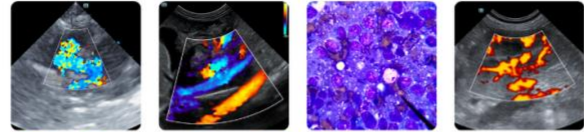


PATIENT

Luna Fontones

SPECIES

Canine

BREED

Siberian Husky Mix

SEX

Female Spayed

AGE

10

WEIGHT

99.6 lbs

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Chloe Lowe

HOSPITAL NAME

Magnolia Vet Practice

REFERRING VET

Dr. Goldstein

INVOICE

22621

DATE

2-26-26

PRESENTING CLINICAL SIGNS

History: Lethargic. Vomiting. Anorexia. Concerned about foreign body. Overweight. History of eating tissues. “Rat tail”. Condensation, doxy, bland diet

Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia, leukocytosis, neutrophilia, immature neutrophils, monocytosis. Pli=normal, T4 <0.5 (1)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly distended. The wall in the region of the apex is mildly-to-moderately thickened (up to 0.48 cm) and slightly irregular. The wall tapers to a normal thickness as it extends towards the cystourethral junction. A small amount of suspended 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 2.5 cm, are normal.

The left kidney is normal in size (5.95 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.88 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

(See “Other” category).

The right adrenal gland is mildly enlarged (1.57 cm at cranial pole) (1.24 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (1.81 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is mottled, bordering on a “moth-eaten” appearance. No focal lesions are observed. Splenic vasculature is normal.

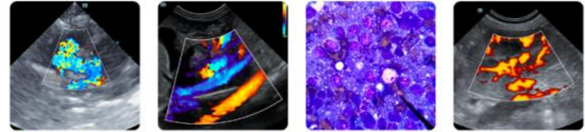
Liver

The liver is subjectively normal in size with normal peripheral contours. The parenchyma is hypoechoic relative to the spleen and subtly mottled in appearance. One-to-two hyperechoic lesions are visualized within the parenchyma (the largest measuring 3.2 x 2.5 cm (left side)). 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, mostly gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a



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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
(See "Other" category).

Lymph nodes
(See "Other" category).

Free Abdomen
The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

Other
A 13.0 x 10.0 cm heterogenous mass is observed in the midabdominal region. Surrounding mesentery is hyperechoic. A >8.0 cm ill-defined, multiseptated cystic lesion/mass effect is observed in the mid- to caudal abdomen, near the aortic trifurcation.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Large midabdominal mass, the origin of which is unclear. It may be arising from mesentery, lymph node, pancreas, left adrenal gland, other. Neoplasia (i.e., carcinoma, sarcoma, round cell tumor) is suspected with a low possibility of a non-neoplastic process. Adjacent peritonitis is present.
- The origin of the ill-defined cystic structure/mass effect in the mid- to caudal abdomen is unclear. It may be arising from lymph node, mesentery, other. Differentials include neoplasia, thrombus, benign cyst, inflammatory lesion, other.
- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i. round cell tumor, lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other).

Secondary Findings

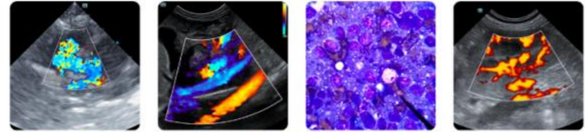
- The hyperechoic hepatic nodule trends toward the benign (i.e., regenerative nodule, myelolipoma) with a lower possibility of an inflammatory focus, emerging tumor, other.
- Right adenomegaly. The left adrenal gland is not definitively identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the midabdominal mass, assuming normal clotting status. A 25-gauge needle should be used.
- Also consider an abdominal CT scan and/or abdominal exploratory for further evaluation of the abdominal masses.
- If further testing is not pursued, palliative care is recommended.

New Jersey Mobile

FUELED BY SONOPATH VETERINARY ULTRASOUND



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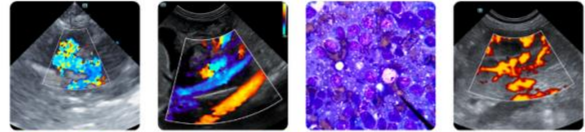

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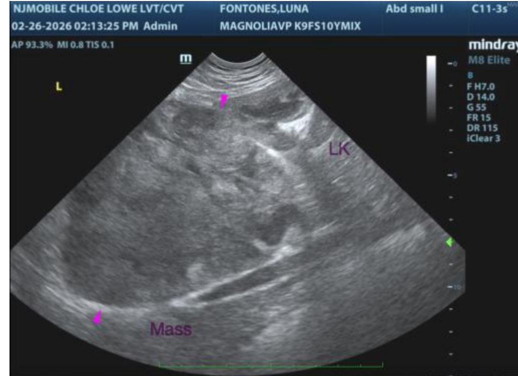

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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