

PATIENT

Shadow Fico

PRESENTING CLINICAL SIGNS

History: just finished chemo for anal gland adenocarcinoma with dirty margins (Palladia). Not currently on any meds

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Lab Mix

Urinary System

The urinary bladder, trigone, and pelvic urethra are normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A scant amount of suspended echogenic debris is observed within the lumen. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

SEX

Neutered Male

The prostate is normal in size (1.03 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

11 years

The left kidney is normal in size (7.12 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

WEIGHT

71 lbs

The right kidney is normal in size (6.89 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal size (0.47 cm at cranial pole) (0.58 cm at caudal pole) (2.82 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.

The right adrenal gland is enlarged (1.90 cm at cranial pole) (1.29 cm at caudal pole) (3.32 cm in length); with an irregular shape. A 2.82 x 2.02 cm irregular hypoechoic to heterogenous mass is arising from the parenchyma. The mass is somewhat vascular in appearance. There is no obvious evidence of vascular invasion.

INTERPRETED BY

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

Spleen

The spleen is normal in size (2.07 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.

IMAGING PERFORMED BY

Diane McFadden

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. No pathological hepatic lymphadenopathy observed.

HOSPITAL NAME

American Animal
Hospital

REFERRING VET

Dr. Stockmal

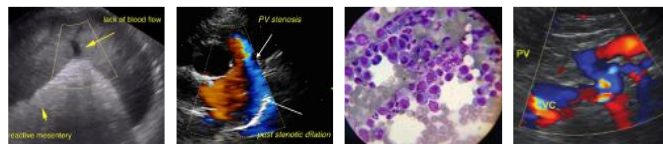
INVOICE

10327

The gall bladder lumen is mildly distended. The wall is slightly thickened (up to 0.30 cm) and hyperechoic. A few polypoid-like lesions are arising from the luminal surface. A small amount of aggregated echogenic debris is adhered to the luminal surface. The cystic and common bile ducts are normal/not seen.

DATE

2/11/22



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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 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. No obstructive or overt infiltrative disease is noted.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.59 cm mesenteric lymph node is visualized.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

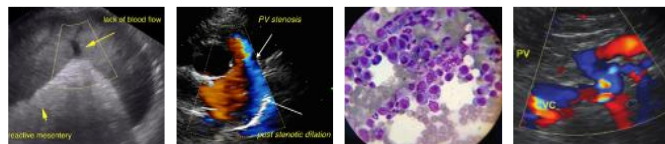
- Right adrenal mass. Neoplasia (i.e, adenoma, adenocarcinoma, pheochromocytoma), is suspected with a lower possibility of benign pathology.

Secondary Findings

- Bilateral degenerative renal changes with dystrophic mineralization
- The gall bladder wall changes may be artifactual due to lack of luminal distention or may be secondary to cholecystitis and/or benign age-relate hyperplasia. Correlation with clinical findings is recommended.
- Age-relate pancreatic remodeling +/- fibrosis. Low-grade pancreatitis is also possible, particularly if the patient exhibits cranial abdominal pain on palpation.
- The lymph node changes are most consistent with reactive lymphadenitis or lymphoid hyperplasia.
- There is no obvious evidence of metastatic disease from the anal gland adenocarcinoma. The right adrenal mass is likely an unrelated concurrent disease process.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- To further evaluate for a functional adrenal tumor, consider a low-dose dexamethasone suppression test and urine/blood catecholamine levels. A baseline blood pressure measurement is also recommended.
- For further recommendations with regard to the anal sac tumor, consultation with a board-certified oncologist is recommended.



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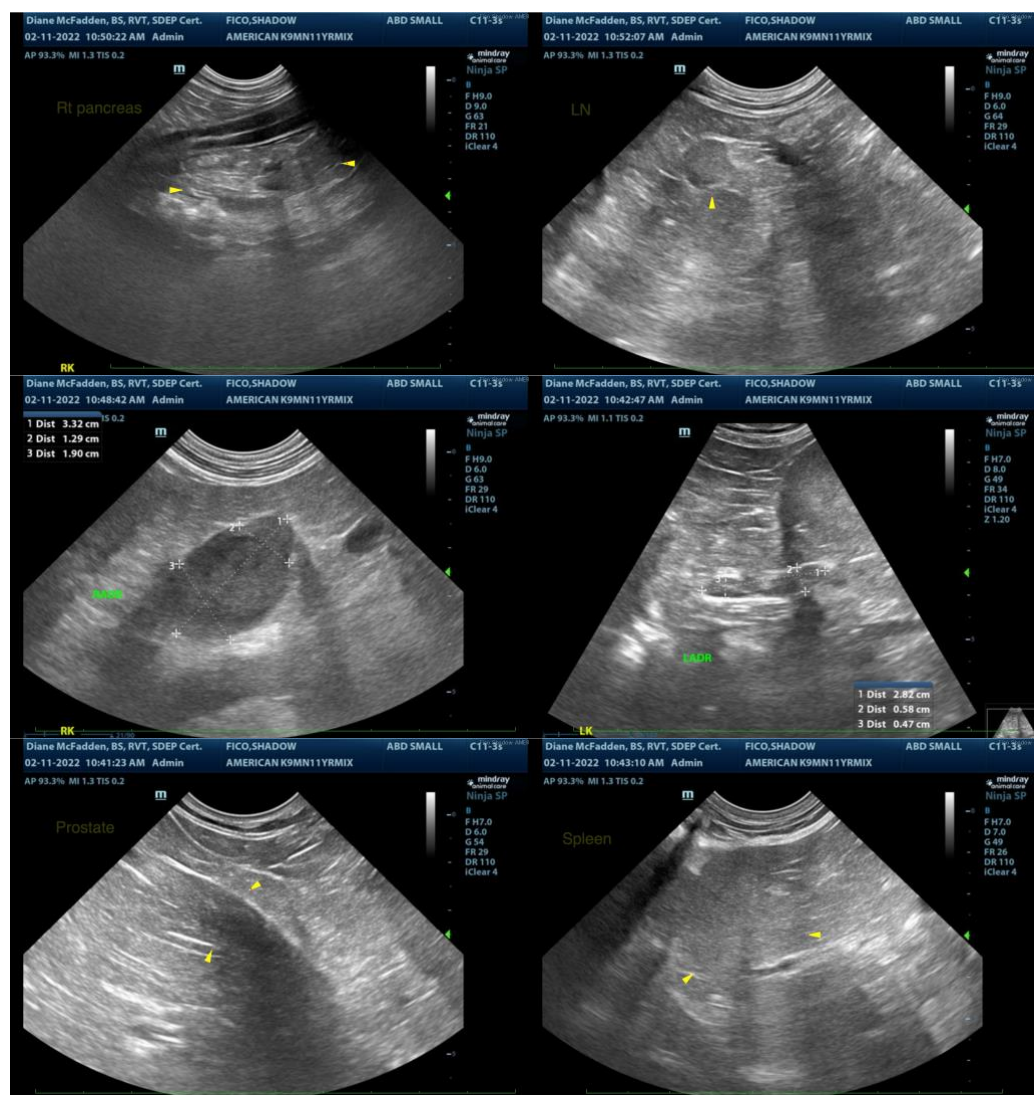
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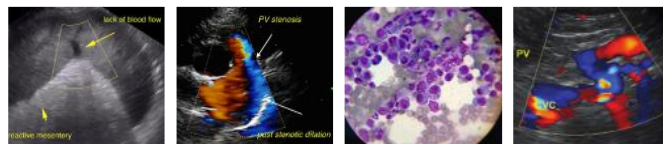
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com