**DATE PRESENTING CLINICAL SIGNS**

8/2/23

Present 7/31 for changes in behavior and defecation at home. Mass palpable on exam.

**PATIENT**

Bella Daniello

Current Medications: None listed.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Torbugesic IV.  
 Stat Report: Requested/Approved.  
 Imaging Performed By: Stephanie Warga RDCS, RVT.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**BREED**

Beagle mix

**SEX**

Female, spayed

The left kidney is normal size (5.99 cm in length); normal shape and architecture with smooth peripheral margins. 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 hydronephrosis. Renal vasculature is normal.

**AGE**

1/1/2013

The right kidney is normal size (6.01 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.

**WEIGHT**

46.3 lbs.

**Adrenal Glands**

The left adrenal gland is normal size (0.50 cm at cranial pole) (0.60 cm at caudal pole) (2.16 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.

**INTERPRETED BY**

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

The right adrenal gland is normal size (0.61 cm at cranial pole) (0.64 cm at caudal pole) (2.14 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.

**HOSPITAL NAME**

Frederick Road VH

**Spleen**

The spleen is normal in size (2.38 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.

**REFERRING VET**

Dr. Cannon

**Liver**

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen with minor changes consistent with age-related remodeling. No focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder lumen is moderately distended. The wall is thin and smooth. A 1.35 cm aggregation of mineralized sand +/- distinct cholelith is observed. The cystic and common bile ducts are normal/not seen.

**INVOICE**

15172

**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. Discrete masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

### ***Pancreas***

A portion of the pancreas is obscured by the large abdominal mass. In the visualized portions, no obvious abnormalities are seen.

### ***Free Abdomen***

Trace free fluid is observed.

### ***Lymph Nodes***

See *Other*.

### ***Other***

A >18 cm irregular heterogeneous slightly cavitated mass is observed in the mid to caudal abdomen. Surrounding mesentery is mildly hyperechoic.

A uterine stump is visible and appears normal in size (0.66 cm in width). No obvious pathology is observed.

A brief echocardiogram reveals no obvious evidence of pericardial effusion.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings:**

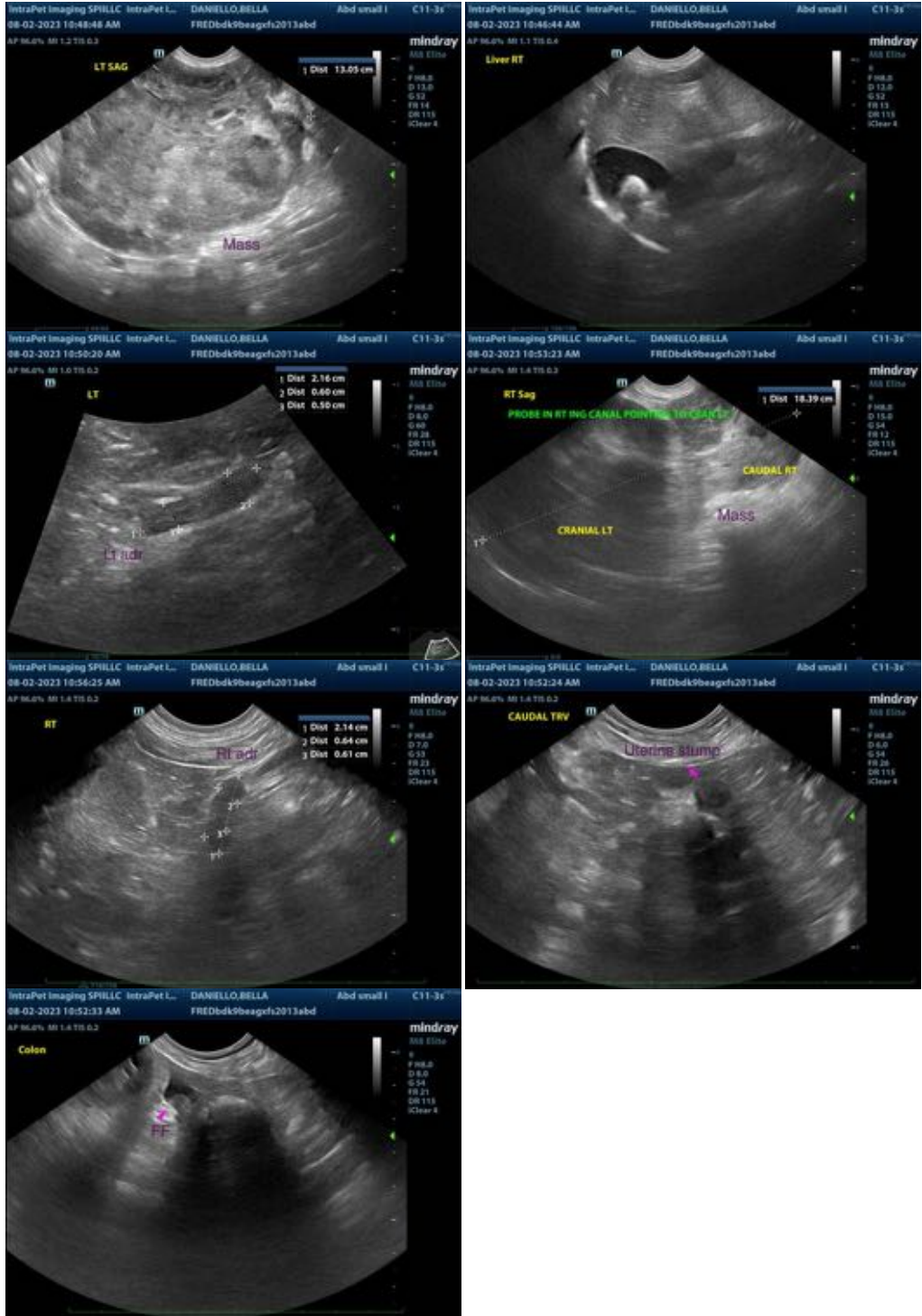
- Large mid to caudal abdominal mass, the origin of which is unclear. It may be arising from mesentery, spleen, pancreas, lymph node, other. Neoplasia (i.e., sarcoma, carcinoma, round cell tumor) is suspected with a low possibility of a non-malignant process. Adjacent peritonitis is present.

### **Secondary Findings:**

- Bilateral chronic age-related renal changes.
- Mineralized gallbladder sand +/- cholelith- non-obstructive.
- Visible uterine stump, incidental.

## **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 referral to a board certified surgeon to discuss abdominal mass removal. An abdominal CT scan would be useful in pre-surgical planning.



The information and recommendations provided are based on the images presented by the referring veterinarian. 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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