



**PATIENT**

Sophie Jule

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female, spayed

**AGE**

11 Yrs.

**WEIGHT**

66.7 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Kimberly Barron

**HOSPITAL NAME**

Northsore VH

**REFERRING VET**

Dr. Kimberly Barron

**INVOICE**

13855

**DATE**

8/22/22

**PRESENTING CLINICAL SIGNS**

**History:** History of right sided anal gland adenocarcinoma and left caudal chain mammary carcinoma one year ago. nodule on cranial pole of left adrenal gland one year ago, reactive mesenteric lymph node one year ago.

**Abnormal PE/Chem/CBC/UA Results:** cbc chem wnl ua pending

**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. The region of the trigone is normal.

The left kidney is normal size (7.34 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 hydroureter.

The right kidney is normal size (6.86 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 hydroureter.

*Adrenal Glands*

The left adrenal gland is prominent in size at the cranial pole and normal in size at the caudal pole (1.10 cm at cranial pole) (0.54 cm at caudal pole). A 0.87 x 0.76 cm ill-defined hyperechoic nodule is observed at the cranial pole. The glandular echogenicity and detail at the caudal pole appear normal. The phrenicoabdominal vein and surrounding vasculature appear normal.

No images provided for the right adrenal gland.

*Spleen*

The spleen is normal in size (2.11 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. In the visible small intestinal segments, the 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. No obstructive disease is noted.



## PATIENT

*Pancreas*

Sophie Jule

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.

## SPECIES

Canine

*Free Abdomen*

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. A 1.82 cm mesenteric lymph node is visualized. The node is normal in shape and echogenicity.

## BREED

Golden Retriever

## ULTRASONOGRAPHIC FINDINGS

### SEX

Female, spayed

- The small left adrenal nodule trends toward the benign (i.e., benign nodular hyperplasia) with a lower possibility of an emerging tumor.
- The prominent mesenteric lymph node is likely reactive.

### AGE

11 Yrs.

\*There is no obvious evidence of metastatic disease in the available images.

### WEIGHT

66.7 lbs.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- Consider obtaining additional sonographic images of the mid-abdominal region to rule out any pathology in this area.

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## REFERRING VET

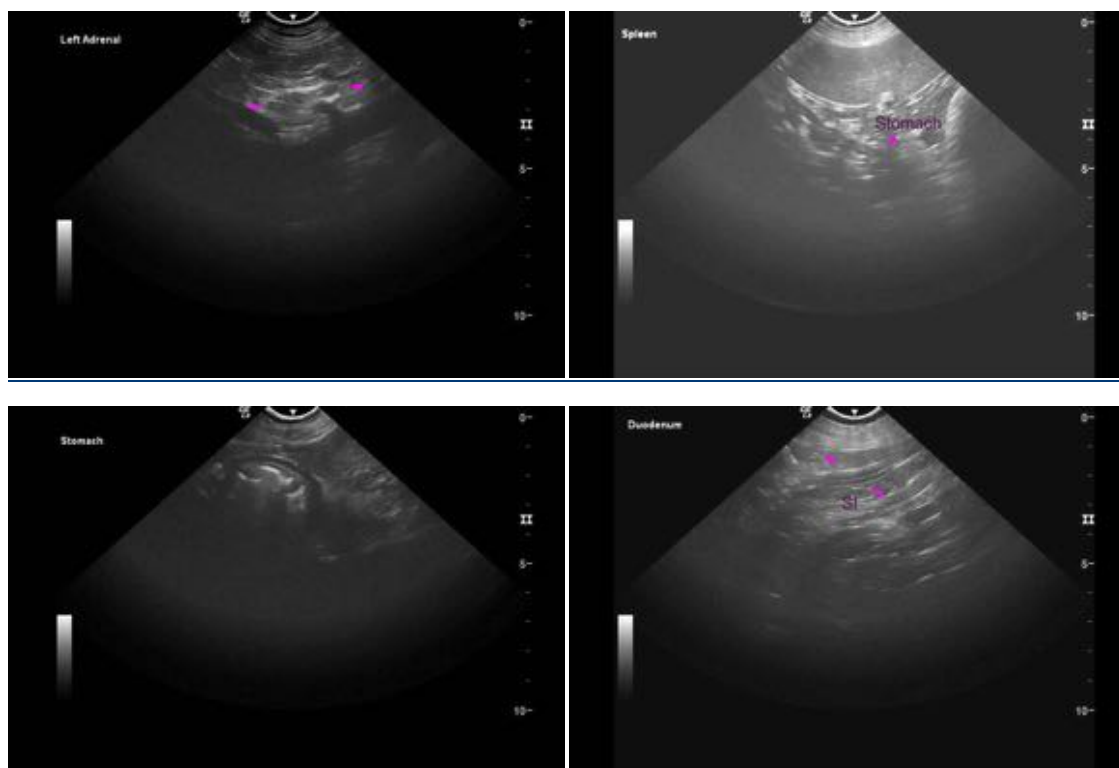
Dr. Kimberly Barron

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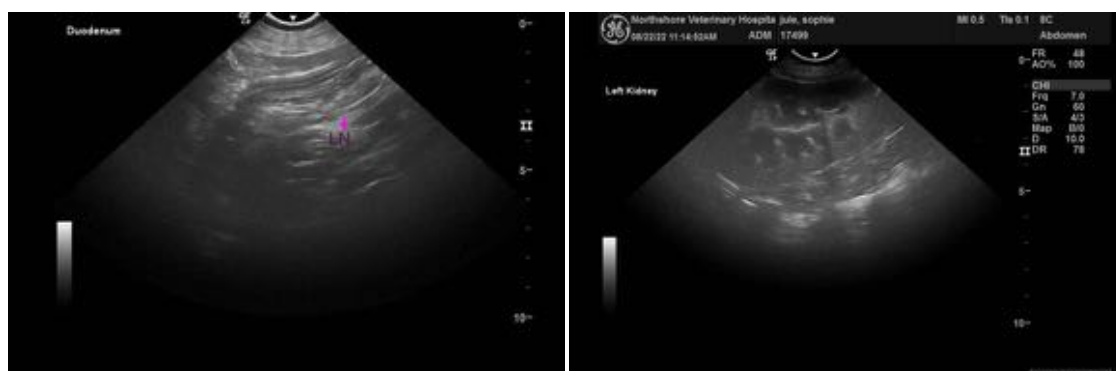
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)  
info@SonoPath.com