



## PATIENT

Dakota Molinaro

## SPECIES

Canine

## BREED

Siberian Husky

## SEX

Spayed Female

## AGE

12 Years 4 Months

## WEIGHT

62.7 Pounds

## INTERPRETED BY

Karen Ebersole, DVM,  
DABVP (Canine and  
Feline practice)

## IMAGING PERFORMED BY

Dr. Sookhoo

## HOSPITAL NAME

Calusa VC

## REFERRING VET

Dr. Sookhoo

## INVOICE

35761

## DATE

12/6/25

## PRESENTING CLINICAL SIGNS

History: Dakota presents for poor appetite and weight loss Patient History: - Progressive weight loss: 71.4 kg → 64.7 kg → current 62 kg - Poor appetite: very picky, will eat chicken but leaves dog food - Diarrhea with blood this past week - History of urinary incontinence, currently managed with proin and Incurin (1 proin + 0.5 Incurin daily) - Hypothyroid - Recent bloodwork in October was normal - Recent urinalysis performed due to urinary leakage, specific gravity 1.008

Abnormal PE/Chem/CBC/UA Results: Unremarkable geriatric thorax. Lobular expansion of the caudal liver can be a benign finding due to extramedullary hematopoiesis or adenomatous hyperplasia but could also suggest a developing liver mass as a source for recent unintentional weight loss. Substantial obesity despite recent weight loss. -- This will pose untoward cardiorespiratory and musculoskeletal strain. Fusiform accumulations of subcutaneous fat in the left mid thoracic and right mid abdominal body wall are more likely benign lipomas.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder was normal in size and shape. The bladder wall was normal in thickness for the volume of urine present. There was mild mucosal irregularity to micropolypoid changes which are likely age-related changes. The bladder contents were primarily anechoic. The pelvic urethra was visualized to a depth of 3.0 cm past the cystourethral junction.

Both kidneys were normal in size with a mildly irregular capsule contour. There was a moderate increase in cortical echogenicity. The corticomedullary junction was mildly indistinct. There were variably sized, non-obstructive medullary mineralization present without pelvic dilation. The left kidney measured 6.9 cm in length. The right kidney measured 6.5 cm in length.

The iliac trifurcation was visualized and evaluated. There was normal vascular perfusion with no evidence of thrombus formation. There was no visible lymphadenopathy.

### *Adrenal Glands*

Unilateral enlargement of the left adrenal gland was present. The capsule contour was asymmetrical and irregular in shape. The parenchyma of the enlarged adrenal gland presented a mixed echotexture with nonuniform changes. There were multifocal hyperechoic foci within the mass, which could represent mineralization. It was unclear if there was vascular invasion. The enlarged adrenal gland (left) measured 4.8 cm x 6.3 cm. The contralateral gland (right) was normal in size and measured 0.38 cm at the caudal pole and 0.60 cm at the cranial pole.

### *Spleen*

The spleen was normal in size and shape, with a smooth capsule contour. The parenchyma was finely textured and homogeneous. There were no visible masses, nodules or evidence of infiltrative disease. The vasculature showed good vascularity with power doppler.

### *Liver/Gallbladder*

The liver was subjectively increased in size with mildly rounded to irregular capsule contour. Within the left liver, there was an indistinct hyperechoic to heterogenous mass that measured 3.5 cm x 3.3 cm. This mass did cause capsular expansion. There were other smaller nodular changes. A hyperechoic



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nodular change, for example, measured 1.3 cm in diameter. The remainder of the liver parenchyma was moderately heterogenous with nonuniform changes.

The gallbladder was normal size and shape, with echogenic, non-mineralized biliary sludge. The wall was normal thickness with no visible inflammation. The cystic duct and common bile ducts were normal in size with no evidence of obstruction.

### *Gastrointestinal*

The stomach was normal in size and shape, with a smooth serosal contour. The stomach wall was normal in thickness and layering. The small intestine displayed normal curvilinear patterns throughout. Subjectively normal wall thickness and layering was maintained. The visible colon wall was normal in thickness and layering. There were no visible masses or focal lesions in the GI tract.

### *Pancreas*

The pancreas was isoechoic to the surrounding mesentery with normal size, shape and capsule contour. There was no evidence of inflammation or masses within the right and left limbs or body of the pancreas.

### *Free Abdomen*

There was no visible free fluid within the abdomen.

## ULTRASONOGRAPHIC FINDINGS

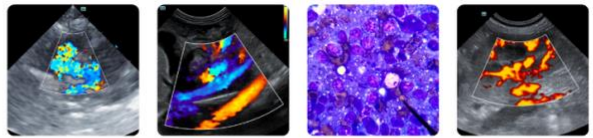
- Suspected left adrenal mass - large, irregular, heterogeneous
- Liver mass, left side - similar echogenicity to LADR mass
- Heterogeneous liver parenchyma with echogenic nodular changes
- Micropolypoid urinary bladder - ddx aging changes vs chronic cystitis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This sonographic presentation is strongly concerning for an aggressive left adrenal mass with possible hepatic metastasis. The most common malignant adrenal masses include adenocarcinoma and pheochromocytoma. Adrenal masses can be productive (ie producing hormones) or non-productive.

FNA of the liver mass/suspected metastasis could be done for further assessment, assuming normal coagulation parameters. FNA of adrenal masses is not often performed due to potential complications.

A urine metanephrine test could be considered to assess for a pheochromocytoma. BP measurement is recommended, with treatment of any significant hypertension.



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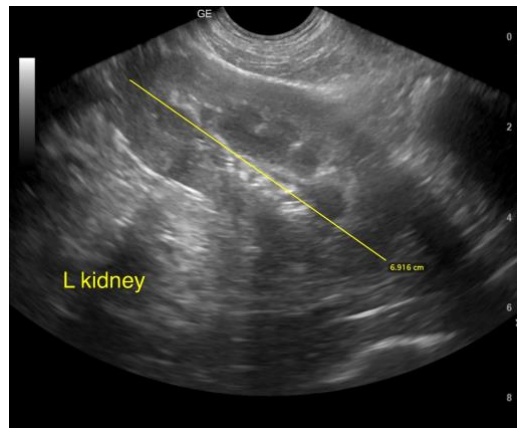
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)

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