



**PATIENT**

Lucky Rojas

**PRESENTING CLINICAL SIGNS**

No history provided.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Yorkshire terrier

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.

**SEX**

Male, neutered

The prostate is prominent in size (1.00 cm in width) with normal curvilinear peripheral contours and homogeneous parenchyma. No focal lesions are observed. The prostatic urethra is not overtly dilated.

**AGE**

11 Yrs.

The left kidney is normal size (3.76 cm in length); normal shape and architecture with 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.

**WEIGHT**

10.4 lbs.

The right kidney is normal size (4.12 cm in length); normal shape and architecture with 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.

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland is enlarged (0.46 cm at cranial pole) (1.42 cm at caudal pole) (2.81 cm in length). A 2.10 x 1.44 cm hypoechoic nodule/mass is observed at the caudal pole. The glandular detail at the cranial pole is normal. There is no obvious evidence of vascular invasion.

The right adrenal gland is normal size (0.79 cm at cranial pole) (0.44 cm at caudal pole) (1.57 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.

**IMAGING PERFORMED BY**

Michaleen

**Spleen**

**HOSPITAL NAME**

DPC VH

The spleen is normal in size (0.91 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**

**REFERRING VET**

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is hypoechoic relative to the spleen and relatively homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. See also *Other*. The gall bladder lumen is distended. The wall is normal in thickness. A moderate amount of aggregated echogenic suspended sludge in a partially stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

**INVOICE**

12703

**DATE**

12/14/21



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**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is gas 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 segmentally dilated with chyme. 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. No obstructive disease is noted.

**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.

**Free Abdomen**

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

**Other**

A 2.30 x 2.07 cm hypoechoic swelling is observed just caudal to the stomach. This lesion is only seen in 1-2 video clips. It is thought to represent swelling of the caudal border of the liver, however a different origin cannot be excluded.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Left adrenal nodule/mass. Differentials include benign pathology (i.e., regenerative nodule) vs neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma).
- The gallbladder changes are suggestive of an emerging mucocele.
- The mild hepatomegaly is a non-specific finding and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, inflammatory disease, infiltrative neoplasia or some combination thereof. The caudal swelling may represent an area of vacuolar hepatopathy, regenerative nodular hyperplasia, adenoma or emerging adenocarcinoma.
- The mild prostatomegaly may be a normal variant for this patient, may represent late in life neutering (if applicable) or emerging neoplasia is possible. Correlation with clinical findings is recommended.

**Secondary Findings:**

- Minor age-related renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**



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- If further evaluation of the left adrenal nodule/mass is desired, consider a low-dose dexamethasone suppression test and urine/blood catecholamine levels to assess for a functional tumor as well as a baseline blood pressure measurement and three-view thoracic radiographs to assess for pulmonary metastatic disease.

**SPECIES**

Canine

- Regarding the gallbladder mucocele, initiation of Ursodiol therapy is recommended with serial sonographic monitoring (i.e., every 4-6 weeks) to assess for progression to fully formed mucocele. The caudal hepatic swelling can also be monitored concurrently.

**BREED**

Yorkshire terrier

- Further recommendations should be based on the patient's history.

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Male, neutered



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**HOSPITAL NAME**

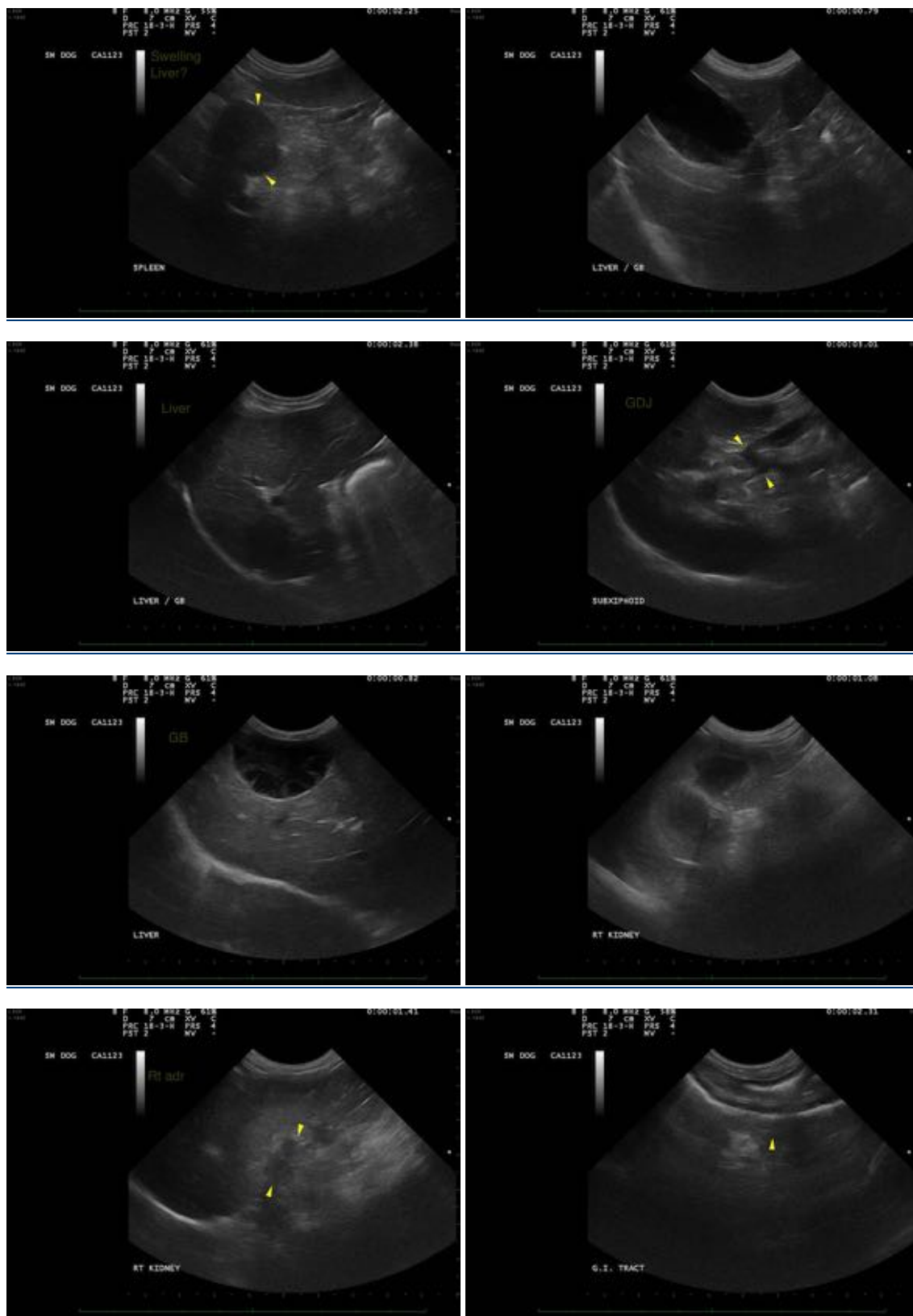
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The information and recommendations provided are based on the images presented by the



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**referring veterinarian. 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.

**SPECIES**

Canine

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

**BREED**

Yorkshire terrier

Andrea.nicastro@sonopath.com

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