PATIENT

Bubbles Hutto

SPECIES

Canine

BREED

Shih Tzu

SEX

Female, spayed

AGE

10.5 lbs.

WEIGHT

10.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

VCA Westbury AH

REFERRING VET

Dr. Cantrell

INVOICE

13731

DATE

5/19/26

PRESENTING CLINICAL SIGNS

Weight loss 2 lbs since 10/25 , firm mass in right groin, FNA and cytology submitted shows stromal cell proliferation with some atypia, plan is to get a incisional biopsy. Unremarkable bloodwork, bacteriuria on UA with no RBC or WBC in urine , elevated platelets 661, elevated globulins, elevated BUN/Creat ratio. Radiographs of the abdomen reveal a mass effect in the cranial abdomen. Thoracic radiographs unremarkable.

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 is normal.

The left kidney is normal in size (3.48 cm in length) with a normal shape, architecture and 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (3.80 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 (0.39 cm at cranial pole) (0.38 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 (0.49 cm at cranial pole) (0.35 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

Definitive splenic tissue is not identified in this study. See also Other.

Liver

The liver is subjectively normal in size with slightly irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen. Numerous varying sized hypoechoic to heterogeneous nodules/masses are observed throughout the organ, one of the lesions measuring 2.4 cm in its longest dimension. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

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 is normal in thickness with a normal layering pattern and appropriate

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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 generally obscured by the mass effect in the cranial abdomen.

Lymph nodes
See Other.

Free Abdomen
Trace free fluid is observed.

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

In the left inguinal subcutaneous region, a 3.6 x 2.2 cm hypoechoic to slightly heterogeneous mass is visualized. There is concern for possible invasion through the body wall.

In the cranial to mid-abdomen, a >5.6 cm ill-defined, lobulated, heterogeneous mass effect is present. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

· Large mass effect in the cranial to mid-abdomen, the origin of which is unclear. It may be arising from spleen, pancreas, lymph node, mesentery, other. Neoplasia (i.e., sarcoma, carcinoma, round cell tumor) is strongly suspected with a lower possibility of an inflammatory process. Adjacent peritonitis is present.
· The hepatic nodules are most concerning for metastatic disease with a lower possibility of a benign process (i.e., inflammatory foci, regenerative nodules, other).
· Left inguinal subcutaneous mass with possible invasion through the body wall.

Secondary Findings:

· Bilateral nonspecific, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aspiration of the abdominal mass can be considered (assuming normal clotting status). A 25-gauge needle should be used. However, due to the concern for metastatic disease, palliative care can be considered in lieu of aggressive diagnostics and treatments. Consultation with a board-certified oncologist is also a consideration.

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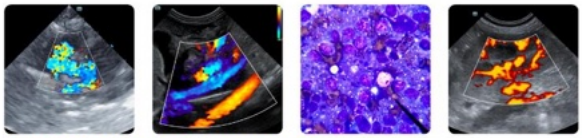

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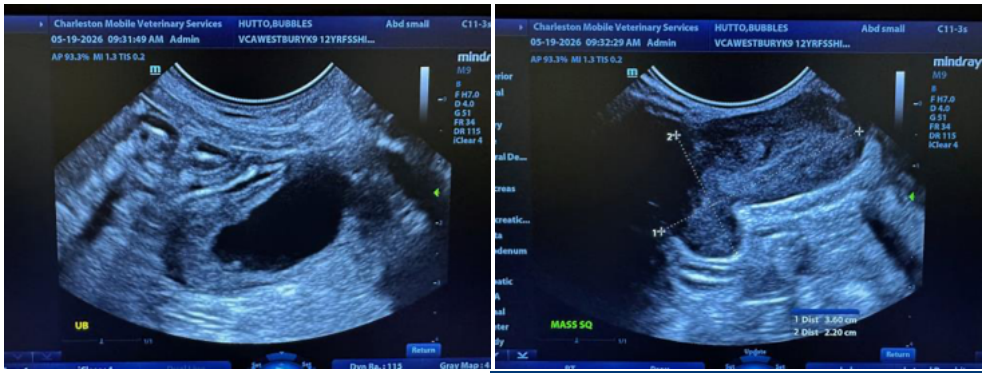

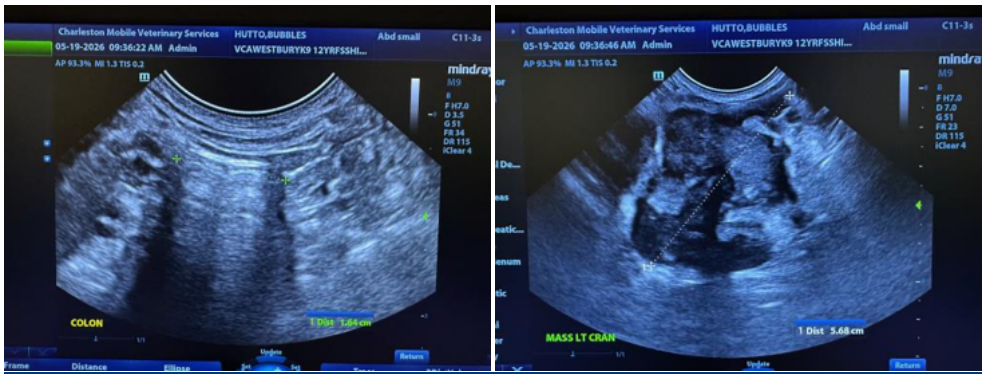

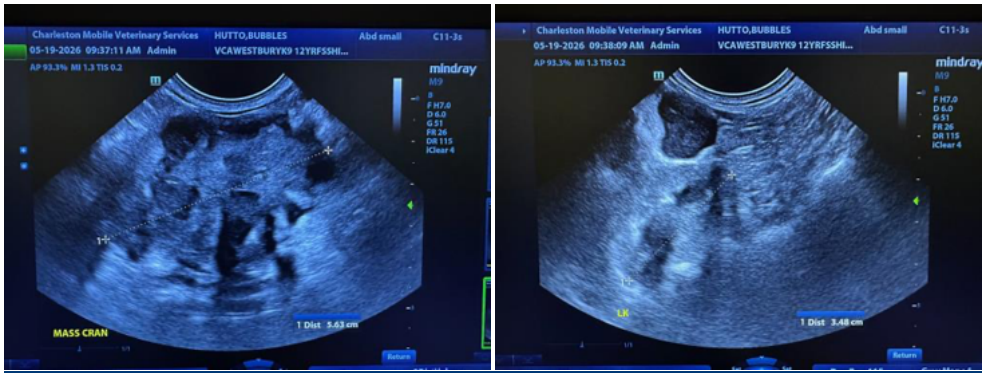

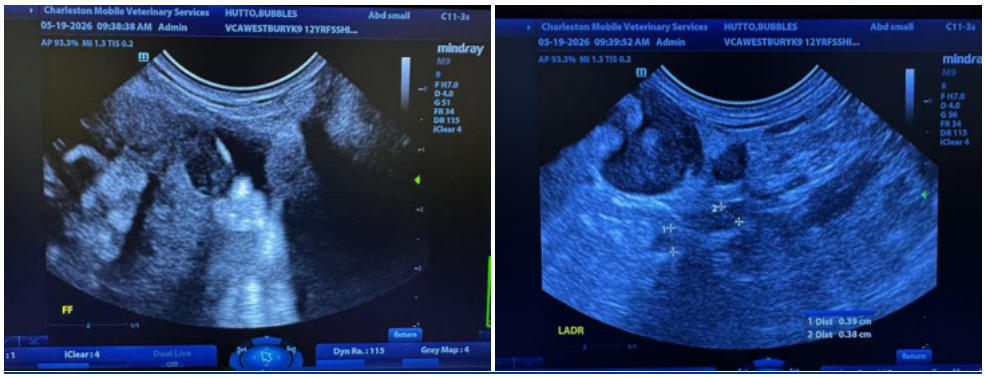

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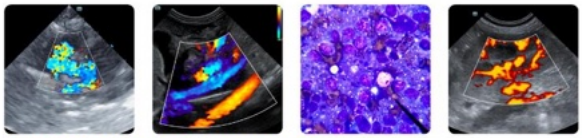

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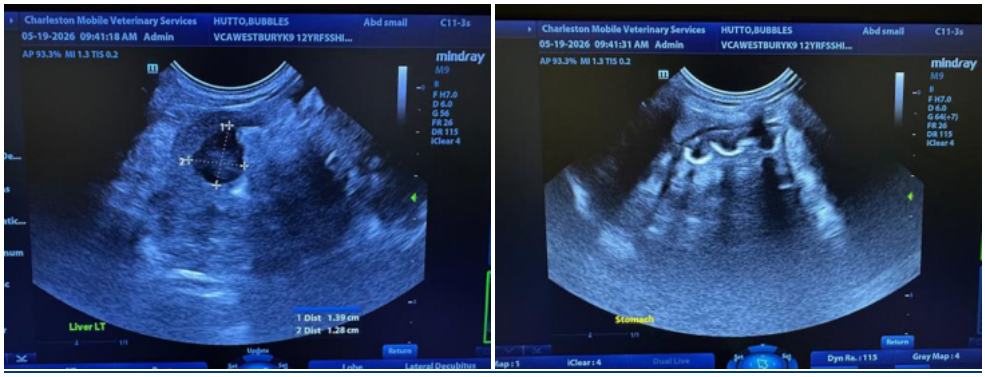

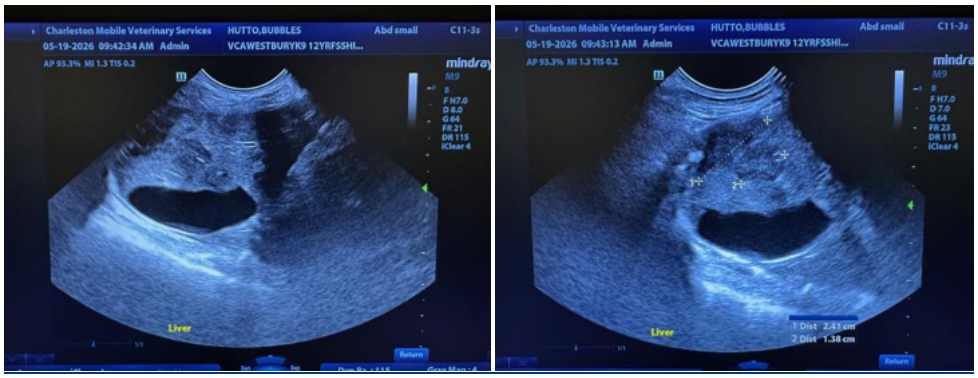

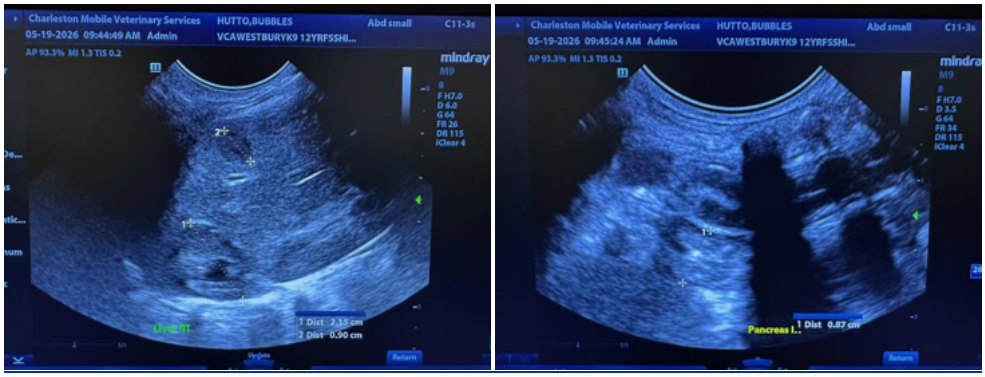

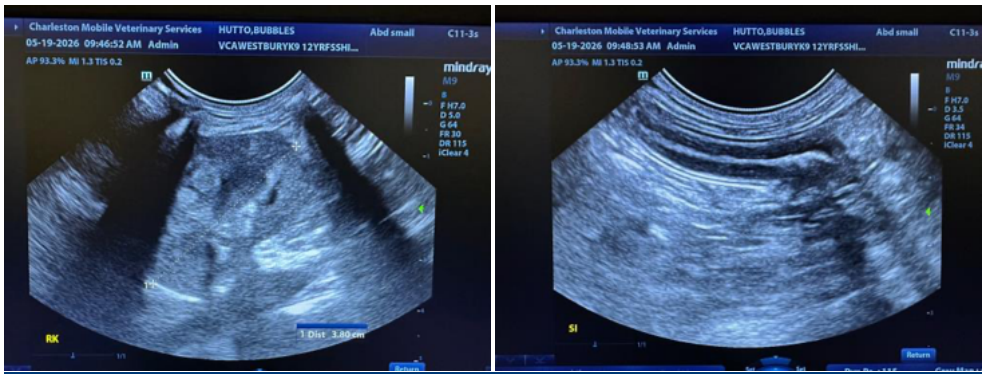

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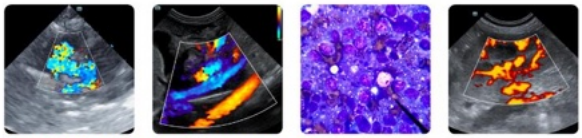

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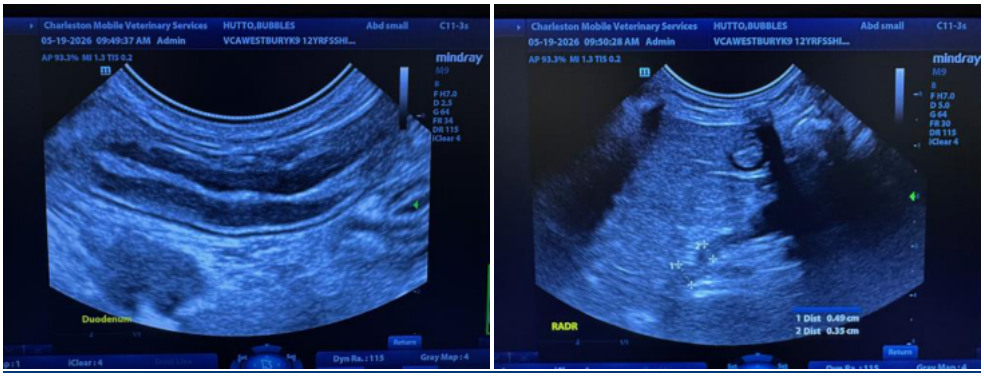

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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