



PATIENT PRESENTING CLINICAL SIGNS

Lucy Harter History: Staff tech pet. Please see previous ultrasound report and cytologies if you have time :)
Abdominal mass. Abdominal mass noted in the region of the right adrenal gland on ultrasound.

SPECIES MICROSCOPIC FINDINGS: Consistent with aspiration of low-cellular necrotic or cystic debris; see comments
Canine

BREED COMMENTS: The cytologic findings are inconclusive. The slides nearly lack cellularity with focal areas of amorphous basophilic and degenerating cellular debris suggesting the presence of a necrotic mass or cystic foci within this mass. There are very rare partially intact macrophages and small lymphocytes.
Corgi Mix No neoplastic cell populations or infectious agents are observed. Tissue biopsy with histopathology may be required to rule out a necrotic, cystic, or non-exfoliating neoplasm.

SEX Abnormal PE/Chem/CBC/UA Results: p presented in 9/2022 with hyporexia, panting, and lethargy.
Spayed Female 9/2022- CBC/Chem 17 revealed a mild ALT/ALKP increase and an abnormal snap cPL. abdominal ultrasound findings from 9/2022 attached. adrenal mass sampled with results attached. p has continued to have intermittent vomiting, hyporexia and diarrhea. managed with cerenia, gabapentin, probiotics and appetite stimulant. bw 2/2023 showed mild ALP increase 293/ALT 108. BUN 32/ Cr 0.9, mildly low T4 at 0.7. chest rads today clear.

AGE 15 years

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

WEIGHT Urinary System
18.5lbs The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. A small amount of suspended echogenic debris is observed within the lumen. A small cystic calculus is seen (0.33 cm in diameter). The region of the trigone and visible portion of the proximal urethra are normal.

INTERPRETED BY The left kidney is subjectively normal in size with a slightly irregular shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. A few cortical cysts are seen. Several hyperechoic shadowing diverticular foci are observed. Several small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

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

IMAGING PERFORMED BY The right kidney is normal in size (4.32 cm in length) with a slightly irregular shape, smooth peripheral margins, and normal internal architecture. There is mild loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. Several small, nonobstructive nephroliths are visualized. A small cortical infarct is suspected at the lateral aspect. There is no evidence of pyelectasia or hydroureter.

Charlie Rodriguez

HOSPITAL NAME Adrenal Glands
(See "Other" category).

Bethany Family PC

REFERRING VET The right adrenal gland is in normal size (0.72 cm at cranial pole) (0.49 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.

Kierra Hanrahan

INVOICE Spleen
12946 The spleen is normal in size (1.18 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.97 cm hypoechoic to heterogenous nodule is observed approximately mid-spleen. Splenic vasculature is normal.

DATE

5.4.23



PATIENT

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Liver

The liver is subjectively prominent in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

SPECIES

Canine

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity-dependent hyperechoic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

BREED

Corgi Mix

Gastrointestinal

The gastric lumen is moderately distended with fluid and ingesta. Within the lumen, a hard shadowing structure is visualized. 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 segmentally dilated with chyme. The small intestinal wall is normal in thickness 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.

SEX

Spayed Female

AGE

15 years

Pancreas

The left limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

WEIGHT

18.5lbs

Free Abdomen

Trace free fluid is observed.

Lymph node

(See "Other" category).

INTERPRETED BY

Andrea Nicastro,
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ACVIM (Small Animal
Internal Medicine)

Other

A 3.03 x 1.99 cm irregular hypoechoic-to-heterogenous mass is observed in the left midabdomen, in the region of the left adrenal gland. Surrounding mesentery is hyperechoic.

IMAGING PERFORMED BY

Charlie Rodriguez

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Left midabdominal mass, the origin of which is unclear. It may be arising from the left adrenal gland, lymph node, mesentery, other. The mass is similar in size compared to the previous sonogram. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor, sarcoma) is suspected with a lower possibility of a focal inflammatory process, granuloma, other. Regional peritonitis is present.
- The splenic nodule is concerning for a metastatic disease lesion. However, a benign focus (i.e., area or lymphoid hyperplasia, extramedullary hematopoiesis, inflammation or similar) cannot be excluded. The nodule is similar in size compared to the previous sonogram.

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Secondary Findings

- Cystic calculus.

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- Bilateral chronic renal changes with nonobstructive nephrocalcinosis, left cortical cyst, and a right cortical infarct. Changes are similar to the previous sonogram.
- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely. Changes are similar to the previous sonogram.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Suspected gastric foreign body. This finding was also observed on the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Regarding the mass in the left mid-abdomen, if an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss removal with submission for histopathology. An abdominal CT scan would be useful for presurgical planning.
- Also consider a fine-needle aspirate of the splenic nodule, if not already performed.
- If invasive diagnostics are not to be pursued at this time, consider a recheck ultrasound in 3-6 months to assess for progression of the lesions.

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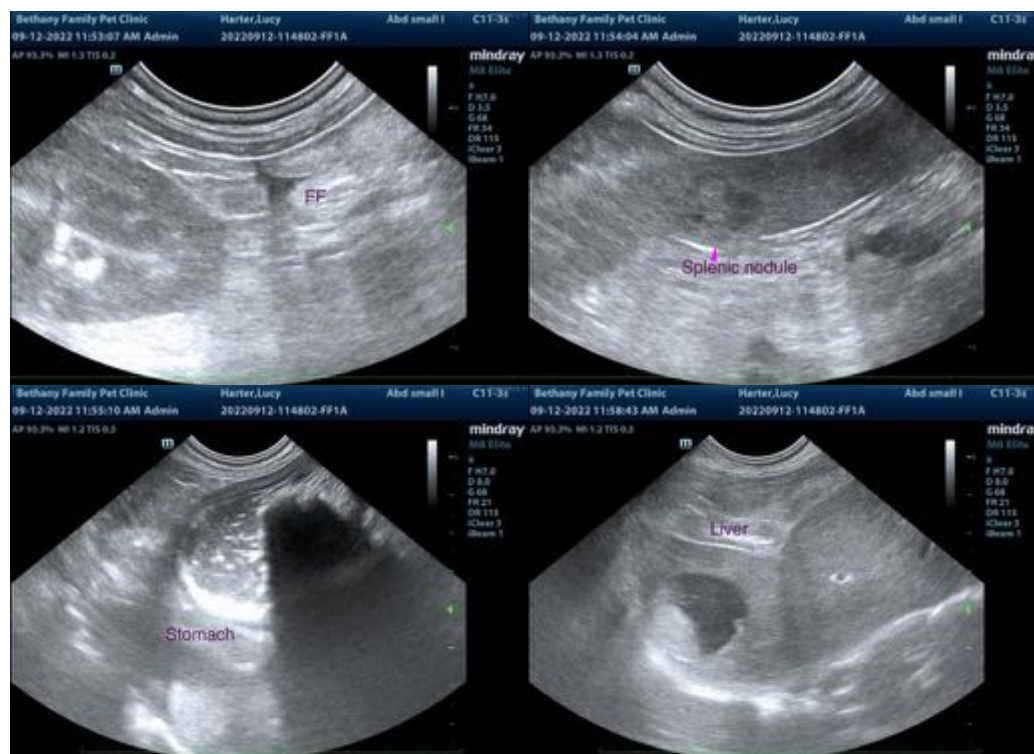
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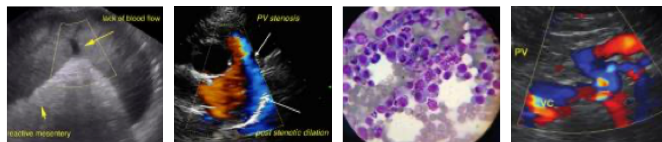
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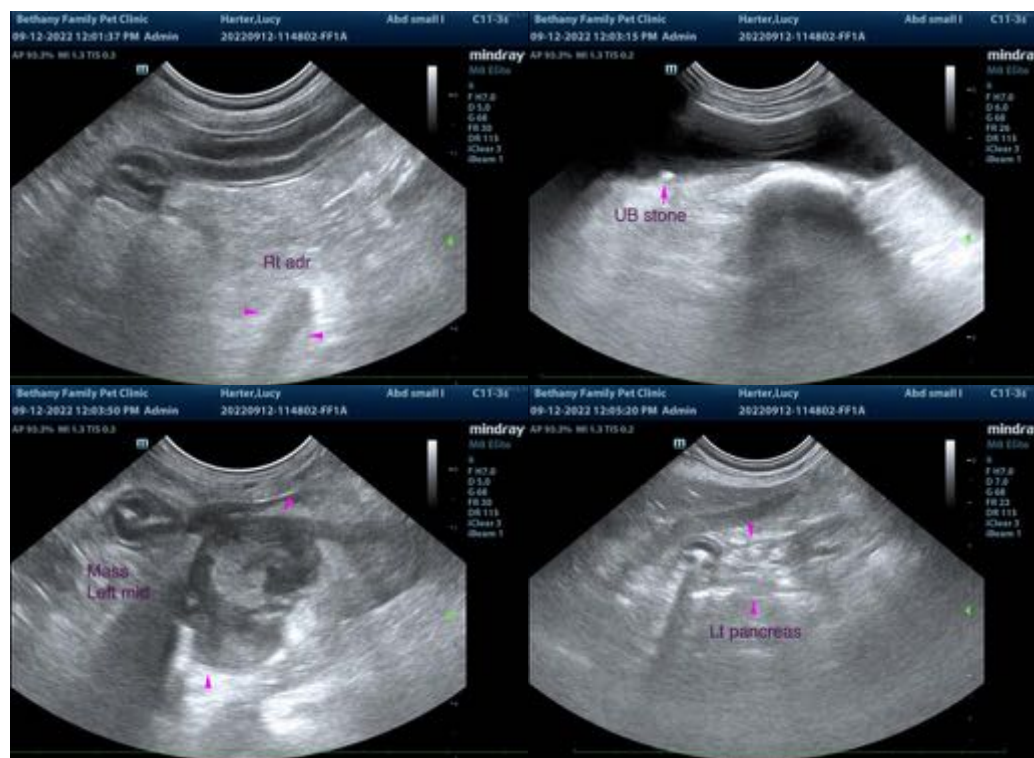
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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