

**PATIENT PRESENTING CLINICAL SIGNS**

Dallas Skelton Numerous lipomas throughout body.

**SPECIES**

Canine

**BREED**

Bloodhound

**SEX**

Male, neutered

**AGE**

9/29/2011

**WEIGHT**

100 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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(Small Animal Internal  
Medicine)

**HOSPITAL NAME**

Flowertown AH

**REFERRING VET**

Dr. Randinelli

**INVOICE**

14587

**DATE**

2/15/23

**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 and the visible portion of the proximal urethra are normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal size (7.39 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is 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 size (7.73 cm in length); normal shape and architecture with smooth peripheral margins. The cortex is mildly thickened and there is 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 size (0.57 cm at cranial pole) (0.55 cm at caudal pole); 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.

The right adrenal gland is normal size (0.88 cm at cranial pole) (0.53 cm at caudal pole); 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.

*Spleen*

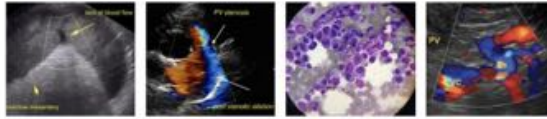
The spleen is normal in size (1.65 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

*Liver*

The liver is enlarged with irregular peripheral contours. An approximately 14.5 cm irregular mass with a 12.cm cavitated fluid pocket is observed on the left side. The lesion causes capsular expansion. In the region surrounding the fluid pocket, a smaller area of cavitated parenchyma is observed. On the right side, an 8.87 x 8.00 cm hyperechoic to mildly heterogeneous mass is also seen. This lesion also causes capsular expansion. The remaining hepatic parenchyma is mildly heterogeneous. 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***

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

***Free Abdomen***

The mesentery in the cranial abdomen is hyperechoic. A moderate amount of free fluid is present. The abdominal lymph nodes are normal/not visible.

***Other***

A brief echocardiogram reveals no evidence of pericardial effusion or obvious right atrial/auricular mass.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Large cavitated left hepatic mass. This lesion could be consistent with a necrotic or abscessed tumor (adenoma, adenocarcinoma, other) or a primary liver abscess. The right hepatic mass could be consistent with a tumor (i.e., adenoma, adenocarcinoma), large regenerative nodule or less likely, an inflammatory focus. Adjacent peritonitis is present.

**Secondary Findings:**

- The bilateral renal changes are most consistent with mild chronic interstitial nephrosis/nephritis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- An abdominal CT scan would be useful in further characterizing the hepatic masses/lesions.
- Ultimately, an abdominal exploratory with mass removals or debulking with submission for histopathology may be necessary to get a definitive diagnosis.
- Consider consultation with a board certified oncologist for additional recommendations.



**PATIENT**

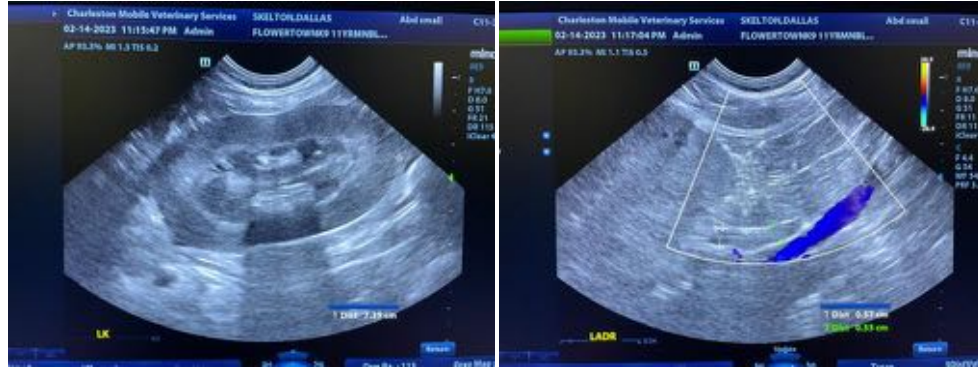
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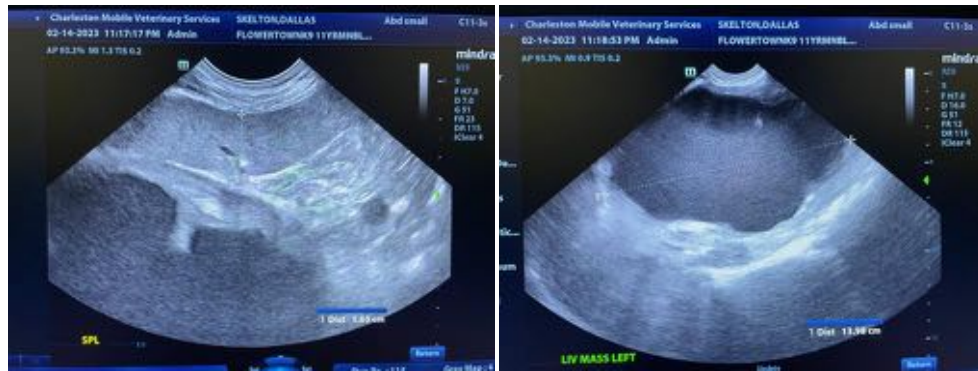
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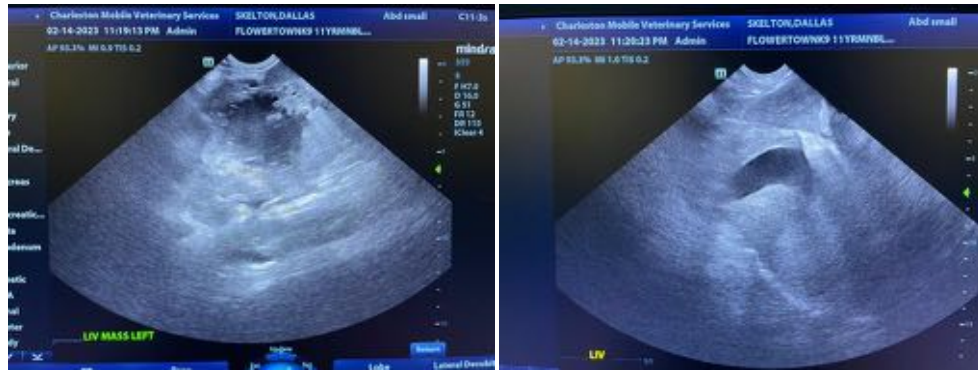


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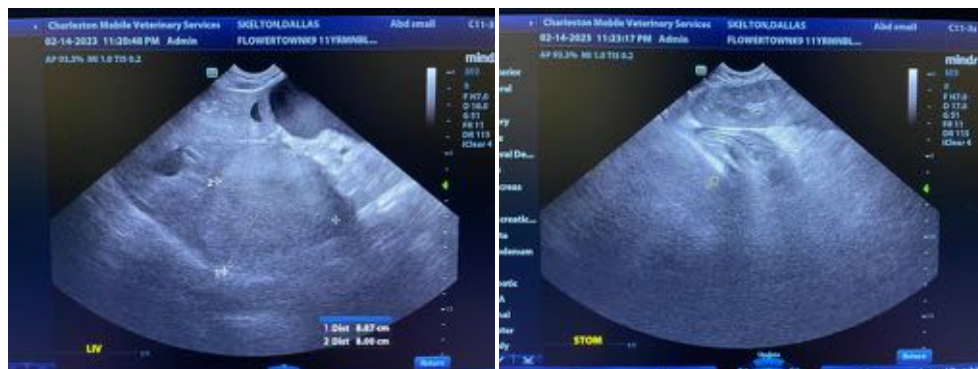
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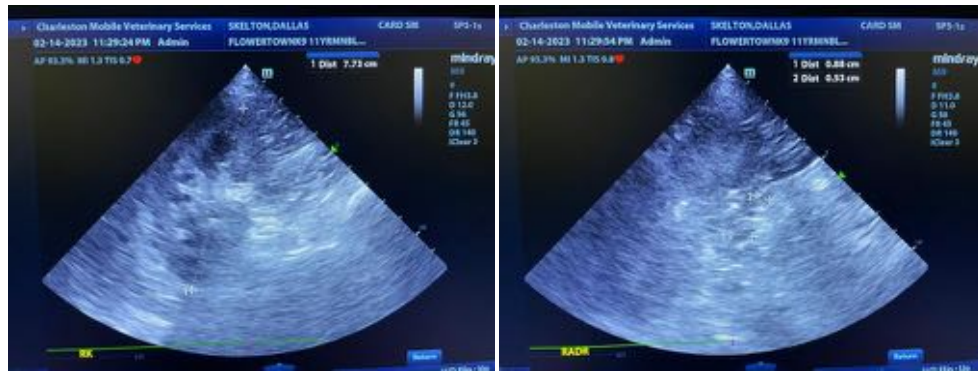
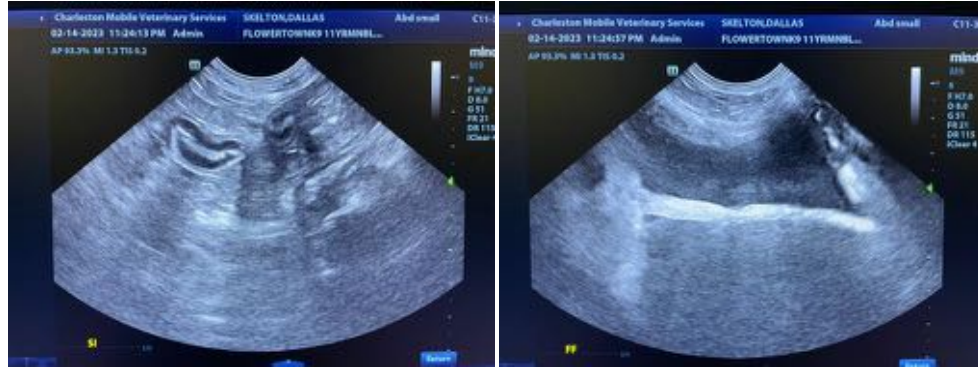
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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[info@SonoPath.com](mailto:info@SonoPath.com)

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