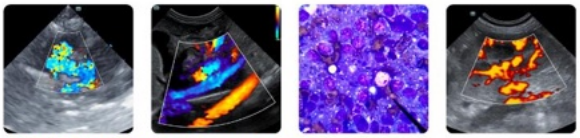



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info@carolinavetmobile.com 800.808.5948

**PATIENT**
Scarlett Garrett

**SPECIES**
Canine

**BREED**
Golden Retriever

**SEX**
Female, spayed

**AGE**
11 Yrs. 10 months

**WEIGHT**
65 lbs.

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

**IMAGING PERFORMED BY**
Kathleen Byrnes

**HOSPITAL NAME**
Animal Hospital of Lake Brandt

**REFERRING VET**
Dr. Smith

**INVOICE**
13517

**DATE**
3/3/26

## PRESENTING CLINICAL SIGNS

History: P presented for lethargy, Fever 105.4

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.5 cm, are normal.

The left kidney is normal in size (6.61 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. A few small cortical cysts are seen. There is a normal 1:3 cortex to medulla ratio with 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 (6.86 cm in length) with a normal shape, architecture and smooth peripheral margins. The cortex is isoechoic relative to the spleen. A few small cortical cysts are seen. 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 (0.64 cm at cranial pole) (0.55 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 (1.51 cm at cranial pole) (0.61 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*

The spleen is normal in size (1.66 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A few small meylolipomas are observed in the region of the hilus. . Splenic vasculature is normal.

### *Liver*

The liver is normal to prominent in size with smooth peripheral contours. 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.

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 mildly to moderately distended with ingesta and irregular shadowing material. 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.

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***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***
A few enlarged medial iliac lymph nodes are visualized, one of the nodes measuring 3.1 x 1.4 cm.

***Free Abdomen***
Trace free fluid is observed in the caudal abdomen.

***Other***
In the mid to caudal abdomen, an 8.1 x 6.8 cm mass of fat opacity is observed.

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

In the left caudal abdomen, a 6.0 x 3.9 cm ill-defined heterogeneous cavitated mass is visualized. Surrounding mesentery is hyperechoic.

## ULTRASONOGRAPHIC FINDINGS

**Primary Findings:**

- Heterogeneous cavitated mass effect in the left caudal abdomen, the origin of which is unclear. It may be arising from mesentery, lymph node, other. Neoplasia (i.e., hemangiosarcoma, sarcoma, round cell tumor) is suspected with a low possibility of a non-neoplastic (i.e., inflammatory) process. Adjacent peritonitis is present.
- The mass in the mid to caudal abdomen with the opacity of fat is suspected to be an intraabdominal lipoma or less likely, liposarcoma.
- The medial iliac lymphadenopathy could be consistent with a reactive change or metastatic disease.

**Secondary Findings:**

- Bilateral, nonspecific, age-related renal changes with cortical cysts.
- Equivocal hepatomegaly
- The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Fine needle aspiration of the heterogeneous cavitated mass in the left caudal abdomen can be considered (assuming normal clotting status). A 25-gauge needle should be used. It should be noted that iatrogenic hemorrhage is a risk with aspiration. If aspiration is not pursued, consider referral for an abdominal/pelvic CT scan to further evaluate the mass effect along with consultation with a board-certified surgeon.

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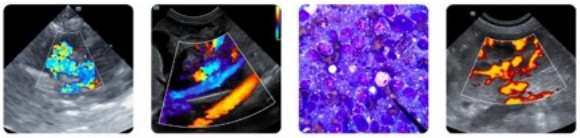

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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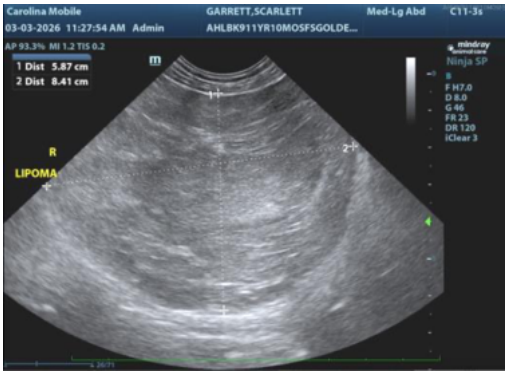


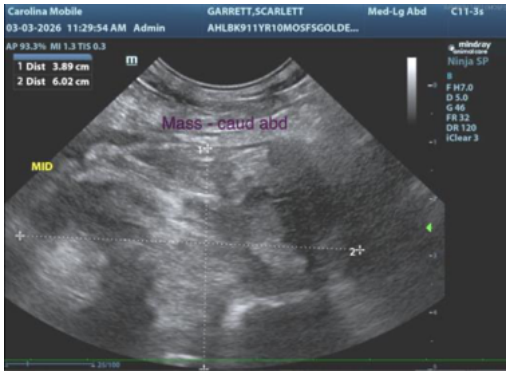



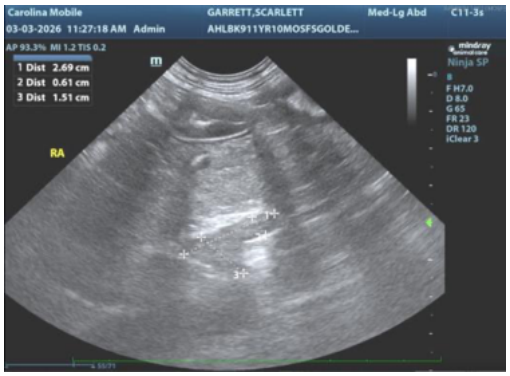


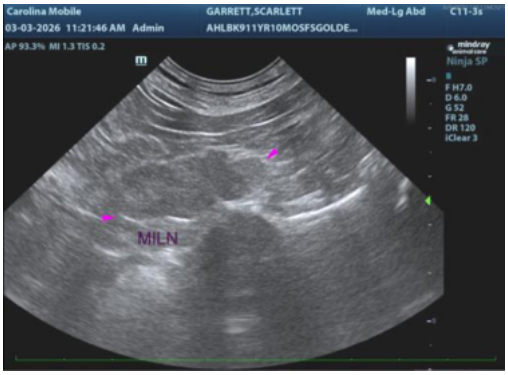


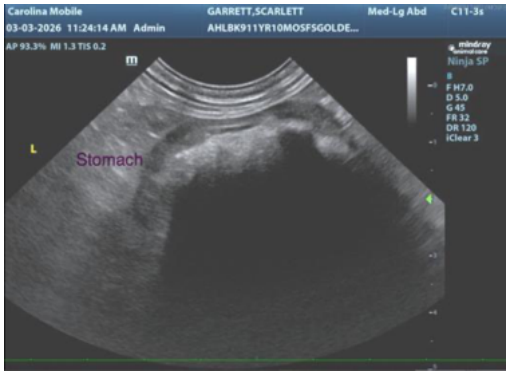



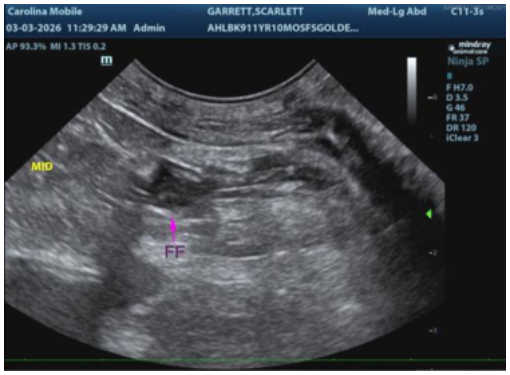


**The information and recommendations provided are based on the images presented by the referring**

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**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