



**PATIENT PRESENTING CLINICAL SIGNS**

Marley Philpott History: lethargic eating less start to vomit meds: Omeprazole, Gastro I/D low fat food

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Spayed Female

**AGE**

10 years

**WEIGHT**

33.4 kg

Abnormal PE/Chem/CBC/UA Results: Canine Pancreas-Specific Lipase 312.01 Hi 0.0 - 190.0  
Chemistry Amylase 1860 Hi 280 - 1400 U/L Lipase 583 Hi 20 - 560 Mild elevation Urea 12.0 Hi 3.0 -  
11.5 mmol/L and Creatinine 219 Hi 24 - 140 CBC Seg. Neutrophils 11.65 Hi 3.00 - 11.50 10<sup>9</sup>/L rads:  
1. Abnormal left kidney and soft tissue structure ventral to the left kidney. The differential diagnosis  
includes perirenal cyst, neoplasia (renal, intestinal, other) and other. 2. Incidental pulmonary osteomata,  
otherwise normal lateral thoracic radiographs. 3. Severe diffuse spondylosis and lumbar osteoarthritis.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** is mildly to moderately distended. The wall is normal in thickness with a smooth mucosal surface. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The **left kidney** is normal size (7.04 cm in length); normal shape and architecture with smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal. (See also "Other" category).

The **right kidney** is normal size (7.02 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 hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

(One still image is available for interpretation).

The **left adrenal gland** is normal size (0.65 cm at cranial pole) (0.64 cm at caudal pole) (1.94 cm in length); 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.

The **right adrenal gland** is normal size (1.83 cm at cranial pole) (0.75 cm at caudal pole) (2.35 cm in length); 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.

**Spleen**

The **spleen** is normal in size (1.45 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 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. No pathological hepatic lymphadenopathy observed.

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

**Gastrointestinal**

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Parkside AH

**REFERRING VET**

Zak

**INVOICE**

11194

**DATE**

6.30.22


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The **gastric lumen** is mildly to moderately distended with ingesta, consistent with a postprandial presentation. 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 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**

The left limb of the pancreas is prominent in size 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.

**Free Abdomen**

There is no obvious evidence of free fluid.

**Lymph nodes**

(See "Other" category).

**Other**

An approximately 6.50 cm irregular, heterogenous, slightly cavitated mass is observed adjacent to the left kidney. There is evidence of reactive mesentery adjacent to the mass.

**ULTRASONOGRAPHIC FINDINGS**
**Primary Findings**

- Mid-abdominal mass, the origin of which is unclear. It may be arising from left kidney, left adrenal gland, lymph node, mesentery, other. Neoplasia (i.e., sarcoma, adenocarcinoma, round cell tumor) is considered likely, with a lower possibility of a focal inflammatory process or granuloma. Mild adjacent peritonitis is present.

**Secondary Findings**

- Minor age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider referral to a board-certified surgeon to discuss mass removal with submission for histopathology. An abdominal CT scan would be useful in presurgical planning.
- If surgery is not pursued, palliative/symptomatic care is recommended.



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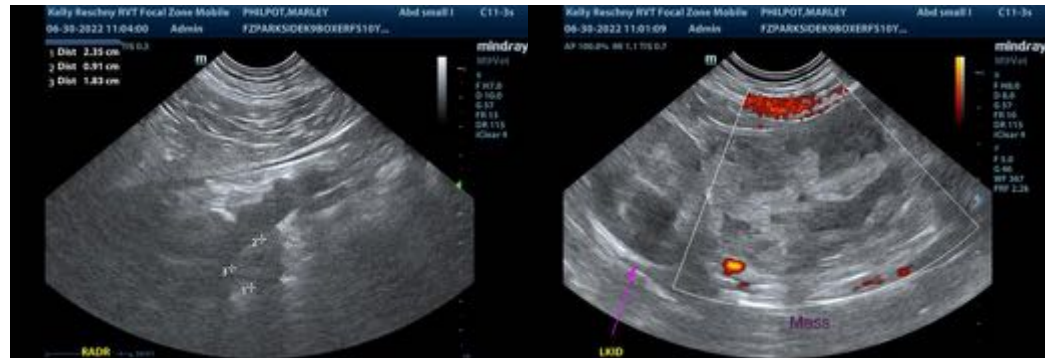
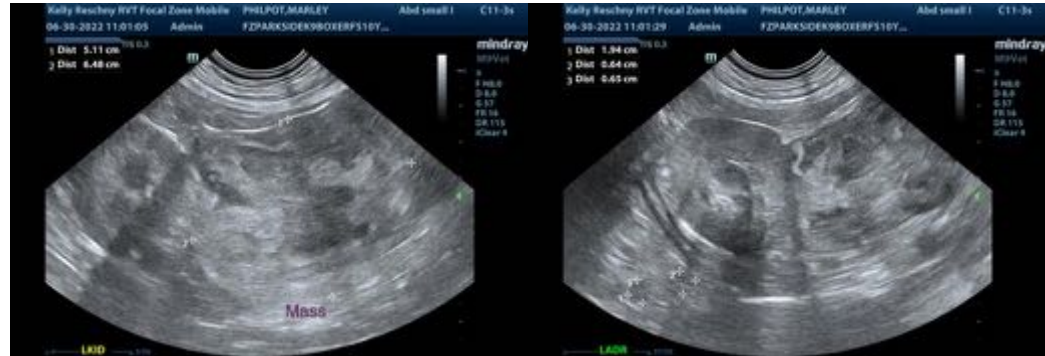
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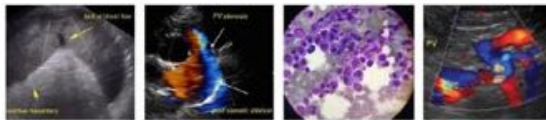
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

Marley Philpott

**Andrea Nicastro, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

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