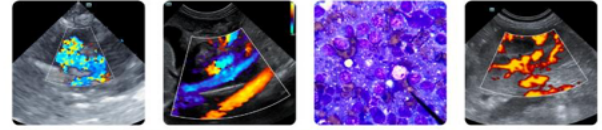


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Jack Norden	History: Increased drinking and urination since January, increased appetite, hair loss. No meds. CBC WNL, T-bili and cholesterol slightly elevated.
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	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.
Golden Retriever	
<b>SEX</b>	The prostate is normal in size (1.43 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.
Male, neutered	
<b>AGE</b>	The left kidney is normal in size (6.83 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.
10 Yrs.	
<b>WEIGHT</b>	The right kidney is normal in size (6.41 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.
36.4 kg.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Andrea Nicastro, DVM, Diplomate ACVIM (Small Animal Internal Medicine)	The left adrenal gland is subjectively normal in length (0.69 cm at cranial pole) (0.50 cm at caudal pole) with a flattened contour. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.
<b>IMAGING PERFORMED BY</b>	The right adrenal gland is enlarged (1.25 cm at cranial pole) (1.37 cm at caudal pole) with swollen peripheral contours and an irregular shape/mass effect. The parenchyma is heterogeneous with loss of glandular detail. A tumor thrombus measuring 3.4 x 2.3 cm is extending from the right adrenal gland into the lumen of the caudal vena cava.
Crystal Hill	
<b>HOSPITAL NAME</b>	<b>Spleen</b>
West Brant AH	The spleen is normal in size (1.44 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.
<b>REFERRING VET</b>	<b>Liver</b>
Dr. Beacock	The liver is normal to prominent in size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.
<b>INVOICE</b>	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.
13495	<b>Gastrointestinal</b>
<b>DATE</b>	The gastric lumen is mildly to moderately distended with ingesta. 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.
2/23/26	<b>Pancreas</b>



**PATIENT**

Jack Norden

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male, neutered

**AGE**

10 Yrs.

**WEIGHT**

36.4 kg.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

West Brant AH

**REFERRING VET**

Dr. Beacock

**INVOICE**

13495

**DATE**

2/23/26

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**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

There is no obvious evidence of free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Right adrenal mass effect with invasion into the caudal vena cava, resulting in a tumor thrombus. Neoplasia (i.e., adenocarcinoma, pheochromocytoma, other) is strongly suspected. The flattened left adrenal gland may be a normal variant for this patient or may be secondary to atrophy (i.e., resulting from a functional right adrenal tumor).

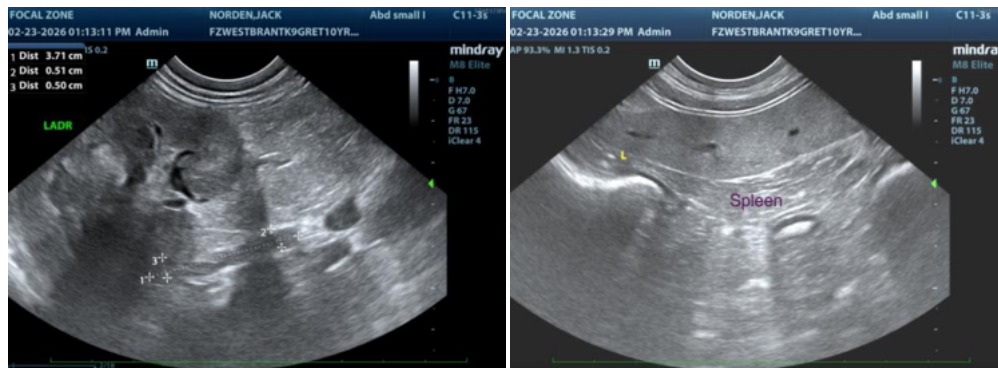
**Secondary Findings:**

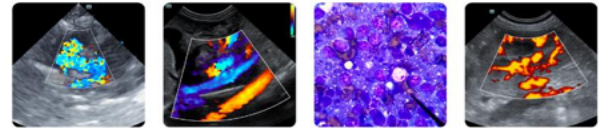
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.
- Mild bilateral nonspecific, age-related renal changes
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Regarding the right adrenal changes, consider the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Baseline blood pressure measurement
3. Further testing for a functional tumor (i.e., low-dose dexamethasone suppression test, urine/blood metanephrine levels)
4. +/- abdominal CT scan for further evaluation





**PATIENT**

Jack Norden

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Male, neutered

**AGE**

10 Yrs.

**WEIGHT**

36.4 kg.

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**IMAGING  
 PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

West Brant AH

**REFERRING VET**

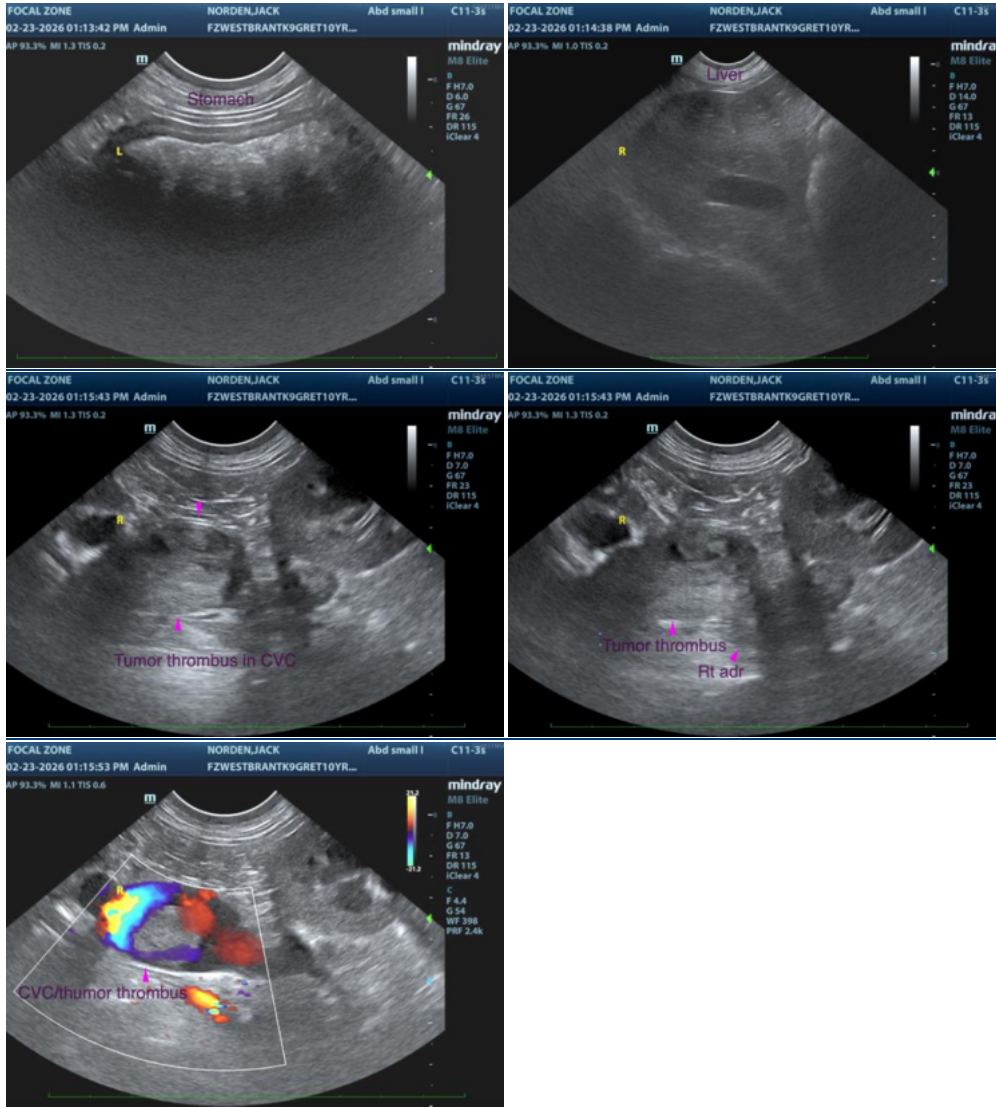
Dr. Beacock

**INVOICE**

13495

**DATE**

2/23/26



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](mailto:info@SonoPath.com)