



**PATIENT**

Bean Steffes

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Female, spayed

**AGE**

11 yrs.

**WEIGHT**

69 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Waffle

**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

Dr. Waffle

**INVOICE**

14904

**DATE**

5/9/23

**PRESENTING CLINICAL SIGNS**

History: Started vomiting last night. Went to ER last night, radiographs had decreased serosal detail in cranial abdomen.

Abnormal PE/Chem/CBC/UA Results: Right cranial abdomen is painful.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal size (6.48 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal size (6.47 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

*Adrenal Glands*

The left adrenal gland is borderline enlarged (0.65 cm at cranial pole) (0.85 cm at caudal pole); normal shape; homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

What is thought to be the right adrenal gland is normal size (1.40 cm at cranial pole) (0.54 cm at caudal) with a normal shape. The glandular echogenicity and detail appear normal. Surrounding vasculature appears normal.

*Spleen*

The spleen is normal in size (1.78 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.

*Liver*

The liver is enlarged with irregular peripheral contours. An approximately 9 cm heterogeneous slightly cavitated mass is arising from the left side. The mass causes capsular expansion. In the remainder of the liver, the margins are curvilinear and the parenchyma is homogeneous and hypoechoic relative to the spleen. Vascular and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is displaced cranially. The lumen is moderately distended. The wall is normal in thickness. Luminal contents are mostly anechoic. 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 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*



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A portion of the pancreas is obscured by the large hepatic mass. In the visualized portions, no obvious abnormalities are seen.

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### *Free Abdomen*

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. The abdominal lymph nodes are normal/not visible.

## BREED

Goldendoodle

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- Large left hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma, hemangiosarcoma, round cell tumor) is considered likely with a lower possibility of a benign process (i.e., focal inflammatory disease). Adjacent peritonitis is present.

## SEX

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### Secondary Findings:

- Minor bilateral chronic renal changes.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## WEIGHT

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the hepatic mass can be considered if clotting status is appropriate. A 25-gauge needle should be used. Alternatively, consider excisional biopsy with submission of the mass for histopathology. An abdominal CT scan would be useful in pre-surgical planning.

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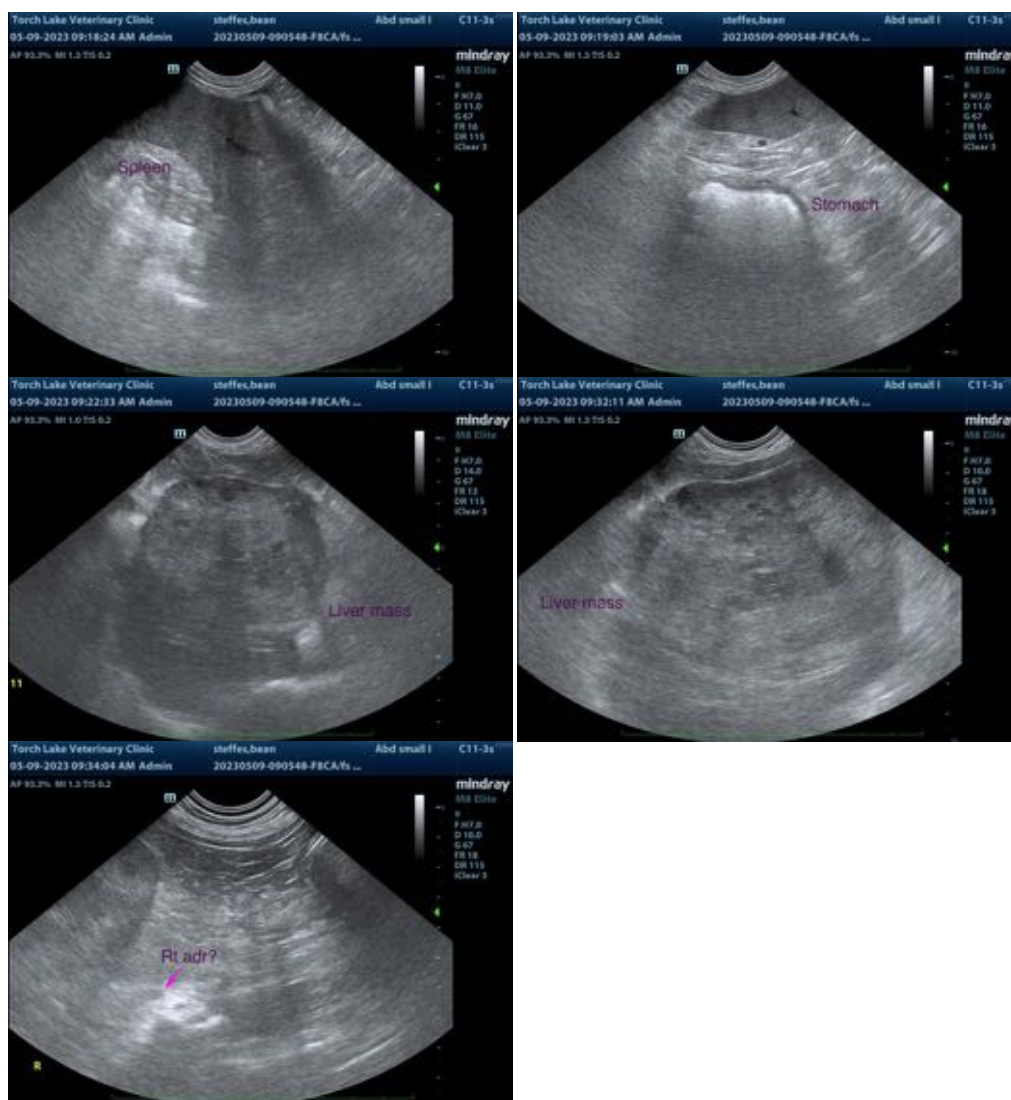
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)