



**PATIENT**

Satori Eggers

**PRESENTING CLINICAL SIGNS**

History: Losing weight, slowing down, decrease in appetite.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Cranial abdominal mass, palpable and visible on x-rays. Labs pending.

**BREED**

Puggle

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder is mildly distended. Luminal contents are mostly anechoic. The wall is of appropriate thickness for the level of repletion. The mucosal surface in the region of the apex is slightly irregular. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

**SEX**

Female spayed

The left kidney is normal size (5.38 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.

**AGE**

12 Years 7 Months

The right kidney is normal size (5.35 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.

**WEIGHT**

12 kg.

*Adrenal Glands*

The left adrenal gland is borderline enlarged (0.76 cm at cranial pole) (0.80 cm at caudal pole) (2.93 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 (0.59 cm at cranial pole) (0.68 cm at caudal pole) (2.67 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.

**IMAGING PERFORMED BY**

Dr. Barnes

*Spleen*

The spleen is normal in size (1.32 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small hyperechoic nodules are observed throughout the organ. In addition, a 0.82 cm ill-defined, hypoechoic nodule/area is observed in the mid to caudal aspect. In addition, a 0.92 cm target-lesion is observed at the cranial aspect. Splenic vasculature is normal.

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Westview Veterinary  
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*Liver*

The liver is subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion. The gall bladder has normal contours. A small to moderate amount of echogenic debris is observed within the lumen, some of which is gravity-dependent and some of which is suspended. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**REFERRING VET**

Dr. Barnes

**INVOICE**

11811kk

**DATE**

9/13/21



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## Gastrointestinal

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. 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. No obstructive disease is noted.

## Pancreas

See "Other" category below.

## Free Abdomen

The mesentery surrounding the abdominal mass is hyperechoic. Trace free fluid is observed.

## Abdominal Lymph Nodes

See "Other" category below.

## Other

A > 13 cm irregular, heterogeneous, vascular mass is observed in the cranial to mid-abdomen.

## ULTRASONOGRAPHIC FINDINGS

### Primary Findings:

- The origin of the cranial to mid-abdominal mass is unclear. Given its location, possible considerations include pancreas, lymph node, or mesentery. Neoplasia (carcinoma, sarcoma) is suspected with a low possibility of a severe inflammatory process. Regional peritonitis is present.

### Secondary Findings:

- The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory and infiltrative disease are considered less likely.
- Gall bladder debris - incidental.
- Minor, bilateral, age-related renal changes.
- Borderline left adrenomegaly.
- The urinary bladder wall changes may be artifactual due to lack of luminal distension or may be secondary to cystitis. Correlation with clinical findings is recommended.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- A fine needle aspirate of the abdominal mass is recommended (if clotting status is appropriate). A 25-gauge needle should be used. If cytologic evaluation is inconclusive and an aggressive approach is desired, consider referral to a board-certified surgeon to discuss removal or debulking. An abdominal CT scan would be useful in pre-surgical planning. Unfortunately, given



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the size of the mass, the prognosis for the patient is considered guarded.

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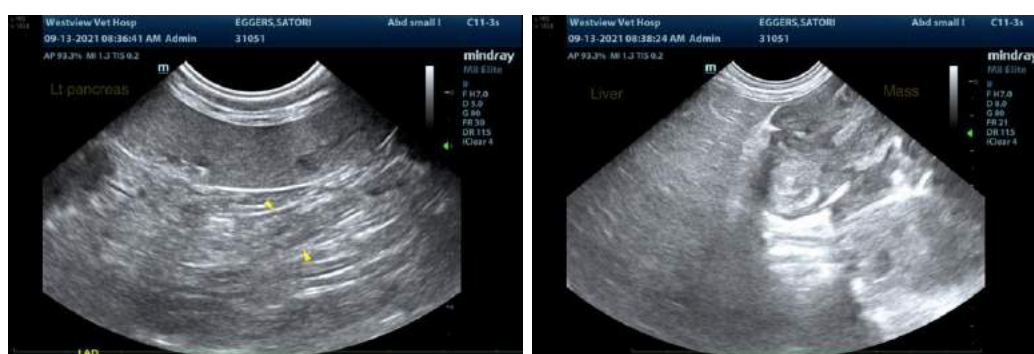
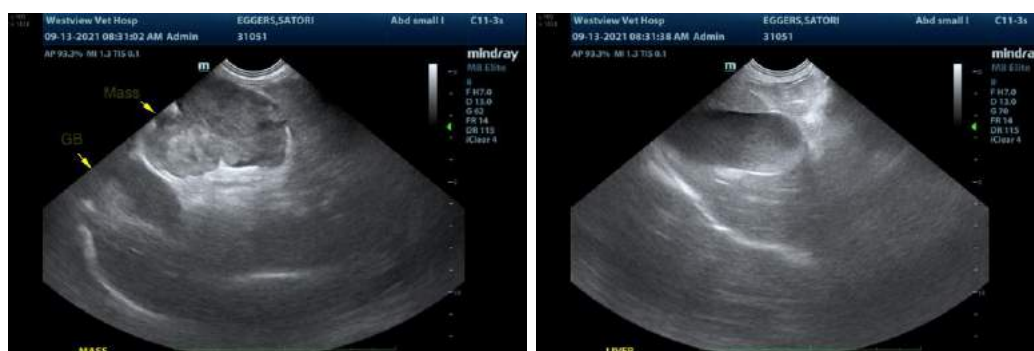
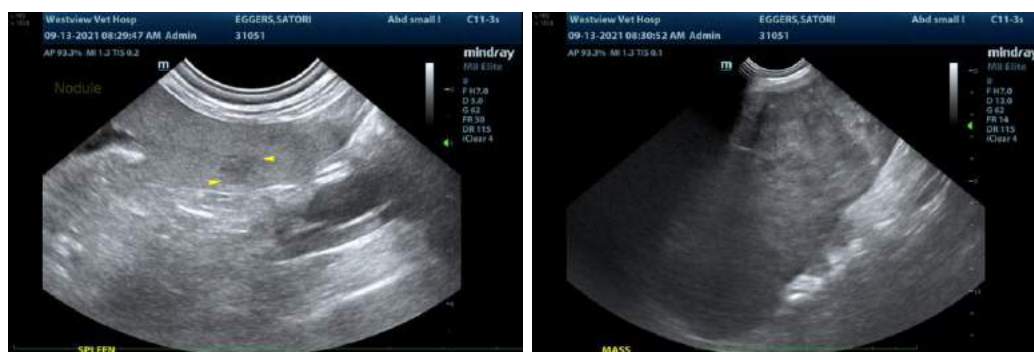
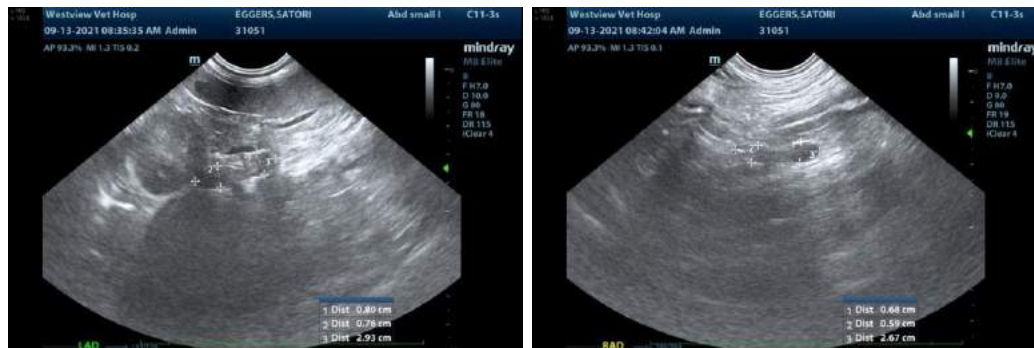
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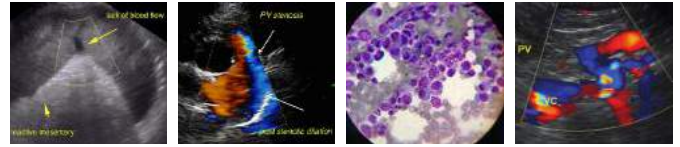
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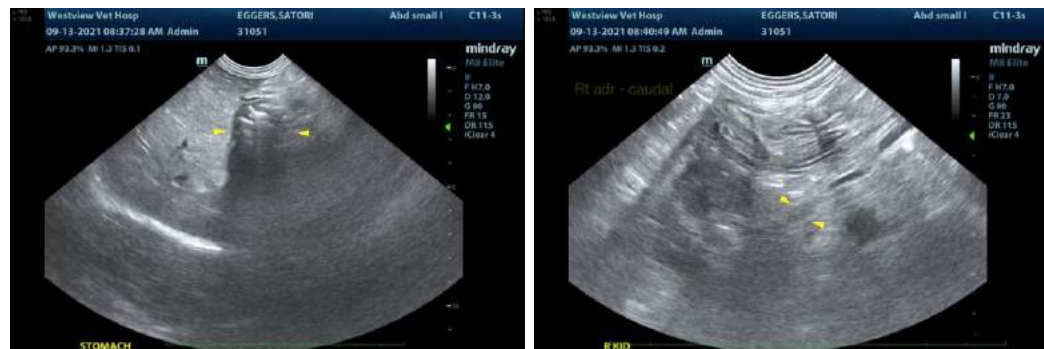
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, DVM, Diplomate ACVIM (Small Animal Internal Medicine)  
Andrea.nicastro@sonopath.com