



## PATIENT PRESENTING CLINICAL SIGNS

**Story Dyson** History: part of an oncology study sponsored by OncoK9. Had a cancer signal detected in a liquid biopsy. Now looking for cancer. Performed radiographs of chest / abdomen (pending) cbc / chem ua, fecal and

## SPECIES

Canine

## BREED

Lab Retriever

## SEX

Spayed Female

## AGE

12 years

## WEIGHT

65 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Brita Kiffney

## HOSPITAL NAME

Northshore VH

## REFERRING VET

Brita Kiffney

## INVOICE

11381

## DATE

8.11.22

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** wall is normal in thickness and the mucosal surface is smooth. The bladder lumen is moderately distended with anechoic urine. No masses, inflammatory changes or calculi are observed. Ureteral papillae and visualized portion of the proximal urethra, visible to a depth of 2 cm, are normal.

The **left kidney** is subjectively normal size with a 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 hydroureter.

The **right kidney** is normal size (6.39 cm in length); normal shape and architecture with 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.

### Adrenal Glands

The caudal pole of the left **adrenal gland** is visualized and is normal in size (0.54 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature are normal.

The region of the **right adrenal gland** is evaluated. No obvious pathology is observed.

### Spleen

The **spleen** is normal in size (1.30 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. Luminal contents are 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

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.

### **Free Abdomen**

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

### **Other**

One still image and one video clip of the subcutaneous mass in the right inguinal area are available for interpretation. The lesion measures 5.63 x 3.58 cm and is homogenous in appearance.

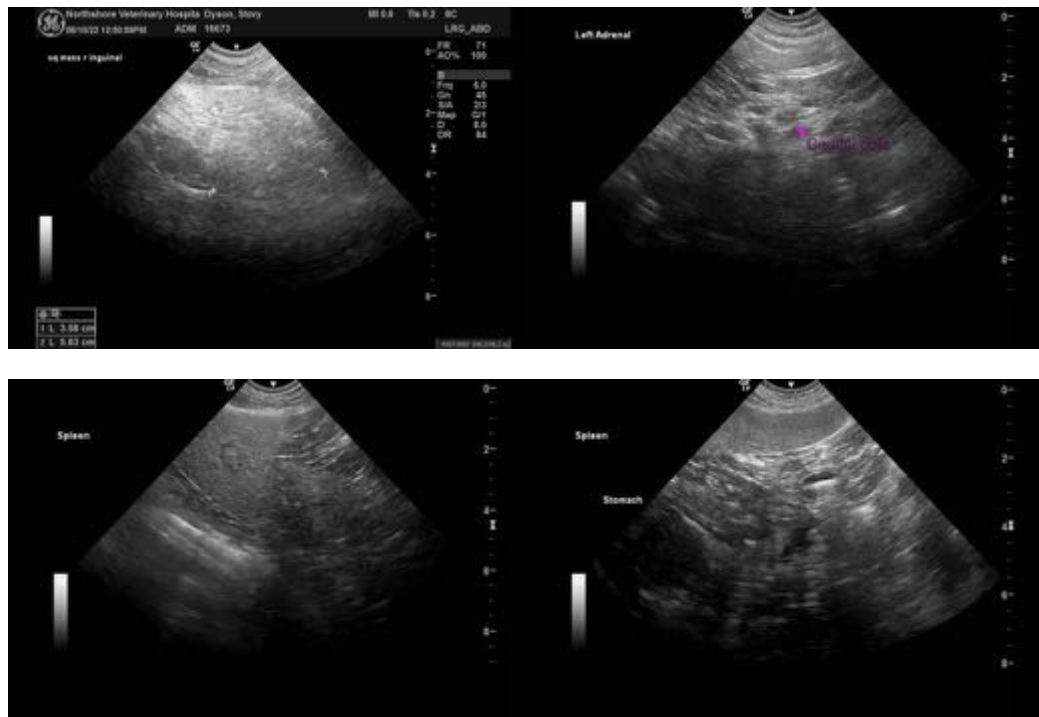
## **ULTRASONOGRAPHIC FINDINGS**

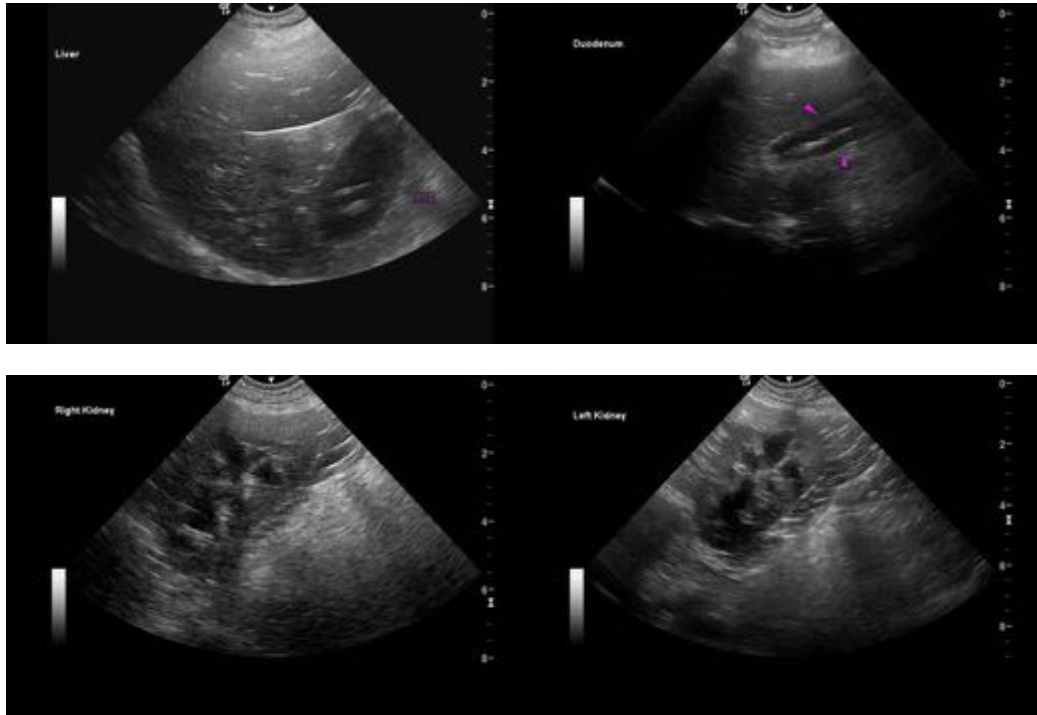
### **Primary Findings**

- Unremarkable abdomen
- Homogenous, subcutaneous right inguinal mass

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further recommended for this patient should be based on the oncology study requirements.





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)