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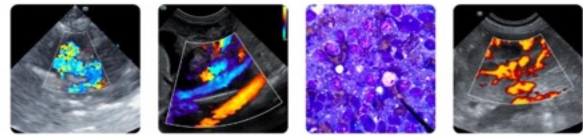


Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT
Stella Beasley

SPECIES
Canine

BREED
Labrador mix

SEX
Female, spayed

AGE
10 Yrs.

WEIGHT
50 lbs.

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

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Q Street

REFERRING VET
Dr. Bretschneider

INVOICE
13496

DATE
2/23/26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Anemia, lethargy, bruising ventral abdomen - radiating out from groin region. Had exploratory surgery done at WilVet 11/29/25. Presented there for GI symptoms. Surgery = Unidentified large, 5" + mass removed from central abdomen. Spleen also removed. Biopsies declined. Did well post operatively until now
ABNORMAL Labwork Values- Anemia = 28%, recent lab work otherwise unremarkable
Current Medications- Prednisone
Radiographic Findings- Mass effect displacing colon ventrally at pelvic inlet. no distinct mass visible. but we assume that this is a cancer coming back - after the mass was removed 11/29

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (6.67 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.11 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is normal in size (0.51 cm at cranial pole) (0.45 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

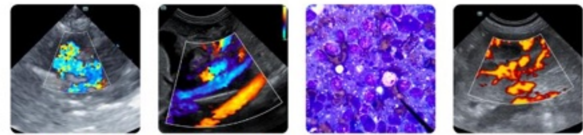
The right adrenal gland is normal in size (1.26 cm at cranial pole) (0.54 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen
Previously splenectomized. The region of the splenic fossa is unremarkable.

Liver
The liver is subjectively normal to slightly prominent in size with smooth peripheral contours. The parenchyma is isoechoic relative to the right renal cortex and homogeneous in appearance. Vascular 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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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.

Lymph nodes
See *Other*.

Free Abdomen
Trace free fluid is observed.

Other
In the caudoventral abdomen, a 4.2 x 3.1 cm heterogeneous mass is visualized. Surrounding mesentery is hyperechoic.

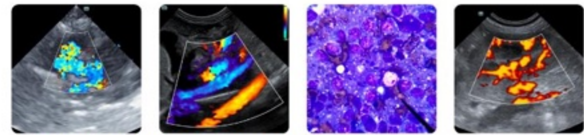
ULTRASONOGRAPHIC FINDINGS

Primary Findings:
- Mass in the caudoventral abdomen, origin of which is unclear. It may be arising from lymph node mesentery, urethra, colonic wall, other. Neoplasia is suspected with a lower possibility of a non-neoplastic process (i.e., inflammatory, other). Adjacent peritonitis is present.

Secondary Findings:
- Bilateral nonspecific, age-related renal changes
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the mass in the caudoventral abdomen (assuming normal clotting status). A 25-gauge needle should be used. Depending on cytology results, consultation with a board-certified oncologist and/or surgeon may be indicated.
3. If further testing is not pursued, palliative care is recommended.



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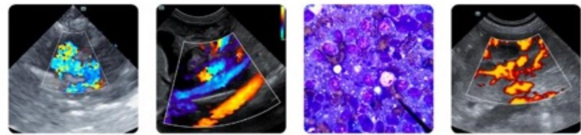
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible



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

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