


DATE PRESENTING CLINICAL SIGNS

 11/10/25 **Patient History:** Chronically elevated ALT/ALP

PATIENT Current Medications: Proheart.

Asha Zimmerman

Labwork Results: Labwork not attached, reported as: 10/17/2025 - UA: Spec Gravity 1.020 - CBC: NSF - IOF: NSF except ALP 1366 and ALT 126. History of liver values: - ALP 1366 (10/25); 594 (6/25); 140 (12/24) - ALT 126 (10/25); 100 (6/25); 81 (12/24)

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested. Heart base check declined at this time.

Imaging Performed by: Stephanie Warga RDCS, RVT.

BREED

Siberian Husky mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System
SEX

Female, spayed

The urinary bladder wall is normal in thickness and 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.

AGE

11/24/2015

The left kidney is normal in size (5.39 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

21.4 kg.

The right kidney is normal in size (6.04 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

INTERPRETED BY
Adrenal Glands

The left adrenal gland is normal in size (0.82 cm at cranial pole) (0.52 cm at caudal pole) with a relatively normal shape. A 1.23 x 0.64 cm hyperechoic to heterogeneous nodule is observed at the cranial to mid-aspect. The remaining glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.56 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

At the medial aspect, adjacent to the hilus, a 2.7 x 2.5 cm isoechoic expansile swelling is visualized. In the remainder of the spleen, the margins are curvilinear and the parenchyma is homogeneous. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is subjectively prominent to enlarged with swollen/irregular peripheral contours. A 7.0 x 6.4 cm irregular expansile heterogeneous mass is arising from the mid to right liver. In the remainder of the liver, the parenchyma is of appropriate echogenicity and echotexture and is homogeneous in appearance. 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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SPECIES

Canine

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AGE

11/24/2015

WEIGHT

21.4 kg.

INTERPRETED BY

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

HOSPITAL NAME

Banfield Columbia

REFERRING VET

Dr. Landon

INVOICE

13321

Gastrointestinal

The gastric 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:

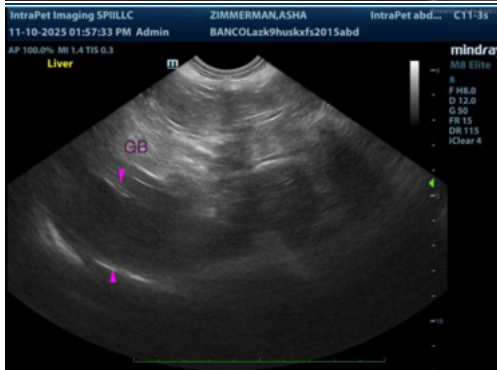
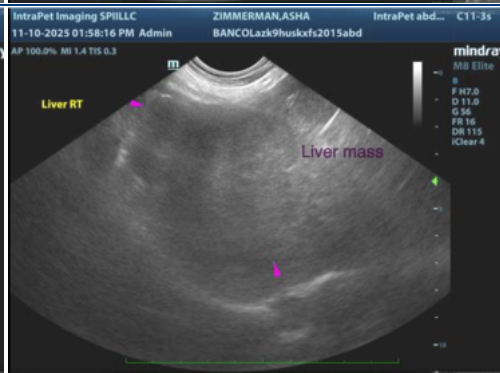
- Mid to right hepatic mass. Neoplasia (i.e., adenocarcinoma, adenoma, sarcoma, round cell tumor) is suspected with a lower possibility of a benign process (i.e., large regenerative nodule, inflammatory focus, other).
- The splenic swelling at the hilus could be consistent with a benign process (i.e., lymphoid hyperplasia or similar). Alternatively, emerging neoplasia cannot be excluded.

Secondary Findings:

- The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspirates of the hepatic mass and splenic swelling if accessible and if clotting status is appropriate. 25-gauge needles should be used. If the lesions are not accessible or if cytology results are inconclusive, consider excisional biopsy of the hepatic mass +/- splenectomy (or intraoperative fine needle aspiration of the splenic lesion). Referral to a board-certified surgeon is recommended. An abdominal CT scan would be useful in pre-surgical planning.



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