



PATIENT

Molly Urbine

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Female Spayed

AGE

08/04/2013

WEIGHT

15.5 lb

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Kind Care AH

REFERRING VET

Dr Adri Casagrande

INVOICE

22439

DATE

1-23-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: No clinical signs
Mild weight gain. Mild decreased USG Oct. 2025

Abnormal lab-work values: Increasing liver values Were mild elevated in Oct 2024. Stable elevated in Oct 2025. Doubled from Oct 2025 to Jan 2026 (ALT 303. ALP 636. In October ALT was 153 and ALP was 314).

Current Medications: Denamarin

Radiographic Findings: none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. 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 (4.03 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.27 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (0.55 cm at cranial pole) (0.58 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 borderline enlarged (0.74 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.

Spleen

The spleen is normal in size (1.13 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 prominent-in-size with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen. A 3.6 x 2.9 cm ill-defined, hyperechoic-to-heterogenous mass is observed on the right side adjacent to the diaphragm. The remaining parenchyma is subtly heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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



PATIENT

Molly Urbine

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Female Spayed

AGE

08/04/2013

WEIGHT

15.5 lb

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Kind Care AH

REFERRING VET

Dr Adri Casagrande

INVOICE

22439

DATE

1-23-26

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 ileoceocolic junction and colonic wall are 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

A 1.00 x 0.75 cm cystic periportal lymph node is visualized.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right hepatic mass effect. Neoplasia (i.e., adenoma, adenocarcinoma, sarcoma, round cell tumor) is suspected. However, a benign process (i.e., large regenerative nodule, inflammatory focus, other) cannot be excluded.
- The diffuse hepatic parenchymal changes are nonspecific and could be secondary to benign age-related remodeling, regenerative nodular hyperplasia, vacuolar hepatopathy, inflammatory disease, infiltrative neoplasia, fibrosis, and/or other hepatopathy).
- Gallbladder debris/sand, non-mucocele
- The prominent periportal lymph node could be consistent with reactive or cystic change, or infiltrative neoplasia.

Secondary Findings

- Minor bilateral age-related renal changes
- Minor pancreatic parenchymal remodeling in the right limb
- Borderline bilateral adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider consultation with



PATIENT

Molly Urbine

a board-certified surgeon to discuss hepatic mass or debulking. An abdominal CT scan would be useful in presurgical planning. Otherwise, palliative care is recommended.

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Female Spayed

AGE

08/04/2013

WEIGHT

15.5 lb

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

Kind Care AH

REFERRING VET

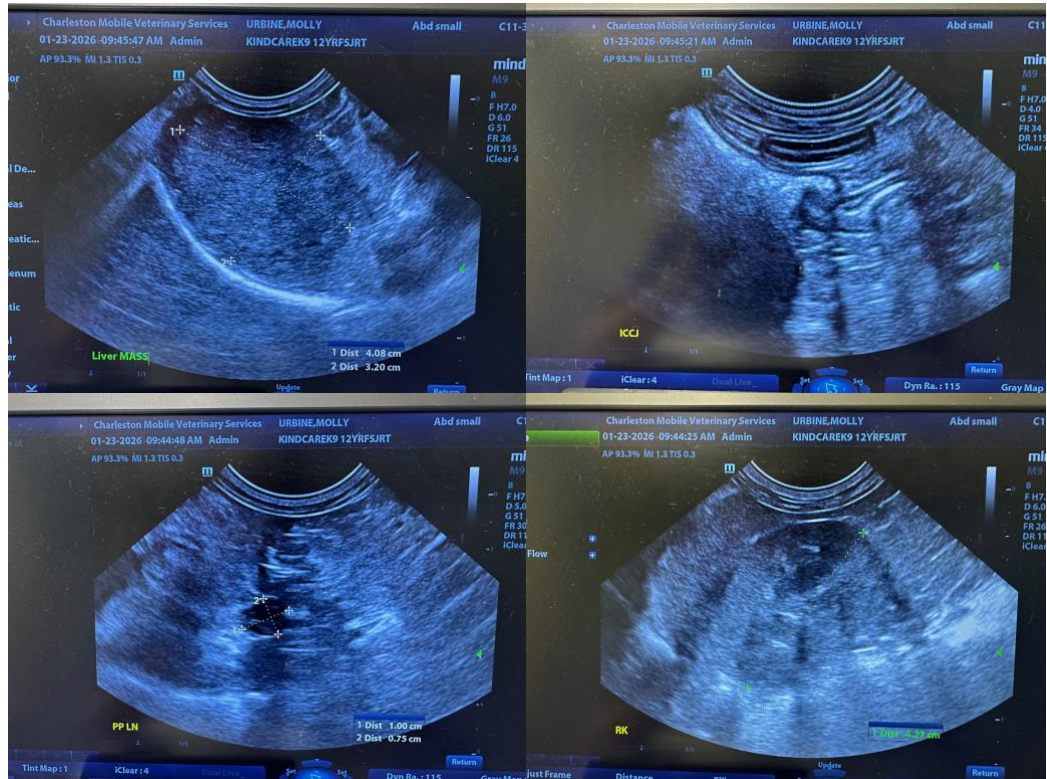
Dr Adri Casagrande

INVOICE

22439

DATE

1-23-26





PATIENT

Molly Urbine

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Female Spayed

AGE

08/04/2013

WEIGHT

15.5 lb

INTERPRETED BY

Andrea Nicastrò DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastrò DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

Kind Care AH

REFERRING VET

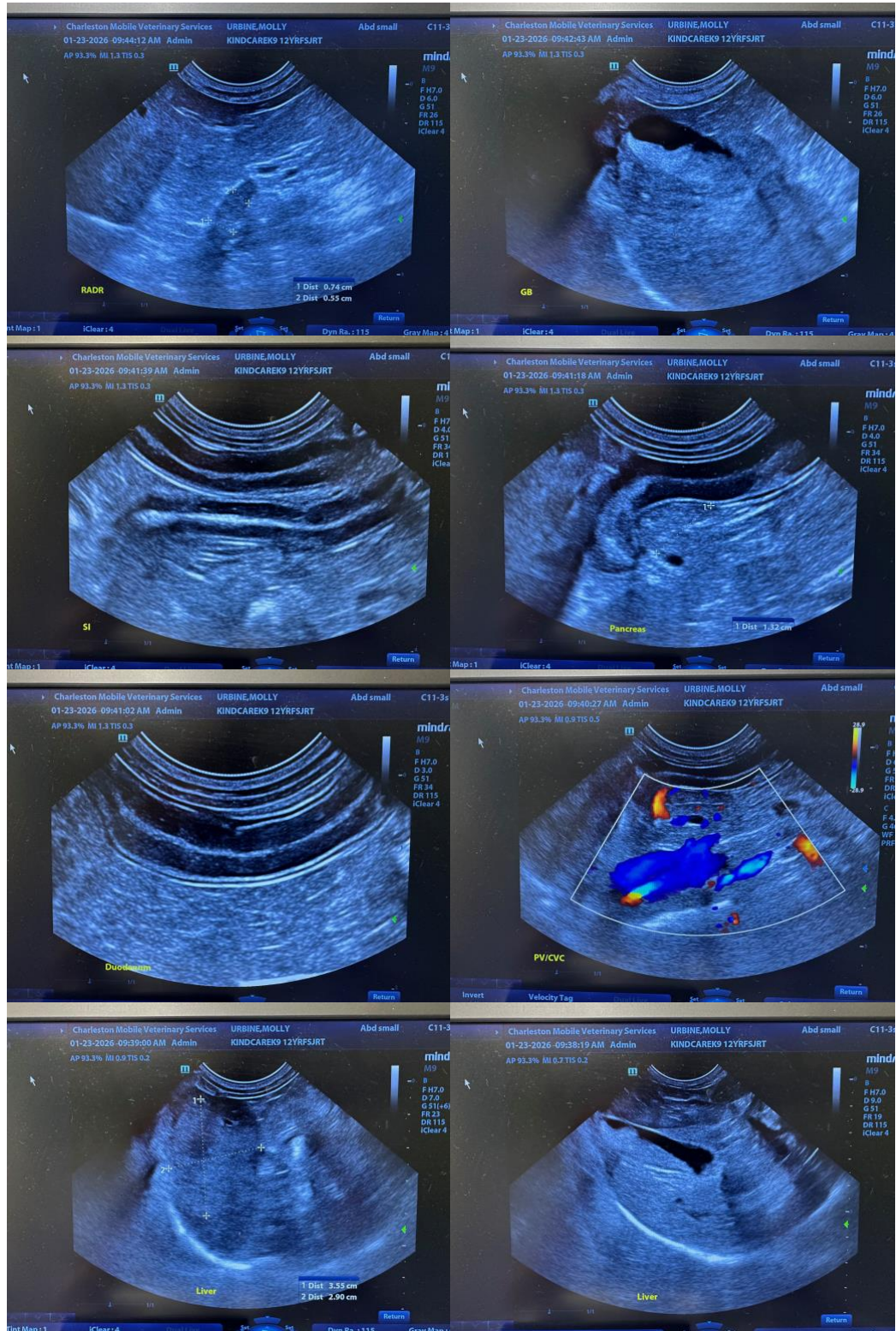
Dr Adri Casagrande

INVOICE

22439

DATE

1-23-26





PATIENT

Molly Urbine

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Female Spayed

AGE

08/04/2013

WEIGHT

15.5 lb

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

HOSPITAL NAME

Kind Care AH

REFERRING VET

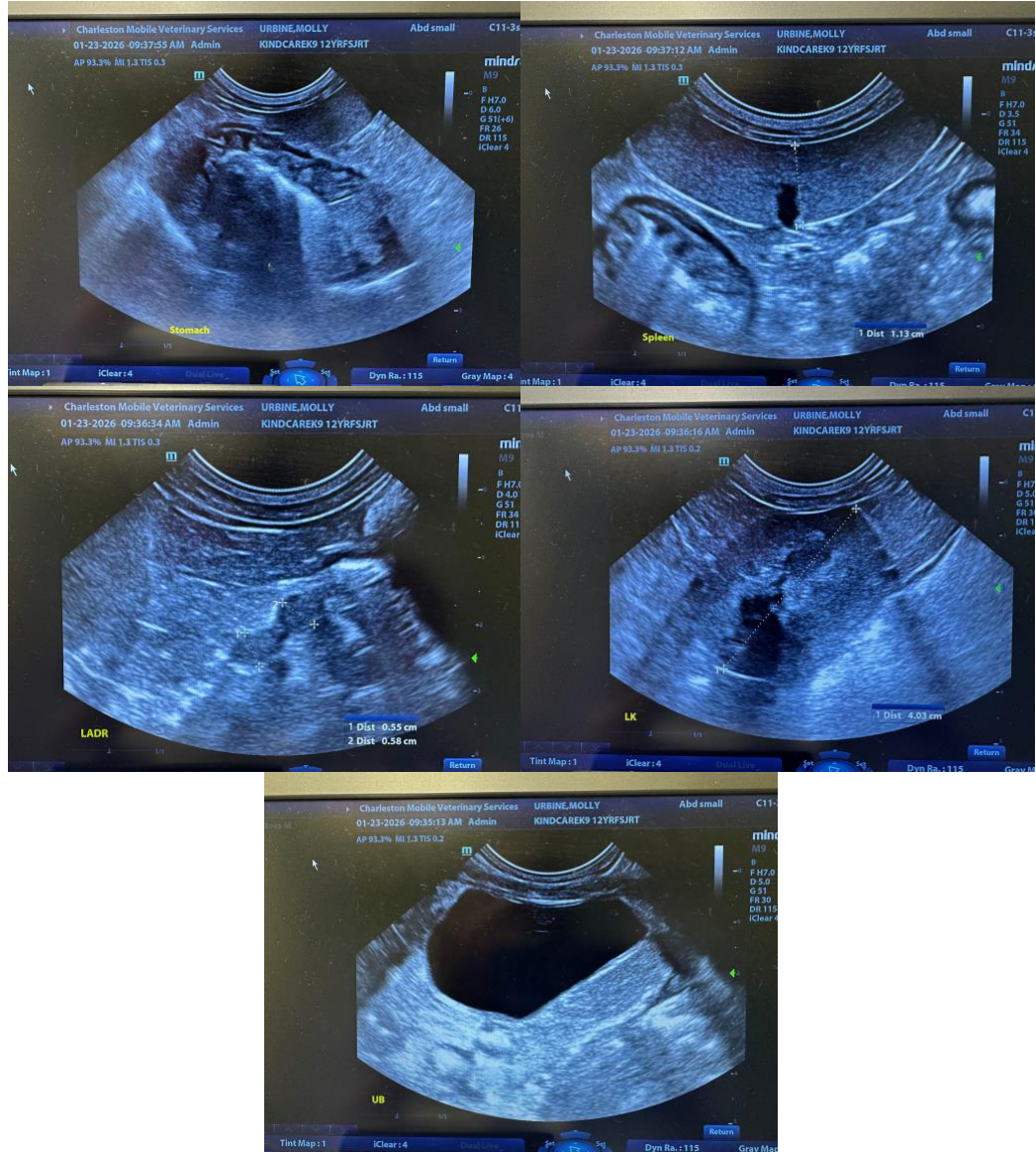
Dr Adri Casagrande

INVOICE

22439

DATE

1-23-26



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