



PATIENT

Girl Burke

PRESENTING CLINICAL SIGNS

Has been lethargic for the past month with some vomiting.

SPECIES

Canine

Abnormal lab-work values:

Chem: ALKP 697 U/L **H**, ALT 929 U/L **H**, AMYL 1739 U/L **H**, TBIL 0.9 mg/dL **H

CBC: RBC 5 k/uL **L**, HGB 8.2 g.dL **L**, HCT 26% **L**, MCV 51.9 fL **L**, MCH 16.3 pg **L**, RDW 15.1 % **H**, WBC 14.5 k/uL **H**, NEU 12.4 k/uL **H**, LYM 0.6 k/uL **L**, MONO 1.4 k/u: **H**, MPV 14.1 fL **H

BREED

Siberian Husky

Radiographs from the rDVM reveal a large abdominal mass.

Due to the large size of the abdominal mass, some pathology may be obscured.

SEX

Female Spayed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

AGE

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The urinary bladder is moderately distended. The wall is normal in thickness with a smooth mucosal surface. Tiny cystic calculi/mineralized sand is observed within the lumen. The region of the trigone normal.

WEIGHT

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The left kidney is normal in size (8.02 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.

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

The right kidney is normal in size (7.85 cm in length) with a slightly irregular shape. It is caudally displaced. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged at the cranial pole and normal-in-size at the caudal pole (2.02 cm at cranial pole) (0.58 cm at caudal pole). At the cranial- to mid-aspect, a 3.19 x 2.02 cm irregular, heterogenous mass is visualized. In addition, a 0.36 cm hyperechoic nodule is observed at the mid- to caudal aspect. The remaining glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

IMAGING PERFORMED BY

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The region of the right adrenal gland is obscured by the large abdominal mass and could not be visualized.

HOSPITAL NAME

BluePearl MP ER

Spleen

The spleen is normal in size (1.21 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.

REFERRING VET

Dr Graham

Liver

A >20.0 cm heterogenous, slightly cavitated mass appears to be arising from the caudal aspect at the right side. The mesentery effacing the serosal surface of the mass is slightly hyperechoic. In the remainder of the liver, the margins are curvilinear. The parenchyma is hyperechoic relative to the spleen. A 2.4 x 2.2 cm hyperechoic-to-heterogenous nodule/mass is seen on the left side. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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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.

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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.

SPECIES

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Pancreas

A portion of the pancreas is obscured by the large abdominal mass. In the visualized portion of the left limb, the pancreas is normal- to prominent-in-size with smooth peripheral contours. The parenchyma is hypochoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is not overtly dilated.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

Trace free fluid is observed.

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Other

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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Primary Findings

- Large abdominal mass suspected to be arising from the caudal aspect of the liver on the right side. However, other origins cannot be excluded. The mass is causing peripheral displacement of organs. Neoplasia (i.e., adenoma, adenocarcinoma, sarcoma, round cell tumor) is suspected with a low possibility of a non-neoplastic process. The smaller left hepatic nodule/mass could be consistent with a metastatic lesion or a benign process (i.e., regenerative nodule, inflammatory focus, other). Adjacent peritonitis is present.
- Left adrenal mass. Neoplasia (i.e., adenoma, adenocarcinoma, pheochromocytoma) is suspected, with a lower possibility of a benign process (i.e., focal nodular hyperplasia). The smaller left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, or less likely, an emerging tumor.
- Small cystic calculi/urinary bladder sand
- Trace ascites

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Secondary Findings

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If there is no evidence of pulmonary metastatic disease, consider consultation with a board-certified surgeon to discuss mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. If surgery is pursued, consider a cystotomy with stone removal, analysis and culture.

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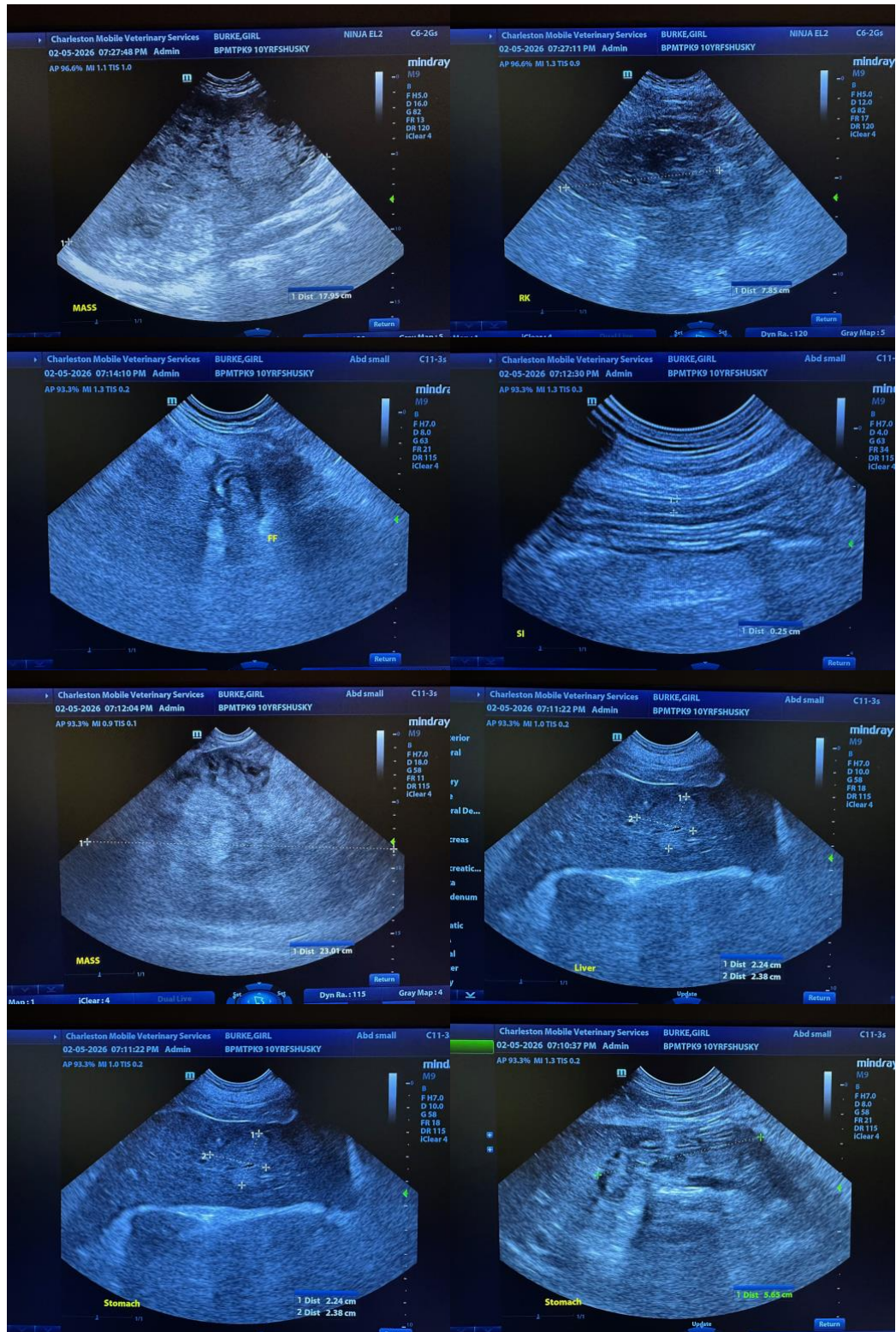
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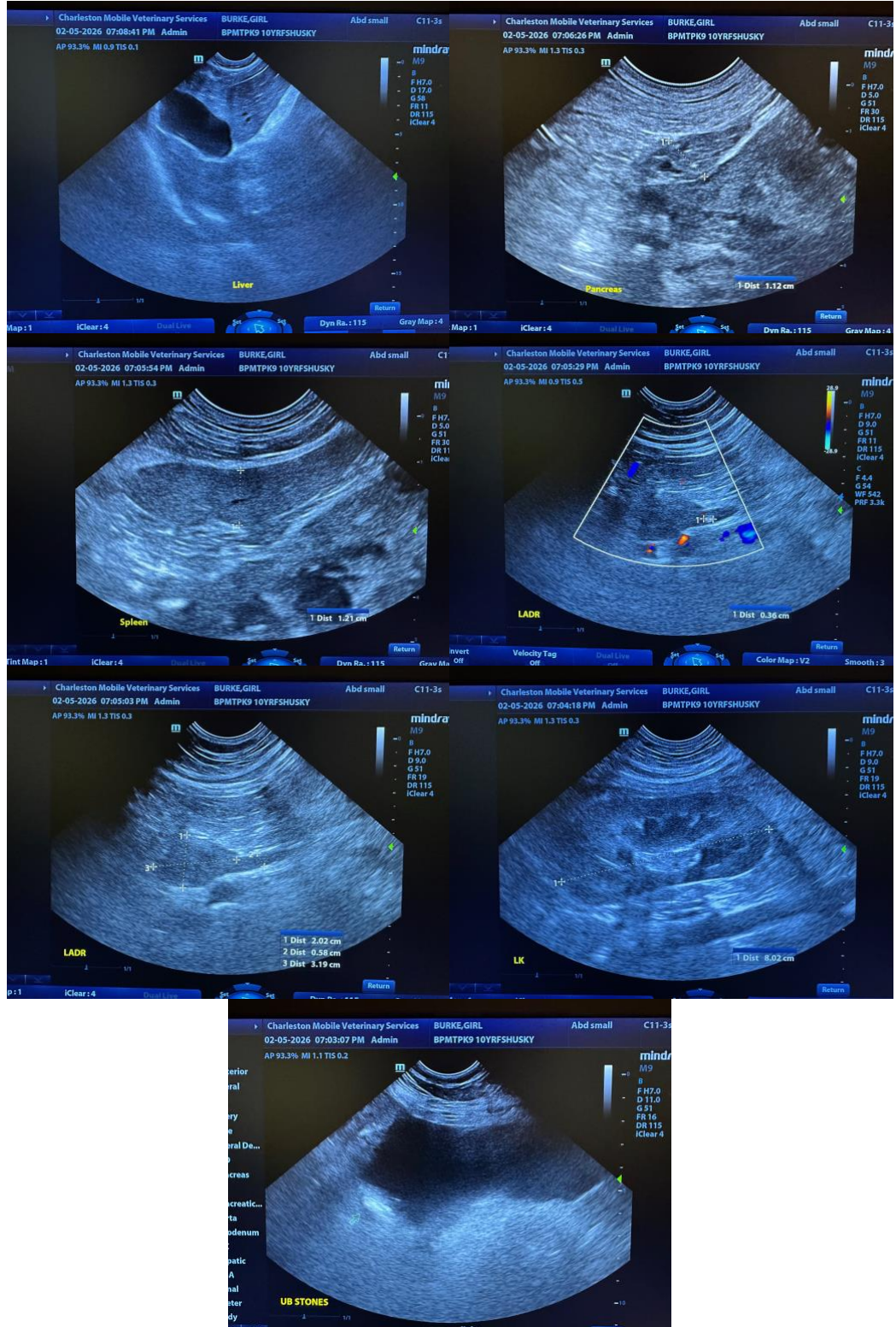
Dr Graham

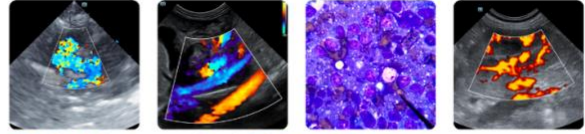
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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