



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Diego Ramos	History: Presented as a referral for an abdominal ultrasound to evaluate for possible metastasis. Pt was diagnosed with a cutaneous neoplastic mass on left HL. Wanted to perform study to evaluate for mets before mass removal.
<b>SPECIES</b>	
Canine	Abnormal PE/Chem/CBC/UA Results: CBC: LYM 0.57 - 10 <sup>9</sup> /l (1.00 - 4.80) CHEM: ALP 915+ U/L (20-150)
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Golden Retriever	<b>Urinary System</b> 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 visible portion of the proximal urethra are normal.
<b>SEX</b>	
Neutered Male	The prostate is normal in size (1.33 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.
<b>AGE</b>	
13 years	The left kidney is normal in size (6.93 cm in length) with a normal shape, architecture and 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.
<b>WEIGHT</b>	
79.8 lbs	The right kidney is normal in size (6.88 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b> The left adrenal gland is mildly enlarged (0.92 cm at cranial pole) (1.02 cm at caudal pole) with a relatively normal shape. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	The right adrenal gland is enlarged (1.23 cm at the cranial pole) (1.24 cm at caudal pole) (3.36 cm in length) with a slightly irregular shape. Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature appear normal.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b> The spleen is normal in size (2.47 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.52 cm hyperechoic nodule is observed near the hilus. Splenic vasculature appears normal.
Dr. Ferrer DVM	
<b>HOSPITAL NAME</b>	<b>Liver</b> The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen, with a few small, ill-defined hyperechoic nodules seen (the largest measuring 1.54 cm in diameter). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.
Paseos VC	
<b>REFERRING VET</b>	The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of echogenic debris is observed within the lumen (most of which is gravity-dependent, and some of which is suspended). The cystic and common bile ducts are normal/not seen.
Dra. Yolanda Sierra Archilla	
<b>INVOICE</b>	<b>Gastrointestinal</b> The 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
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<b>DATE</b>	
6.21.23	



**PATIENT**

Diego Ramos

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

**SPECIES**

Canine

**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.

**BREED**

Golden Retriever

**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

**SEX**

Neutered Male

**Primary Findings**

- Bilateral adrenomegaly

**AGE**

13 years

**Secondary Findings**

- The hyperechoic splenic nodule likely represents a benign myelolipoma, with a low possibility of a neoplastic process.
- The hyperechoic hepatic nodules also have a propensity for the benign (i.e., regenerative nodules, lipogranulomas, myelolipomas) with a lower possibility of emerging neoplasia.
- Minor age-related pancreatic remodeling in the left limb

**WEIGHT**

79.8 lbs

\*There is no obvious evidence of metastatic disease in the abdomen. There is low potential for the hyperechoic nodules in the liver and spleen to represent metastatic lesions.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

Dr. Ferrer DVM

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases (if not already performed).
- Ultrasound-guided fine-needle aspirates of the hyperechoic splenic and hepatic nodules could be considered (if clotting status is appropriate).
- Consider consultation with a board-certified oncologist and surgeon for further diagnostic and treatment recommendations.
- Given the elevated ALP, serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If values continue to increase, a repeat abdomen ultrasound +/- a more advanced hepatic work-up (i.e., tissue sampling) may be warranted.
- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dra. Yolanda  
Sierra Archilla

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**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

13 years

**WEIGHT**

79.8 lbs

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**IMAGING  
PERFORMED BY**

Dr. Ferrer DVM

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

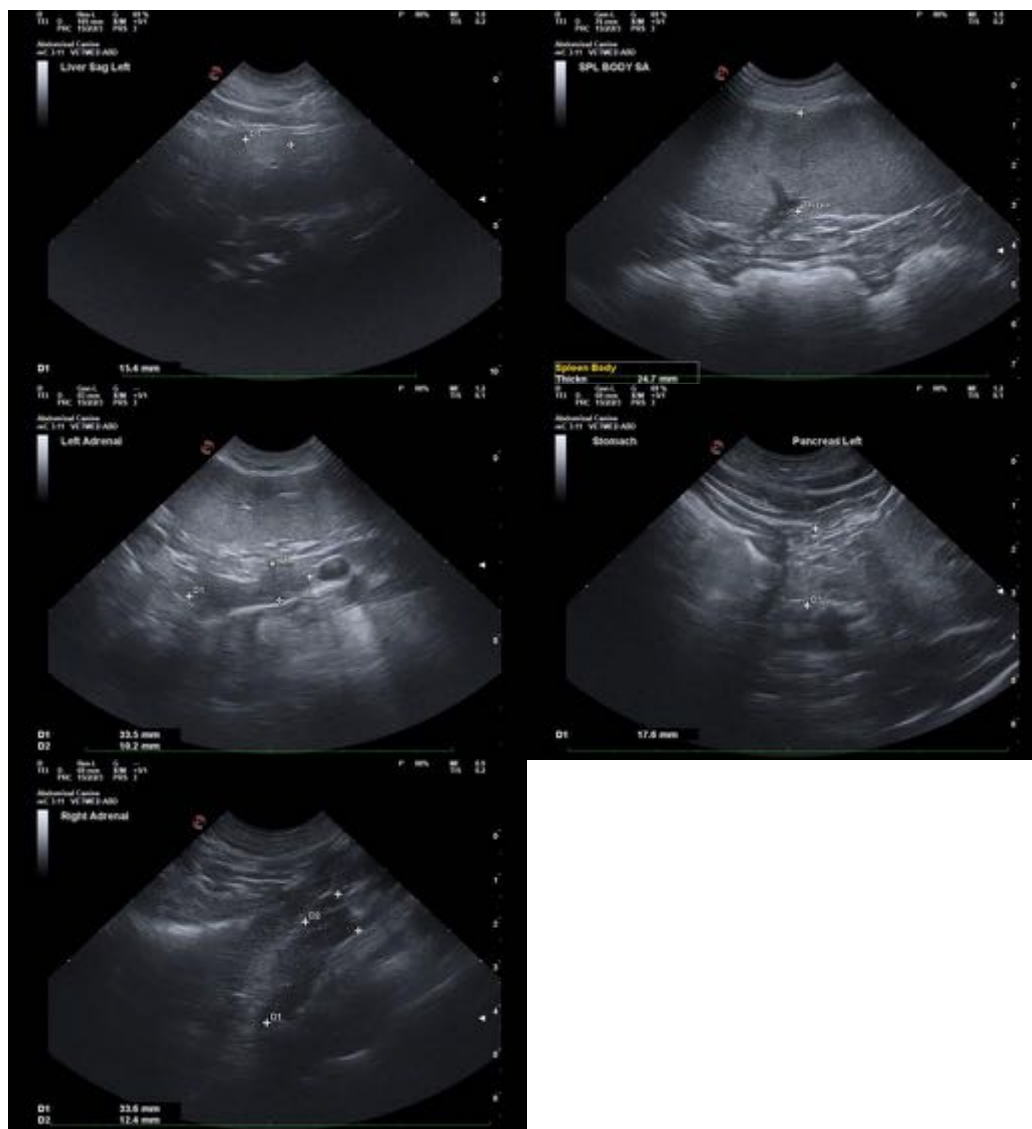
Dra. Yolanda  
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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