



## PATIENT PRESENTING CLINICAL SIGNS

Gracie Hedrick

History: Currently receiving Denamarin and Ursodiol, liver values previously had been responding, however at most recent recheck ALP increased from 352 to 442. Also currently receiving Dasuquin, Dermaquin, Heartgard, Bravecto, Gabapentin PRN, Carprofen PRN, monthly Librela and Cytopoint

## SPECIES

Canine

1) Historical Grade 2 STS - completely excised from RHL

2) Historical Bilateral CCL Tears

## BREED

3) Historical Atopic dermatitis

4) Cutaneous Hemangioma

Boxer

5) R shoulder mass, dorsal neck mass - r/o inflammatory vs cyst vs neoplasia vs open

6) Liver elevations, improving - r/o steroid hepatopathy vs hyperadrenocorticism vs primary liver disease vs open

## SEX

7) Cough, resolved - r/o neoplasia (primary vs metastatic) vs infectious vs allergic vs inflammatory vs open

Female Spayed

8) Enlarged left caudal nipple - r/o inflammatory vs neoplasia vs open

## AGE

Abnormal PE/Chem/CBC/UA Results: Globulin 4.6 (1.6-3.6) ALT 128 (12-118) ALP 442 (5-131)

9 years 7 mos

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### WEIGHT

80.5

### Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is distended. A large amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

### INTERPRETED BY

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

The left kidney is normal in size (6.68 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (6.98 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 hydronephrosis. Renal vasculature is normal.

### IMAGING PERFORMED BY

Dr. Whitcraft

### Adrenal Glands

The left adrenal gland is normal in size (0.46 cm at cranial pole) (0.48 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.

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Craig Road AH

The right adrenal gland is normal in size (0.54 cm at cranial pole) (0.60 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.

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Dr. Womack

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### Spleen

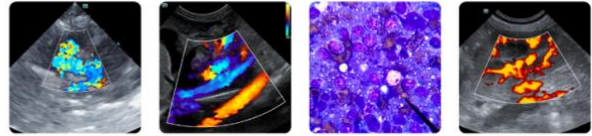
The spleen is normal in size (1.59 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. Several, small, ill-defined hypoechoic nodules are observed throughout the organ. Splenic vasculature is normal.

### DATE

1-25-26

### Liver

The liver is normal- to prominent-in-size, with smooth peripheral contours. The parenchyma is hyperechoic relative to the spleen, and subtly mottled in appearance. Several, varying-sized hypoechoic nodules/masses



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are observed throughout the organ (one measuring 2.11 cm in its longest dimension). Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder 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.

### **Gastrointestinal**

The lumen is not distended. 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.

### **Pancreas**

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**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

## ULTRASONOGRAPHIC FINDINGS

### **Primary Findings**

- The hepatic nodules are concerning for a neoplastic process (i.e., round cell tumor). However, multifocal inflammatory disease or other pathology cannot be excluded. The diffuse hepatic parenchymal changes are nonspecific and could be secondary to vacuolar hepatopathy, regenerative nodular hyperplasia, inflammatory disease, infiltrative neoplasia, or other hepatopathy.

### **Secondary Findings**

- 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).
- Urinary bladder debris

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess pulmonary metastases
- Hepatic tissue sampling (i.e., aspirates or biopsies) are recommended to get a definitive diagnosis. Clotting times should be performed prior to any hepatic tissue sampling. Depending on results, consultation with a board-certified oncologist may be warranted.



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**SEX**

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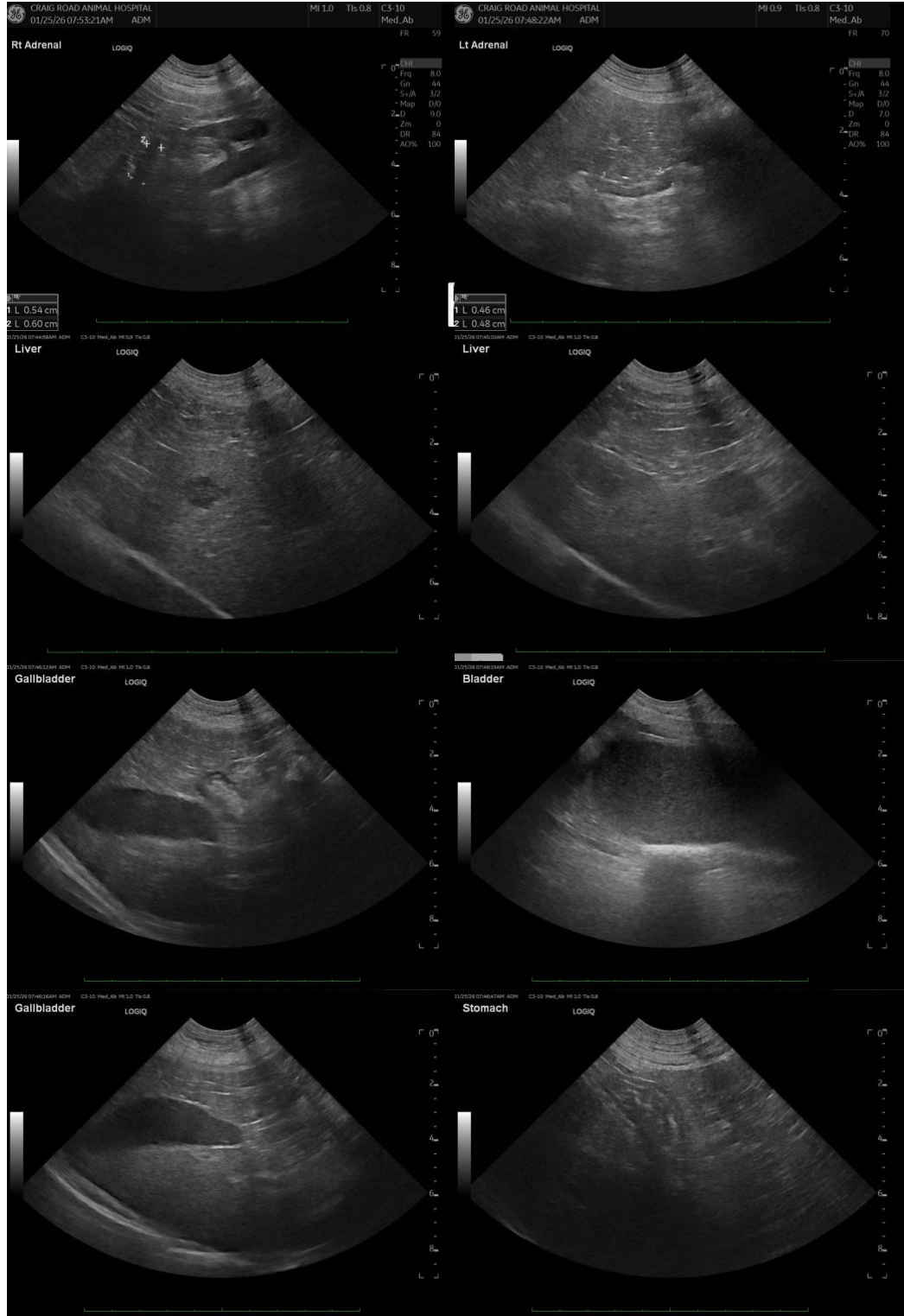
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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