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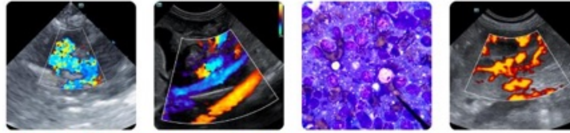

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DATE
1/19/26

PATIENT
Oliver Owings

SPECIES
Canine

BREED
Bichon Frise

SEX
Male, neutered

AGE
10/19/2013

WEIGHT
30.6 lbs.

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

HOSPITAL NAME
Jacksonville VH

REFERRING VET
Dr. Kablis

INVOICE
13395

PRESENTING CLINICAL SIGNS

Patient History: P had previous surgery at CVSS on 12/20/24; partial hepatic lobectomy performed for a well differentiated caudate hepatocellular adenocarcinoma and a current cystotomy for bladder stones

Current Medications: Apoquel 8mg daily
Labwork Results: Labwork not attached, reported as: ALKP 929, other all normal
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Rachel Brilhart, RDMS.

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. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity-dependent mineralized sand +/- tiny calculi are observed within the lumen. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (6.24 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. A few small non-obstructive mineralized foci are visualized. Trace pyelectasia is present. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (6.31 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. A few small non-obstructive mineralized foci are visualized. Trace pyelectasia is present. Pinpoint hyperechoic to mineralized foci are observed within the cortex. At least one small cortical cyst is seen. There is no evidence of infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands
The left adrenal gland is mildly enlarged (0.64 cm at cranial pole) (0.71 cm at caudal pole) with a normal shape. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.64 cm at cranial pole) (0.72 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 (1.77 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver
The liver is subjectively enlarged with irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and mildly heterogeneous in appearance. Numerous varying sized heterogeneous masses are observed throughout the organ, the largest measuring 3.6 cm in its longest dimension. A 2.5 x 1.8 cm heterogeneous slightly mineralized mass is protruding from the right side. A 1.8 x 1.3 cm irregular cyst is also

seen adjacent to the diaphragm. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of aggregated, echogenic to mineralized debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
Trace free fluid is observed.

Other
In the caudal abdomen/pelvic region, several varying sized coalescing heterogeneous cystic masses are observed, one of the largest measuring >5.7 cm in its longest dimension. Surrounding mesentery is hyperechoic.

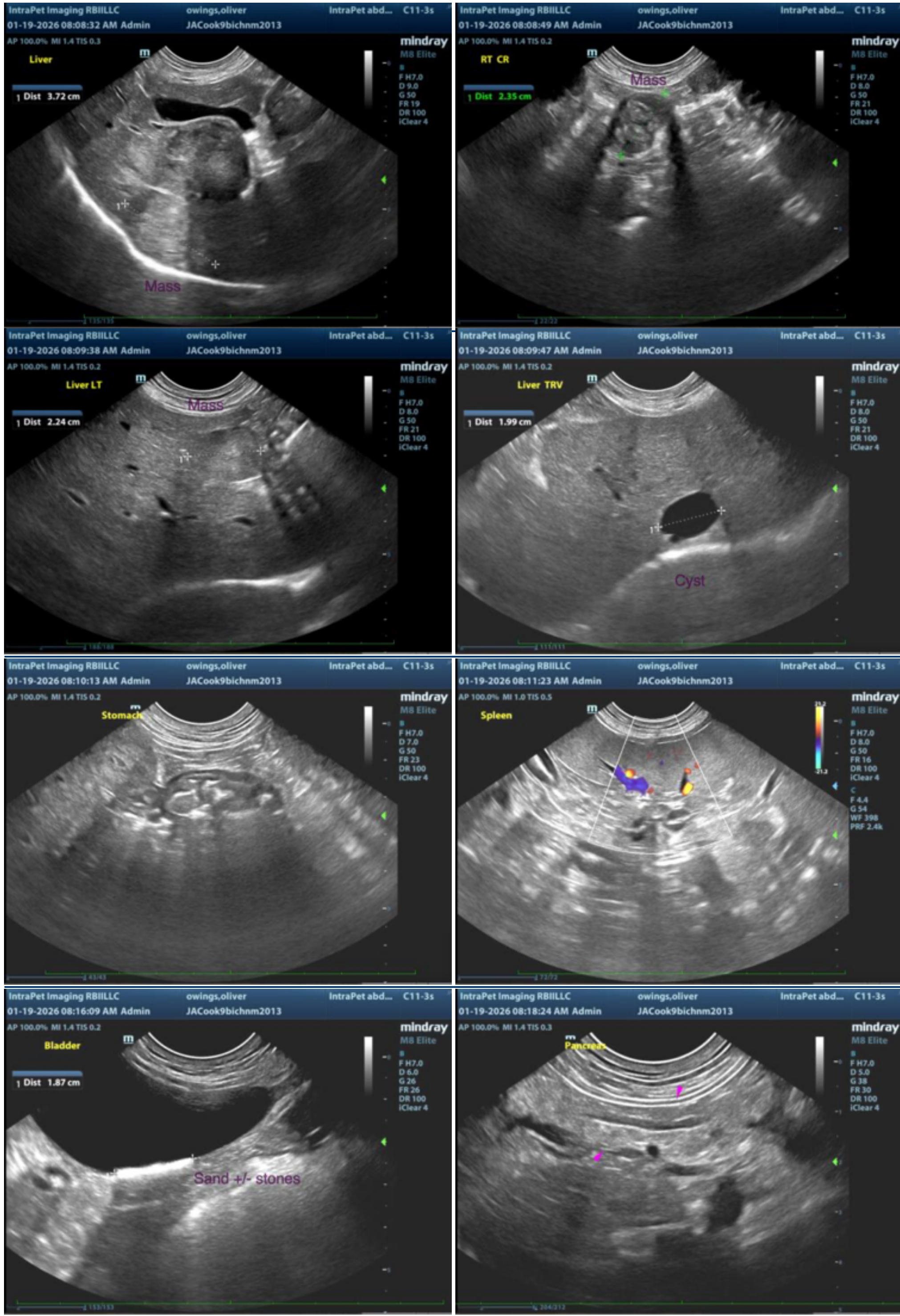
ULTRASONOGRAPHIC FINDINGS
Primary Findings:

- Multiple varying sized hepatic masses. Recurrence of neoplasia is of top consideration with a lower possibility of non-neoplastic process (i.e., multifocal inflammatory disease, regenerative nodules, other).
- Ill-defined cystic masses within the pelvis. Again, neoplasia is strongly suspected with a lower possibility of an inflammatory process.

Secondary Findings:

- Bilateral non-specific, age-related renal changes with non-obstructive nephrocalcinosis.
- Mild bilateral adrenomegaly
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Urinary bladder sand +/- tiny calculi

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider consultation with a board-certified oncologist.
3. Given the extent of abdominal pathology, palliative care is recommended in lieu of aggressive diagnostics and treatments.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Liver
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Mass
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Stomach
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Bladder
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Sand +/- stones
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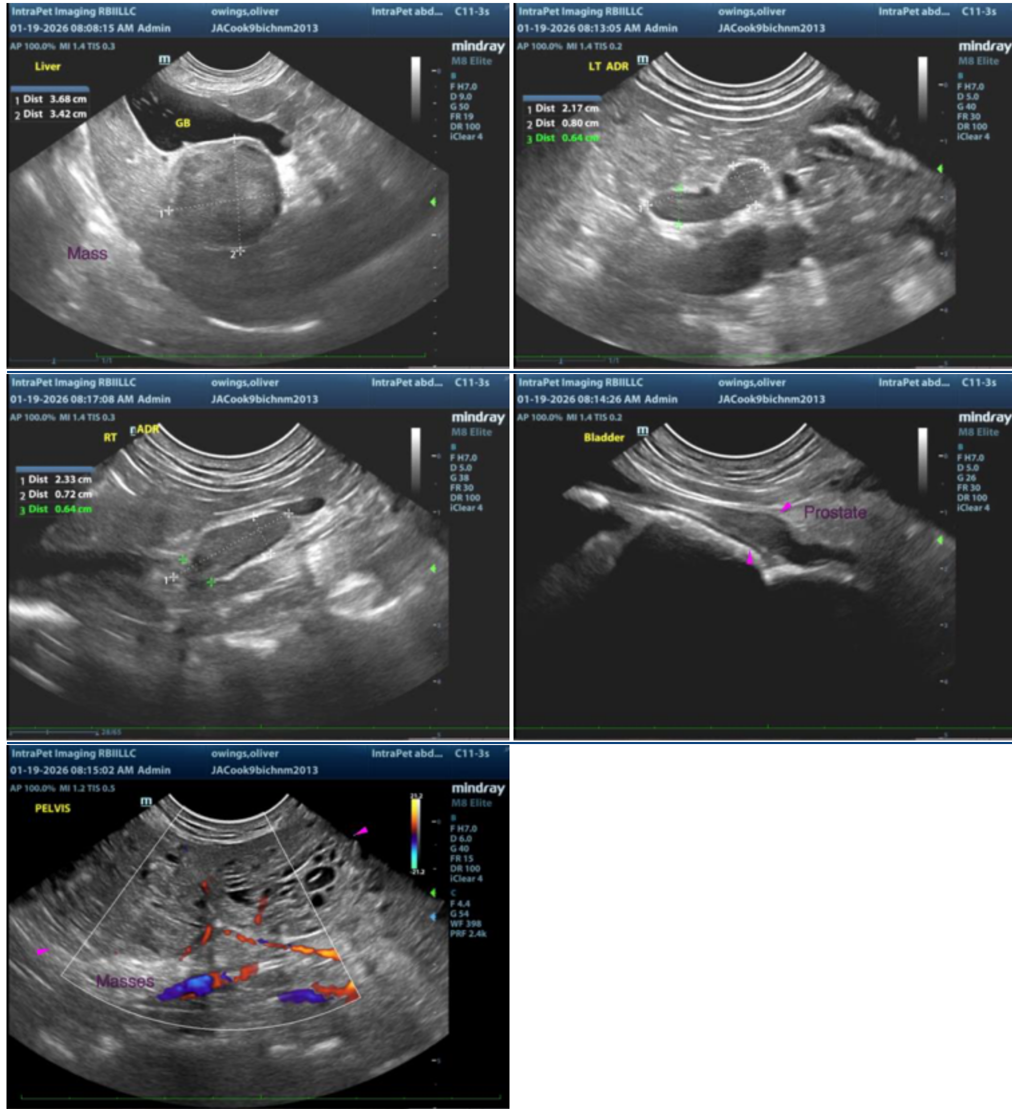
Pancreas



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