are more most concerning for infiltrative neoplasia (i.e., round cell tumor) with a lower possibility of a non-neoplastic process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other).
- Left adrenal mass with suspected extension of the tumor into the phrenicoabdominal vein and caudal vena cava, creating a tumor thrombus within the cava. Neoplasia (i.e., adenocarcinoma, pheochromocytoma) is suspected, with a low possibility of a non-neoplastic process.
- The hepatic parenchymal changes could be consistent with infiltrative neoplasia, regenerative nodular hyperplasia, age-related parenchymal remodeling, inflammatory disease, hepatotoxicosis (i.e., copper), and/or other hepatopathy.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.
- Diffuse ascites with peritonitis

Secondary Findings

- Gallbladder sludge/sand, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspiration of the spleen +/- liver (assuming normal clotting status). Twenty-five gauge-needles should be used.
- Three-view thoracic radiographs are recommended to assess for pathology in the chest.



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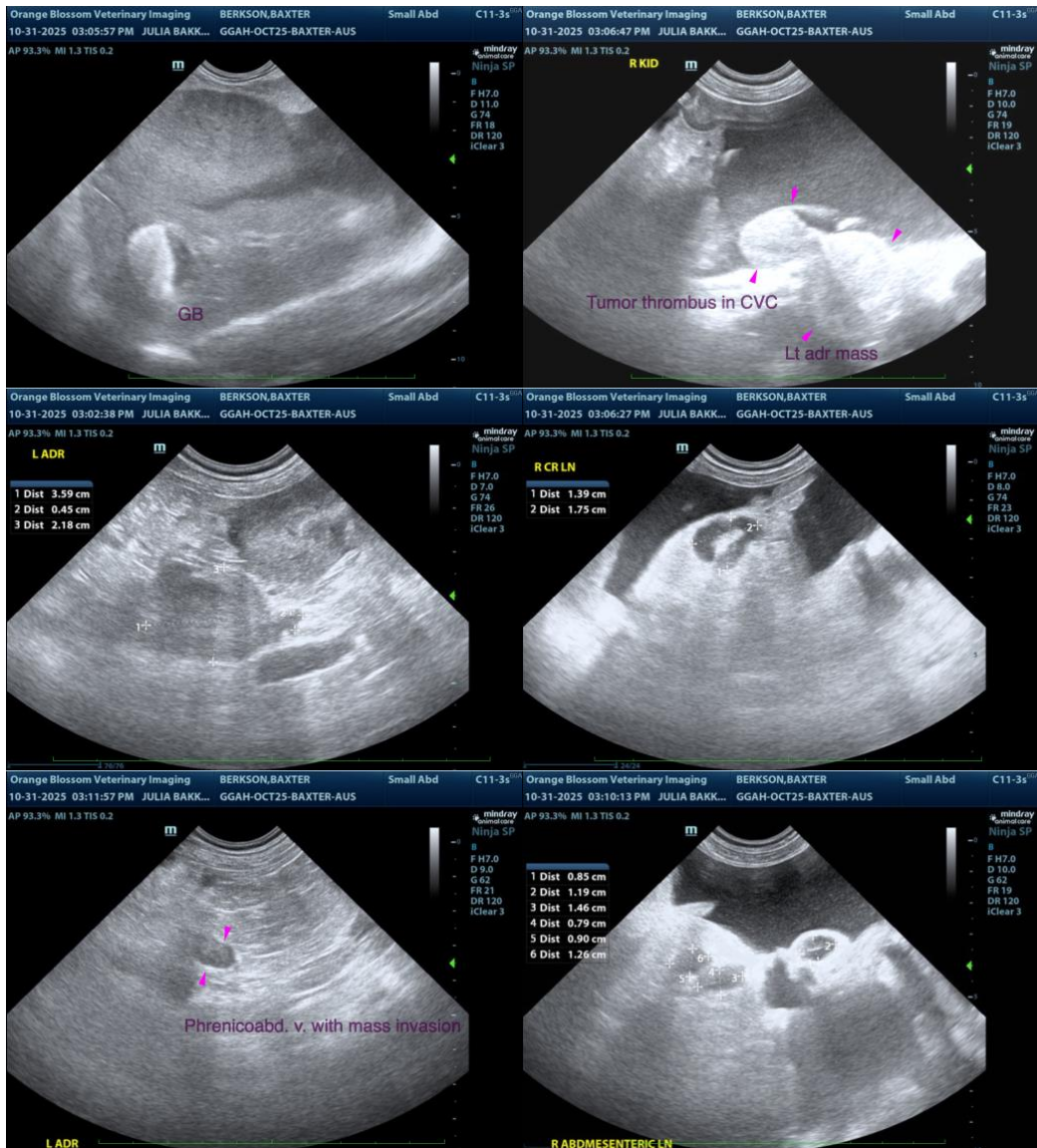
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- Regarding the left adrenal mass, consider the following:

1. Baseline blood pressure measurement
2. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels)
3. +/- abdominal CT scan) to further evaluate extent of the tumor, particularly if an adrenalectomy is to be considered.





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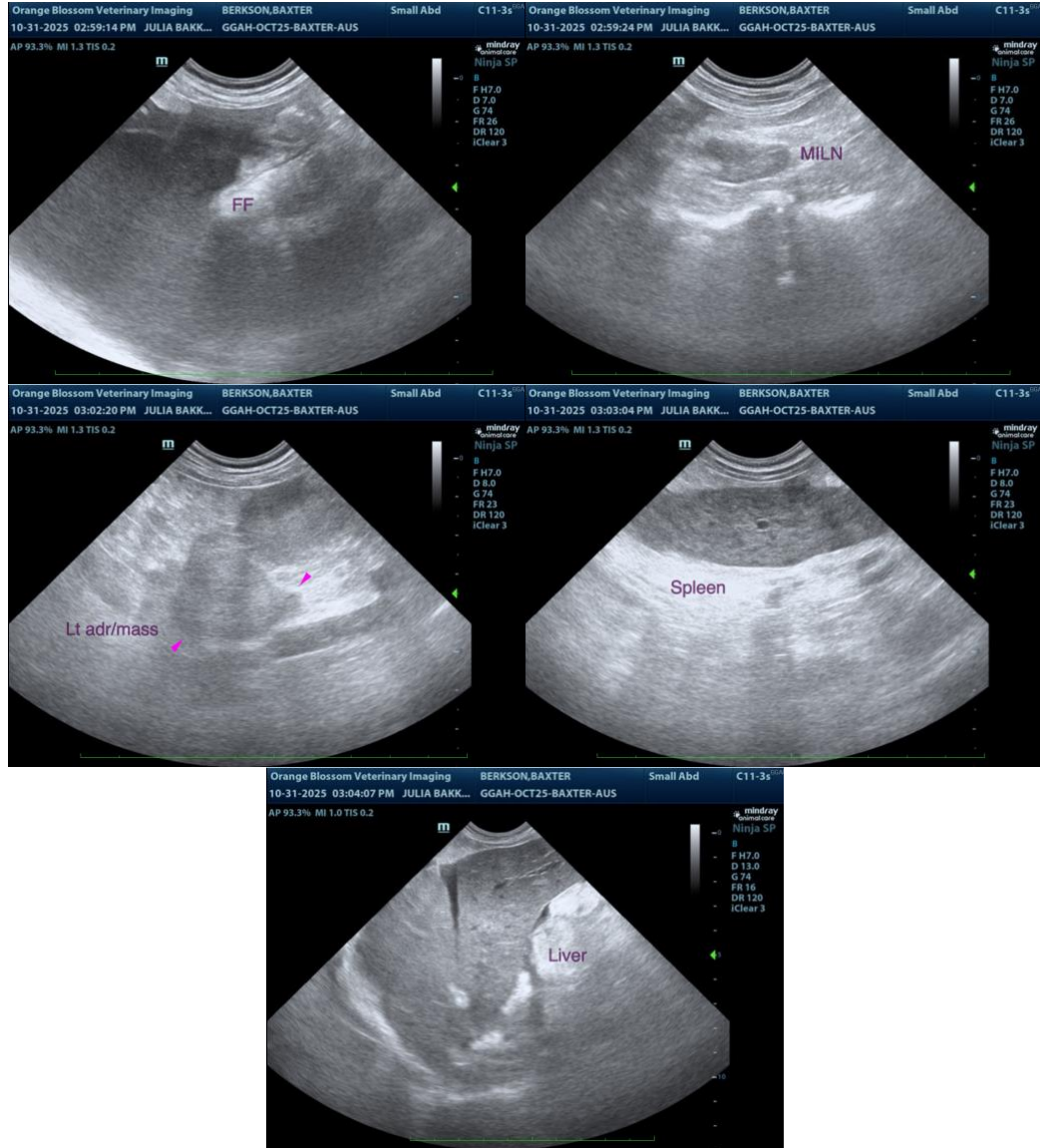
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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