



**DATE PRESENTING CLINICAL SIGNS**

6/13/23 Presented for evaluation of a mass on the left ventrolateral thorax. Mass is soft/pliable, freely movable, well isolated 1in subcutaneous mass. FNA came back as suspicious for a mesenchymal proliferation (either reactive or neoplastic, such as soft tissue sarcoma). Returning now for staging prior to removal

**PATIENT**

Raven Lewis Current Medications: None.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Andi Parkinson, BS, RDMS.

**SPECIES**

Canine

**BREED**

Labrador Retriever X

**SEX**

Spayed Female

**AGE**

10/31/14

**WEIGHT**

63 Pounds

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**HOSPITAL NAME**

Perry Hall AH

**REFERRING VET**

Dr. Breidenbaugh

**INVOICE**

43111

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (6.44 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (6.28 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

**Adrenal Glands**

The right adrenal gland is normal in size (2.67 cm long x 0.88 cm at the cranial pole and 0.70 cm at the caudal pole), shape and contour. A hyperechoic nodule is noted in the cranial pole. Nodule does not disrupt normal shape and/or architecture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (2.71 cm long x 0.58 cm at the cranial pole and 0.63 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### ***Gastrointestinal***

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

### ***Pancreas***

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### ***Free Abdomen***

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

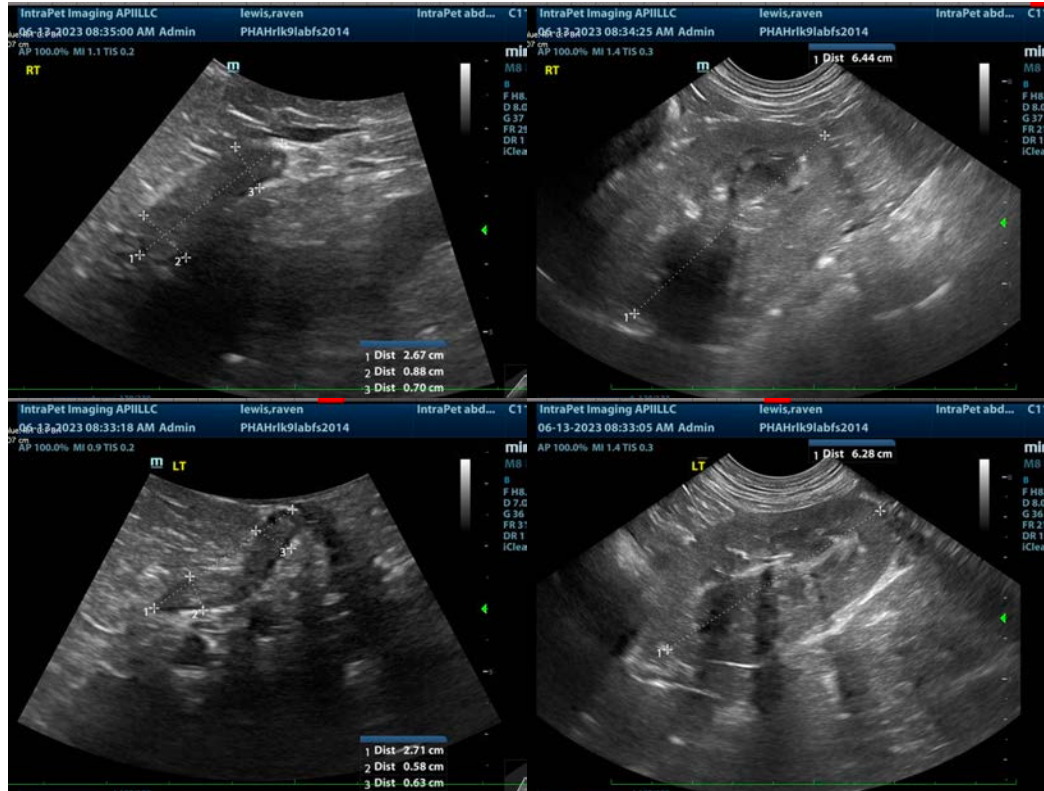
## **ULTRASONOGRAPHIC FINDINGS**

- The hyperechoic nodule in the cranial pole of the right adrenal gland trends in appearance toward benign and is most consistent with a myelolipoma, possibly adenoma, hyperplasia, etc. A metastatic nodule cannot be definitively ruled out but is considered less likely, especially given the lack of intraabdominal ultrasonographically visible metastatic disease elsewhere. Ultrasound alone cannot differentiate between functional and non-functional nodules and/or between benign and malignant disease. Again, small nodules without other evidence of abdominal disease to suggest metastasis are most often incidental and should be monitored.
- Again, there is no other ultrasonographically visible intraabdominal metastatic disease noted in these images at this time.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not already evaluated.

Pending results, and as is reportedly planned, surgical removal of the suspected sarcoma is recommended with submission of mass for biopsy to confirm results and plan follow up staging/medical management, if any is required.



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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