



**PATIENT PRESENTING CLINICAL SIGNS**

**Duke Lifshin**  
History: present today for general exam; panting, tense on abdominal palpation and impression of hepatomegaly recurred L perianal gland adenoma, histologically confirmed benign June '20 Previous splenectomy 1/27/22 at time of sx 3 cm spherical mass identified on caudal aspect of lower left liver lobe. Spleen bx revealed complex nodular hyperplasia continued Gradual onset pelvic limb ataxia

**SPECIES**

**Canine**  
Abnormal PE/Chem/CBC/UA Results: no current labs has had AUS w/ you guys in 2/2023

**BREED**

**Golden Retriever**

**SEX**

**Neutered Male**  
The prostate is normal in size (1.29 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

**AGE**

**12.5 years**  
The left kidney is subjectively normal in size with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

**105 lbs**  
The right kidney is normal in size (8.24 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Christina Sitton

**HOSPITAL NAME**

Sherwood Family PC

**REFERRING VET**

**Michelle Janik**  
The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

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**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 proximal urethra, visible to a depth of 2 cm, are normal.

**Adrenal Glands**

The caudal pole of the left adrenal gland is visualized and is normal in size (0.73 cm in width) with a normal shape glandular echogenicity and detail. Surrounding vasculature is normal.

The right adrenal gland is normal in size (1.69 cm at cranial pole) (0.77 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.

**Spleen**

(Previously splenectomized).

**Liver**

The liver is subjectively prominent in size. The parenchyma is mildly diffusely heterogenous in appearance. An approximately 4.00 cm isoechoic-to-hypoechoic swelling/mass is observed on the left side, at the caudal aspect. The lesion causes slight capsular expansion. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**Gastrointestinal**

The gastric lumen is moderately distended with soft, shadowing material. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate



## PATIENT

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

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### **Pancreas**

A portion of the pancreas is obscured by the gastric distention. In the visualized portion no obvious abnormalities are seen.

## BREED

Golden Retriever

### **Free Abdomen**

Trace free fluid is observed. Three-to-four enlarged, rounded hypoechoic lymph nodes near the aortic trifurcation are observed (the largest measuring 7.60 cm in its longest dimension). Surrounding mesentery is hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

### SEX

Neutered Male

### Primary Findings

- The caudal abdominal lymphadenopathy is concerning for infiltrative neoplasia (i.e., lymphoma, other), with a lower possibility of severe lymphadenitis (i.e., pyogranulomatous). Adjacent peritonitis is present.
- Left hepatic mass. The lesion appears to be larger compared to the previous sonogram. Differentials include adenoma, adenocarcinoma, regenerative nodule, inflammatory focus, other.

### AGE

12.5 years

### WEIGHT

105 lbs

### Secondary Findings

- Bilateral chronic age-related renal changes – similar to previous sonogram.
- The soft, shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. Correlation with the patient's clinical history is recommended.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Consider fine-needle aspiration of the enlarged caudal abdominal lymph nodes (if clotting status is appropriate). Twenty-five gauge-needles should be used.
- Thoracic radiographs are also recommended to assess for pulmonary metastatic disease.
- Baseline lab work, including a CBC, chemistry panel, urinalysis and T4 should also be considered to assess metabolic function.

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## REFERRING VET

Michelle Janik

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**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

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**AGE**

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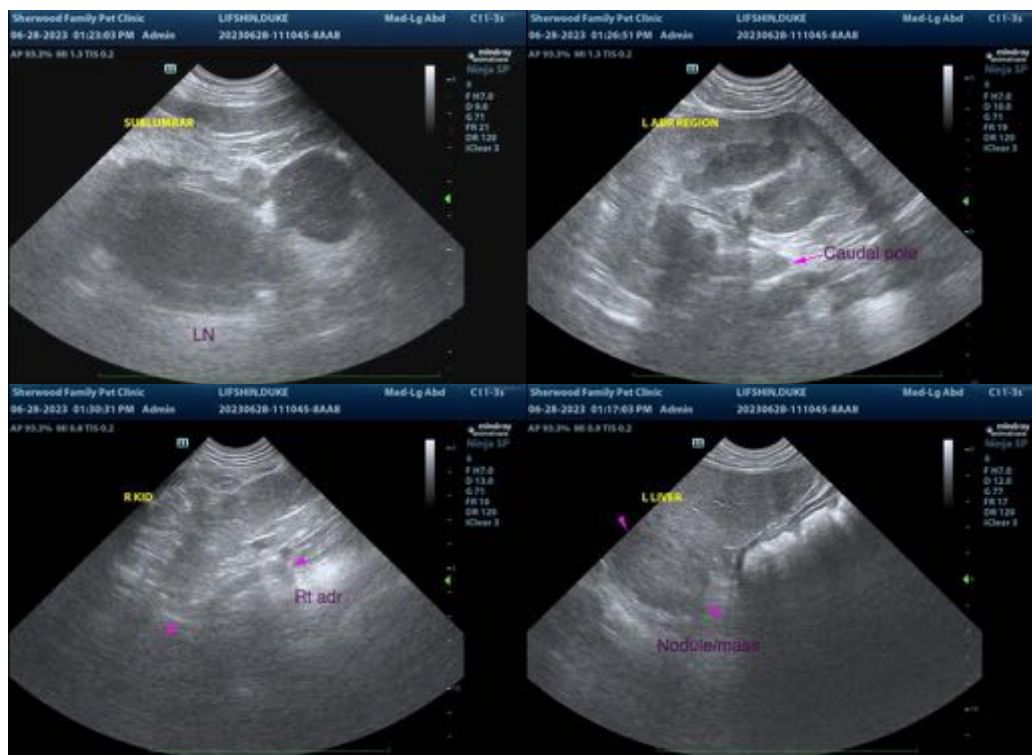
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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