



PATIENT PRESENTING CLINICAL SIGNS

Sam Holub History: Attending main concern is PUPD (new over last 2 weeks) no other CS reported. No VD eating normal. History of cystotomy on SO diet.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: U/A 1.008 to 1.010 No protein Quiet sediment CBC unremarkable Chem K 3 (low) T4 wnl BP 120

BREED

Corgi

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. 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 visible portion of the proximal urethra are normal.

SEX

Female Spayed

The left kidney is normal in size (6.23 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.

AGE

10 years 2 mos

The right kidney is normal in size (5.89 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.

WEIGHT

18 kg

Adrenal Glands

The left adrenal gland is normal in size (0.46 cm at cranial pole) (0.57 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.

INTERPRETED BY

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

The right adrenal gland is enlarged (3.2 cm at cranial pole) (2.1 cm at caudal pole) with a mass effect. The parenchyma is heterogenous with ill-defined, cavitated areas. There is loss of glandular detail. Surrounding retroperitoneal fat is hyperechoic.

IMAGING PERFORMED BY

Dr Caroline Tan

Spleen

The spleen is normal in size (1.67 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

HOSPITAL NAME

Britannia Kingsland VC

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.

REFERRING VET

Dr Lisa Hamil

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of partially dependent echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

INVOICE

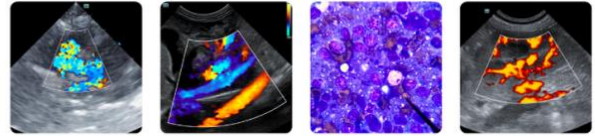
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Gastrointestinal

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 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.

DATE

6-1-26



PATIENT *Pancreas*

Sam Holub

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.

SPECIES *Lymph Nodes*

Canine

The abdominal lymph nodes are normal/not visible.

BREED

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Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

SEX

Female Spayed

Primary Findings

- Right adrenal mass. Neoplasia (i.e., adenocarcinoma, pheochromocytoma, hemangiosarcoma, other) is suspected, with a lower possibility of a non-neoplastic process. Mild adjacent to retroperitonitis is present.

AGE

10 years 2 mos

Secondary Findings

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- Minor bilateral age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider the following:

1. Abdominal CT scan to further evaluate the extent and invasiveness of the right adrenal mass
2. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood catecholamine levels).

IMAGING PERFORMED BY

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HOSPITAL NAME

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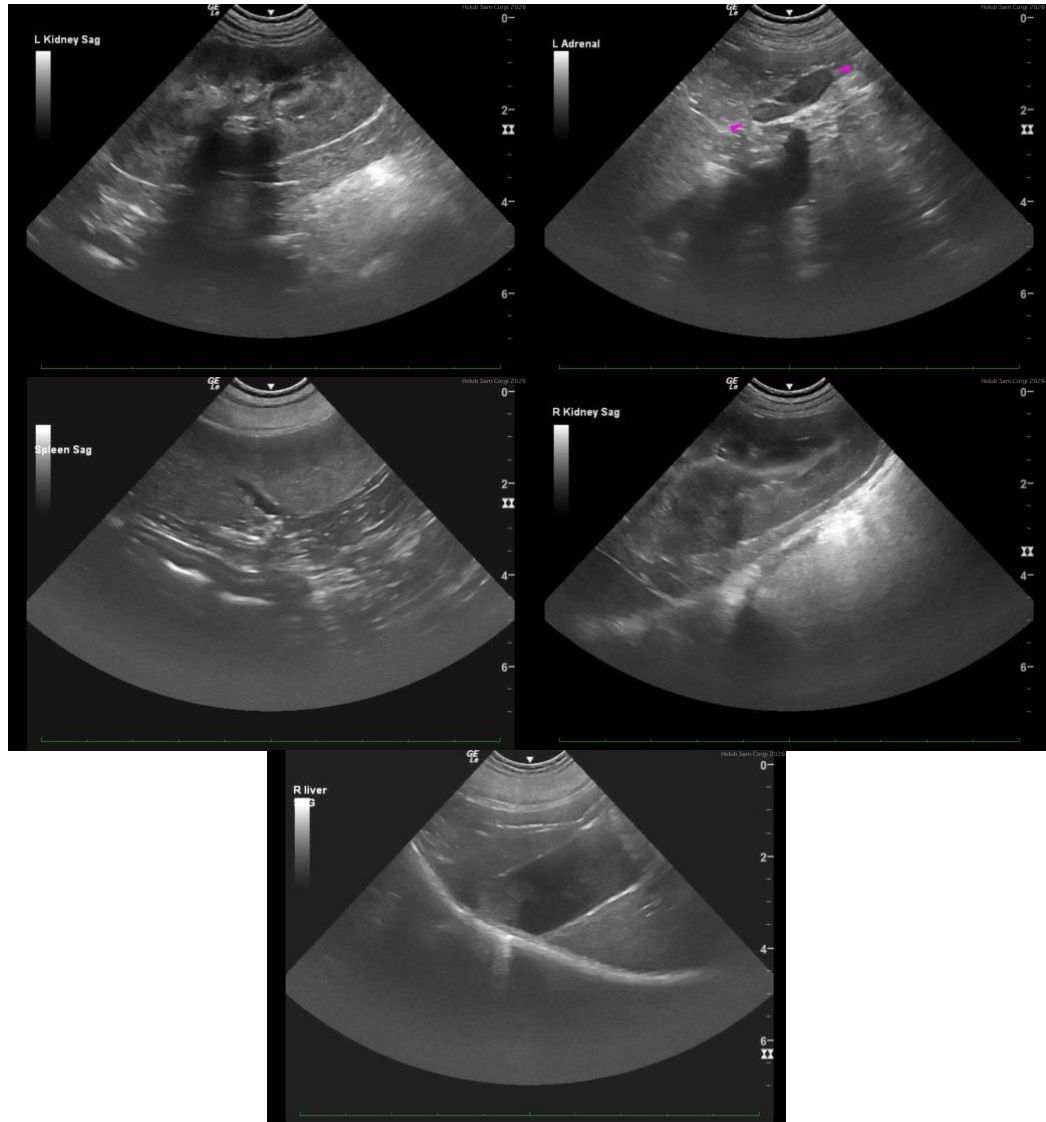
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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