Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

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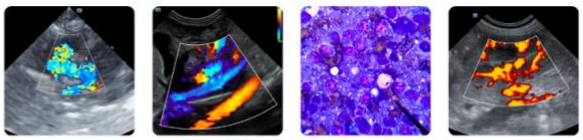

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Lilly Mogel

SPECIES

Canine

BREED

Mixed

SEX

Female Spayed

AGE

11

WEIGHT

Not Provided

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Dunes VC

REFERRING VET

Dr Devin Soileau

INVOICE

22553

DATE

2-13-26

PRESENTING CLINICAL SIGNS

Patient presented earlier in the week for blood coming from the vulva. Urine was normal in color. A vaginal mass was found on examination today.

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. A scant amount of echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 6 cm, are normal.

The left kidney is normal in size (6.91 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Pinpoint hyperechoic foci are observed throughout the cotex. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.64 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. A few, small, cortical cysts are seen. Pinpoint hyperechoic foci are observed throughout the cotex. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (1.14 cm at cranial pole) (2.47 cm at caudal pole) (4.68 cm in length) with a mass effect and an irregular shape. a 2.8 x 2.5 cm hyperechoic-to-heterogenous mass is observed at the caudal pole. The parenchyma at the cranial pole is heterogenous in appearance. There is no obvious evidence of vascular invasion.

The right adrenal gland is enlarged (4.12 cm at cranial pole) (2.32 cm at caudal pole) and irregular, with a mass effect. The parenchyma is heterogenous, with loss of glandular detail. There is no obvious evidence of vascular invasion.

Spleen

The spleen is normal in size (1.78 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

The liver is subjectively prominent-to-enlarged, with a slightly irregular caudal margin. The parenchyma is isoechoic relative to the spleen and mottled in appearance. At the caudal aspect, a 4.88 x 3.13 cm, isoechoic swelling is visualized. Within the swelling, a 1.2 cm cystic lesion is observed. A 3.1 x 1.4 cm irregular, hypoechoic-to-heterogenous macronodule is also seen mid-liver. A 2.2 cm hyperechoic nodule is also seen on the right side.

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.

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

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masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb is enlarged, with irregular peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat, and mottled and heterogenous in appearance. The pancreatic duct is not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mass effect in both adrenal glands. Considerations include bilateral excessive nodular hyperplasia vs bilateral tumors (i.e., adenoma, adenocarcinoma, pheochromocytomas, other). Adrenalitis is also possible but considered less likely.
- The hepatic nodules could be consistent with benign lesions (i.e., regenerative nodules, inflammatory foci). Alternatively, neoplasia cannot be excluded.

Secondary Findings

- Bilateral nonspecific renal changes with nonobstructive nephrocalcinosis
- The pancreatic changes are most consistent with chronic pancreatitis with parenchymal remodeling, +/- fibrosis. Pancreatic neoplasia is possible but considered less likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the presence of a vaginal mass, consider the following:
    1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
    2. Consultation with a board-certified surgeon to discuss biopsy and/or removal of the mass.
- Regarding the hepatic nodules, a contrast abdominal CT scan may be useful in differentiating benign vs neoplastic lesions. However, histopathology may be necessary to get a definitive diagnosis.
- Regarding the adrenal changes, consider the following:
    1. Thoracic radiographs (as stated above)
    2. Baseline blood pressure measurement
    3. Further testing for functional tumors (i.e., low-dose dexamethasone suppression test +/- urine/blood metanephrine levels)

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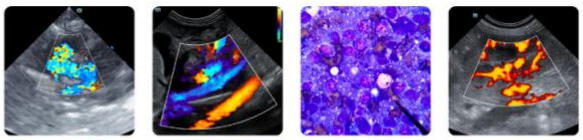

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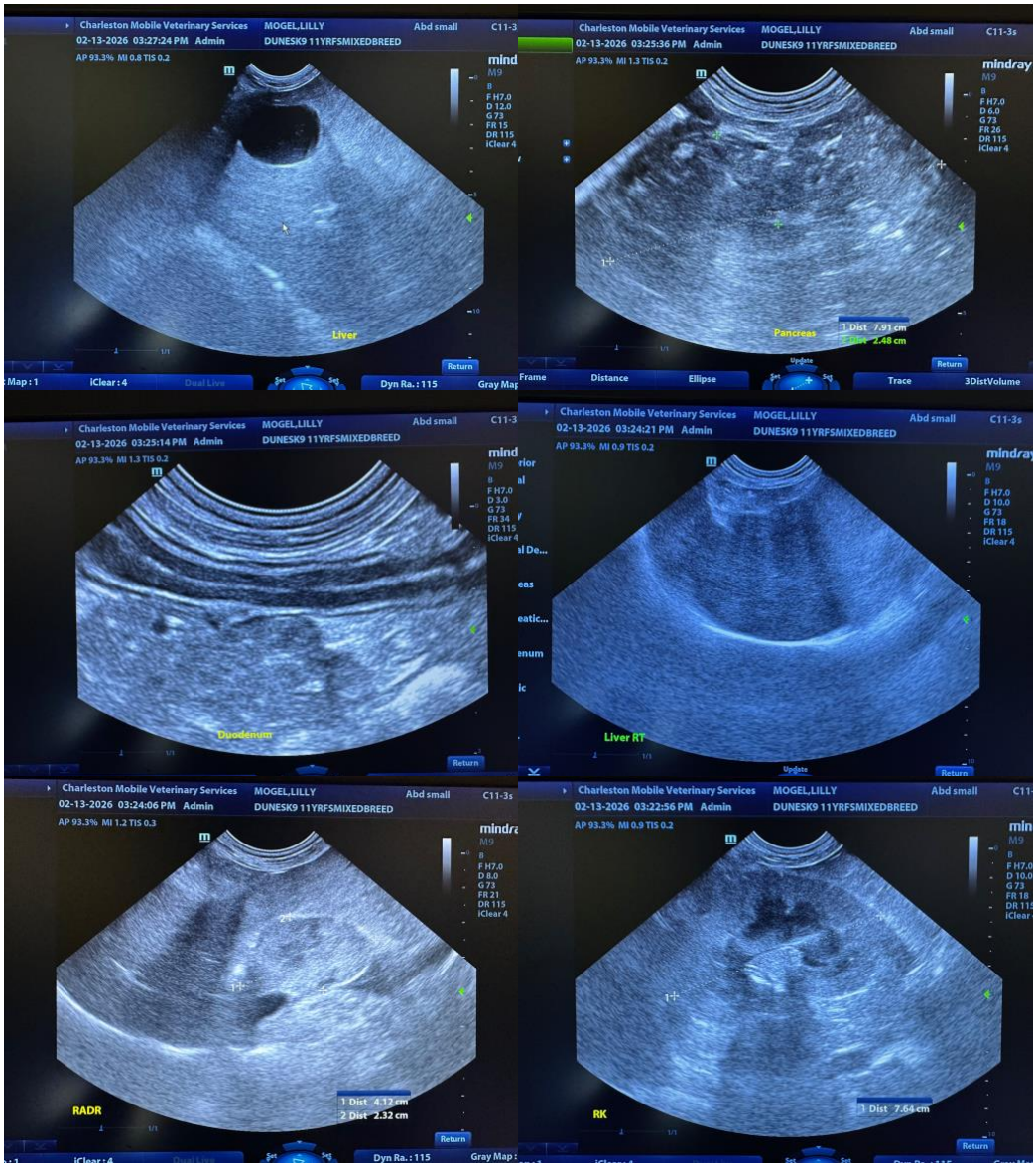

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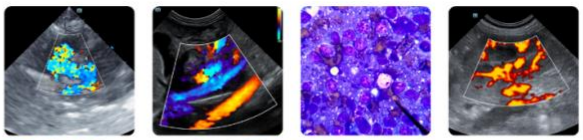

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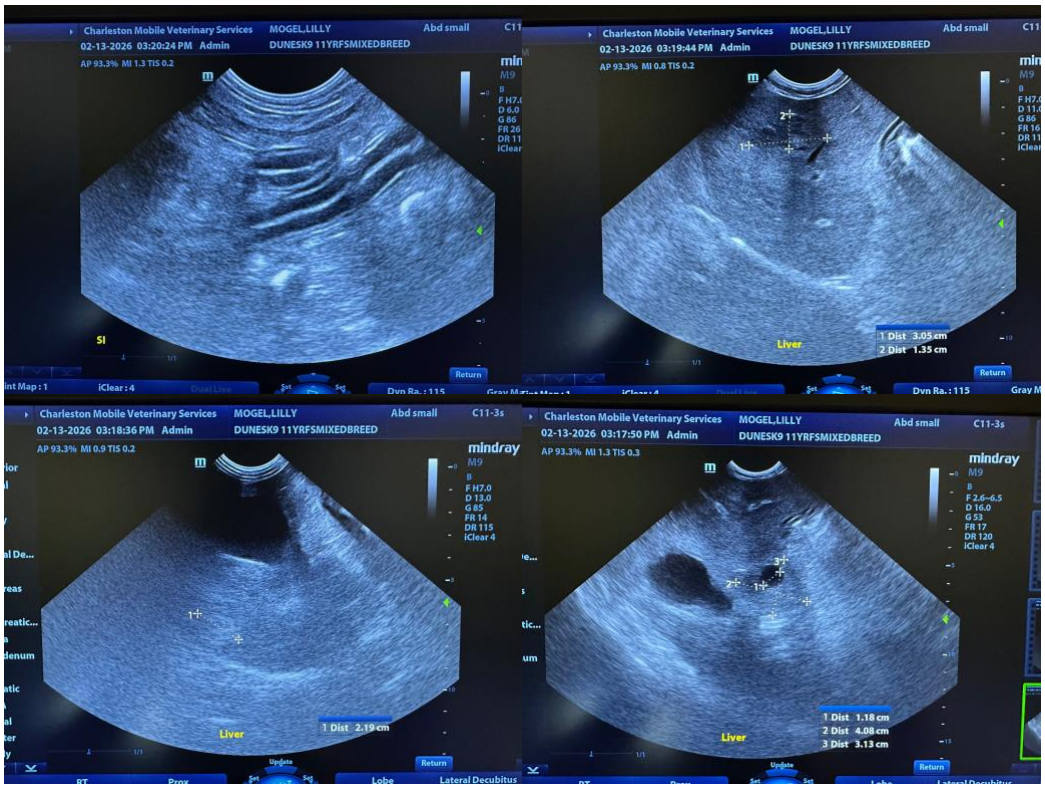

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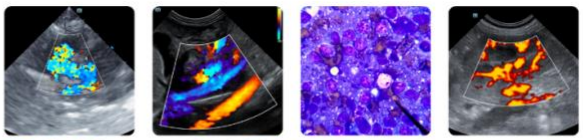

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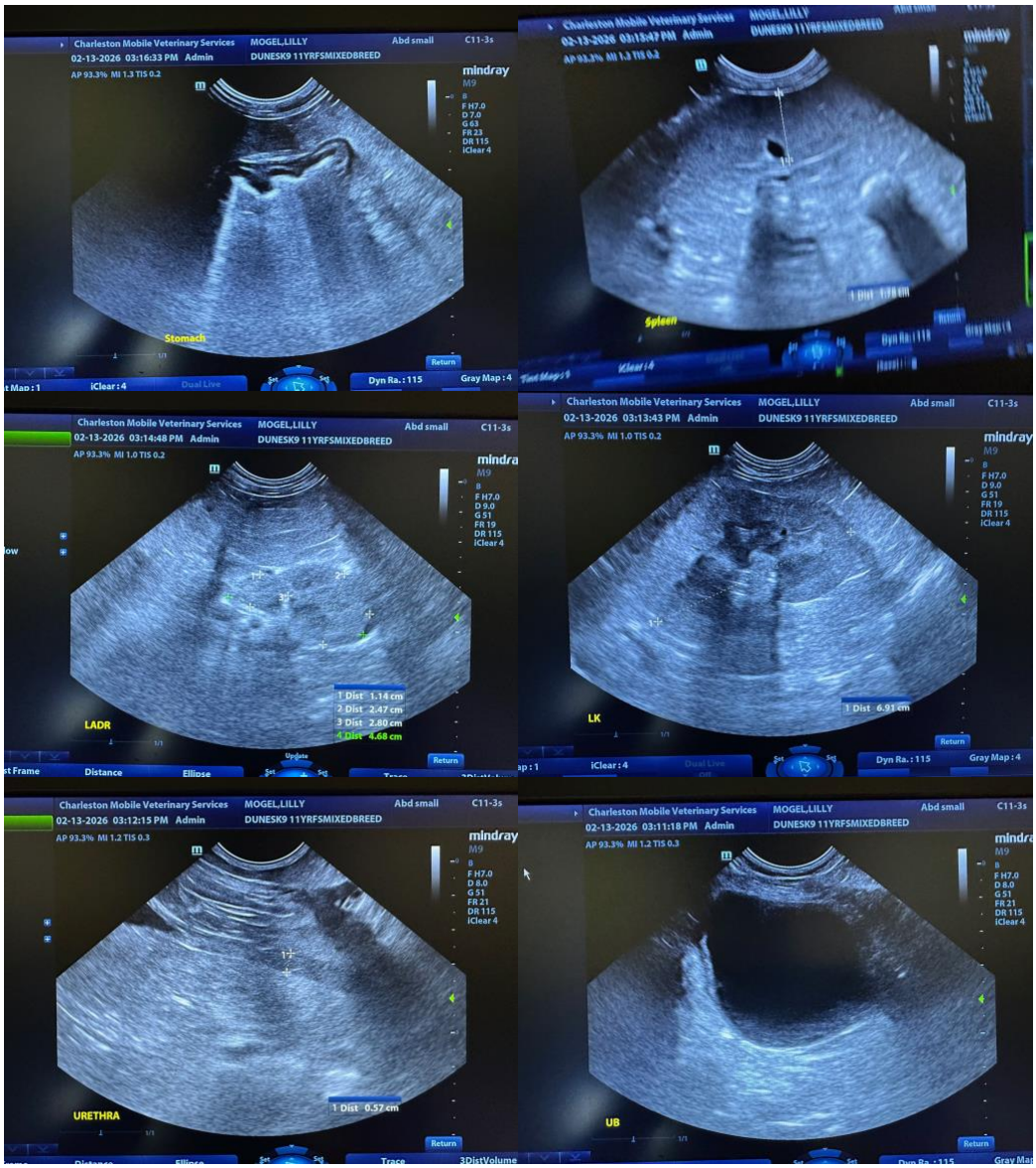

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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