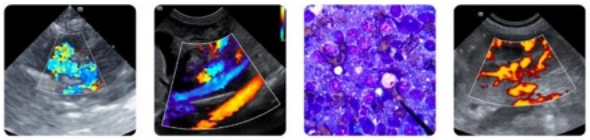


PATIENT

Zoey Nelson

SPECIES

Canine

BREED

Siberian Husky

SEX

Female, spayed

AGE

8 Yrs.

WEIGHT

27.8 kg.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Wayland

HOSPITAL NAME

Wilvet South

REFERRING VET

Dr. Wayland

INVOICE

13583

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: pt was trying to cough- Then pt just laid down. O noticed this behavior odd for pt. so he was watching her and said she was breathing weird. O said gums seemed tacky in places. Pt didn't want to eat food -highly unusual for pt. O had to help her into the car. Panting hard for a while. Abnormal PE/Chem/CBC/UA Results: AFAST Revealed a large, heterogeneous mass associated with the left kidney. No FAF initially observed. Lactate 6.14 (H) Thoracic rads Consult: The hepatic silhouette extends beyond the costal arch with a rounded lobar margin. stomach and SI contain heterogeneous soft tissue opaque material. Superimposed with the cranial aspect of the left kidney on the ventrodorsal projection there is an irregularly marginated soft tissue opaque structure measuring approximately 5 cm x 3 cm. Soft tissue opaque mass at the L cranial abdomen, adjacent to the kidney. Reduced peritoneal serosal detail Full AUS: Findings include FAF by the liver, a gallbladder halo sign, venous congestion of the liver, a large suspected adrenal mass, and moderate to severe pericardial effusion. troponin: 0.94. (H)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in size (5.92 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 (6.86 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

In the region of the left adrenal gland, an approximately 7.3 x 7.0 cm irregular heterogeneous cavitated mass effect is visualized. Surrounding mesentery is hyperechoic.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

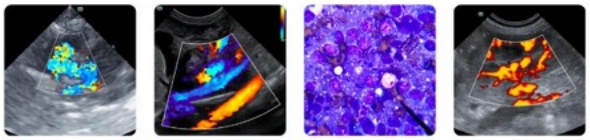
Spleen

The spleen is normal in size (1.46 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.51 x 0.31 cm ill-defined hypoechoic slightly cystic nodule is observed near the medial aspect approximately mid-body. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Intrahepatic biliary tracts are normal. Hepatic vasculature appears subjectively dilated.
The gall bladder lumen is moderately distended. The wall is thickened (up to 0.45 cm) and edematous with a “double-walled” effect. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is mildly to moderately distended with ingesta. The gastric wall is 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. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Trace free fluid is observed.

Other

A brief echocardiogram reveals substantial pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Pericardial effusion. Considerations include cardiac neoplasia, idiopathic pericardial effusion, other.
- Large mass effect in the region of the left adrenal gland. Neoplasia (i.e., hemangiosarcoma, adenocarcinoma, pheochromocytoma, other) is suspected with a low possibility of a non-neoplastic process. Mild adjacent retroperitonitis is present.
- Mild ascites

Secondary Findings:

- The gallbladder wall changes could be consistent with increased hydrostatic pressure (i.e., secondary to pericardial effusion), low oncotic pressure (if applicable), cholecystitis, other.
- The hepatic changes could be consistent with passive congestion, vacuolar hepatopathy (i.e., endocrine, idiopathic), inflammatory disease, infiltrative neoplasia and/or other hepatopathy.
- Minor bilateral age-related renal changes
- The hypoechoic splenic nodule could be consistent with a benign focus (i.e., lymphoid hyperplasia or similar). Alternatively, a metastatic lesion cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. A full echocardiogram is recommended to assess for intracardiac masses and other pathology. Therapeutic pericardiocentesis is also recommended.
3. Regarding the right adrenal mass, consider an abdominal CT scan for further evaluation +/- consultation with a board-certified surgeon to discuss adrenalectomy. A baseline blood pressure measurement is also recommended.

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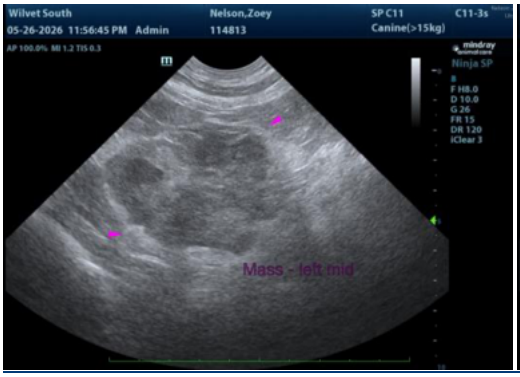

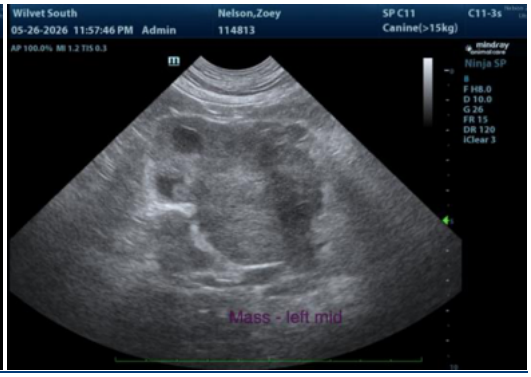

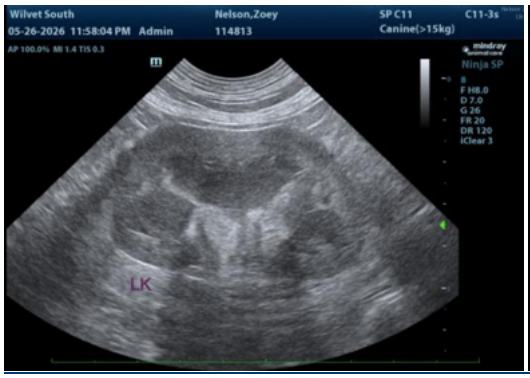

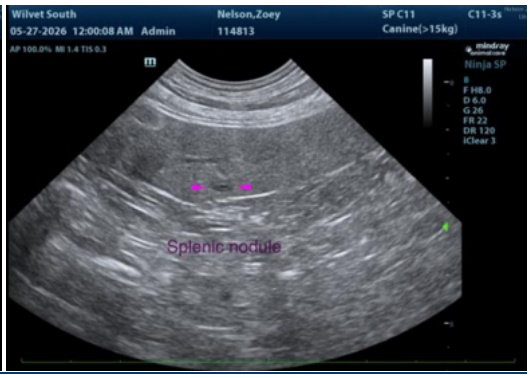

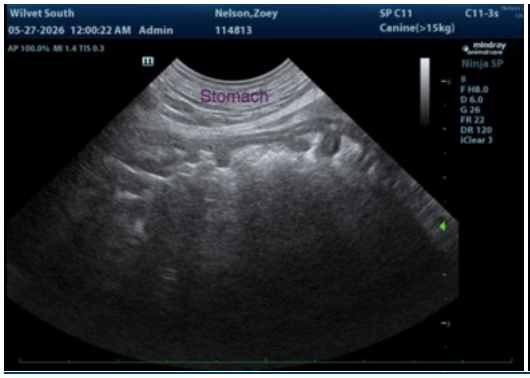

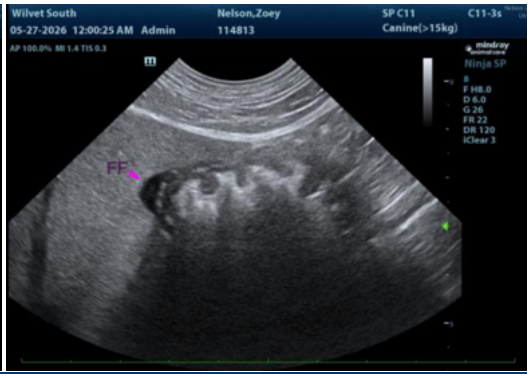

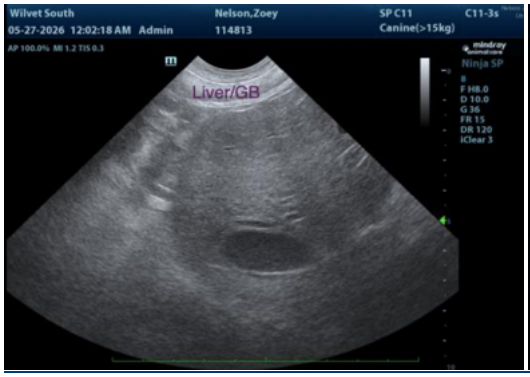

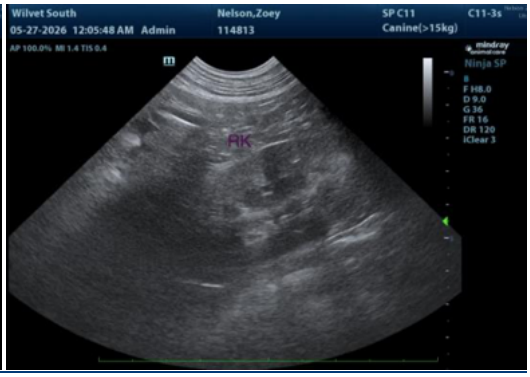

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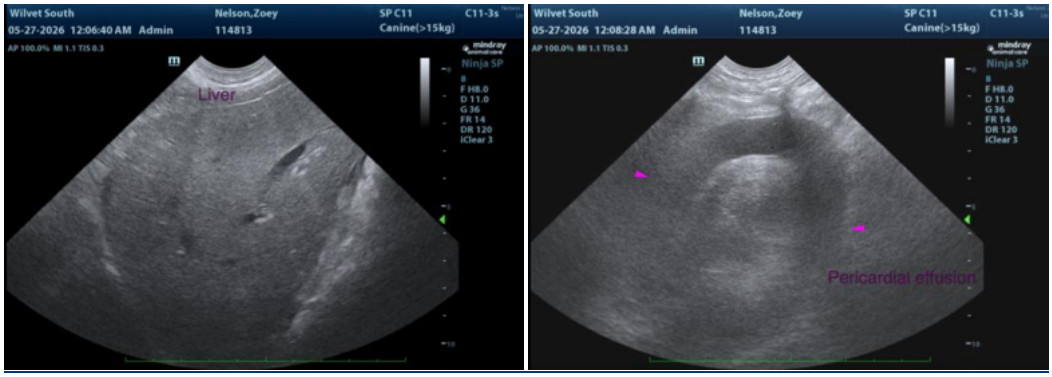

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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