



PATIENT

Maizie Dobrinsky

SPECIES

Canine

BREED

Mixed breed

SEX

Female, spayed

AGE

8 Yrs.

WEIGHT

39.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway

REFERRING VET

Dr. Maniar

INVOICE

13580

DATE

5/26/26

PRESENTING CLINICAL SIGNS

History: Consumed a dried up star fish, started vomiting. Had a prev abd u/s 3/24/24 wherr splenic nodule and adrenal mass were already noted. Also had a CT scan for R adrenal mass on 4/19/24
Abnormal PE/Chem/CBC/UA Results: Lipase 407

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (5.55 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.78 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.44 cm at cranial pole) (0.47 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.

The right adrenal gland is enlarged (1.92 cm at cranial pole) (1.86 cm at caudal pole)(4.48 cm in length) with a mass effect. The parenchyma is heterogeneous in appearance. There is no obvious evidence of vascular invasion in the available images.

Spleen

The spleen is overall normal in size (1.27 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.20 x 0.72 cm slightly expansile hypoechoic to heterogeneous nodule is observed approximately mid-body at the latera aspect. Splenic vasculature is normal.

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.

The gall bladder lumen is mildly distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly to moderately distended with ingest and gas. 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



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pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious abnormalities are seen.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Right adrenal mass effect. Neoplasia (i.e., adenocarcinoma, pheochromocytoma, other) is strongly suspected with a lower possibility of a non-neoplastic process.
- The splenic nodule could be consistent with an emerging tumor (i.e., sarcoma, round cell tumor). Alternatively, a benign focus (i.e., lymphoid hyperplasia) is possible.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

Secondary Findings:

- Mild bilateral nonspecific, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Given the patient's clinical history of vomiting, consider the following:
 1. Recheck fasted ultrasound in 12-24 hours to assess for persistent gastric ingesta
 2. Fecal evaluation for ova and Giardia
 3. cPLI to further assess for pancreatitis
 4. Symptomatic care is recommended. If clinical signs persist despite medical management, further GI workup (i.e., GI panel +/- endoscopic or surgical GI biopsies) may be indicated.
- Regarding the splenic nodule, consider fine needle aspiration assuming normal clotting status. A 25-gauge needle should be used.
- Regarding the right adrenal mass, consider the following:
 1. Three-view thoracic radiographs to assess for pulmonary metastatic disease, if not already performed.
 2. Baseline blood pressure measurement to assess for systemic hypertension
 3. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels)
 4. +/- consultation with a board-certified surgeon to discuss right adrenalectomy



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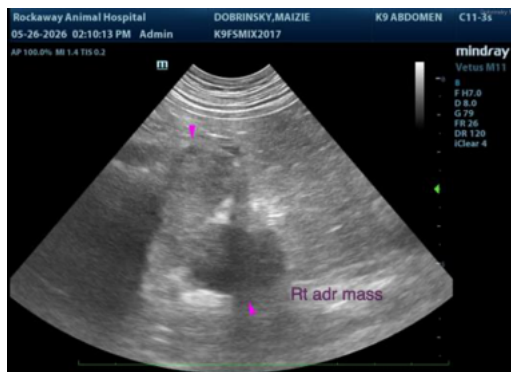
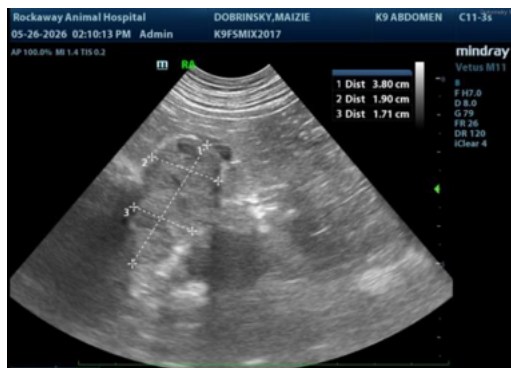
Dr. Maniar

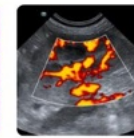
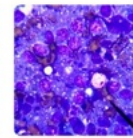
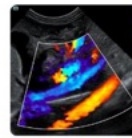
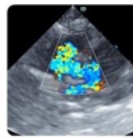
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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