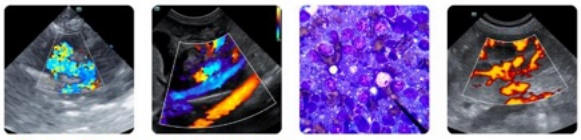


DATE

11/11/25

PATIENT

Bandit Keller

SPECIES

Canine

BREED

Terrier mix

SEX

Male, neutered

AGE

4/20/2013

WEIGHT

16.3 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Hickory VH

REFERRING VET

Dr. Lyle

INVOICE

13338

PRESENTING CLINICAL SIGNS

Patient History: History of progressive heart murmur, first heard 7/22, currently IV/VI L systolic. Presented for neck pain, pre-NSAID BW showed liver enzyme elevation.

Current Medications: 11/4 Galliprant, Methocarb, Gabapentin, Denamarin.
Labwork Results: Labwork not attached, reported as: ALKP 1718, ALT 710
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

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. A scant amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (0.84 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (4.25 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.19 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 hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size at the cranial pole and enlarged at the caudal pole (0.58 cm at cranial pole) (0.74 cm at caudal pole). The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size at the cranial pole and enlarged at the caudal pole (0.64 cm at cranial pole) (0.95 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

Spleen

The spleen is normal in size (0.88 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 swollen peripheral contours. The parenchyma is isoechoic to hyperechoic relative to the spleen. On the right side, adjacent to the diaphragm, an irregular heterogeneous cavitated mass measuring at least 5.4 cm in its longest dimension is observed. A few smaller ill-defined hypoechoic nodules are also seen throughout the organ, one of the nodules measuring 1.98 cm in its longest

dimension. The remaining parenchyma is subtly mottled 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. A small amount of mobile echogenic to mineralized debris/sand 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 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

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Right cavitated hepatic mass. Neoplasia (i.e., hemangiosarcoma, adenocarcinoma, adenoma, round cell tumor) is suspected with a lower possibility of a benign process (i.e., focal inflammatory process). The smaller hepatic nodules could be consistent with metastatic disease, regenerative nodules, inflammatory foci, other.

Secondary Findings:

- Bilateral adrenomegaly
- Mild bilateral nonspecific age-related renal changes
- Gallbladder debris/sand, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

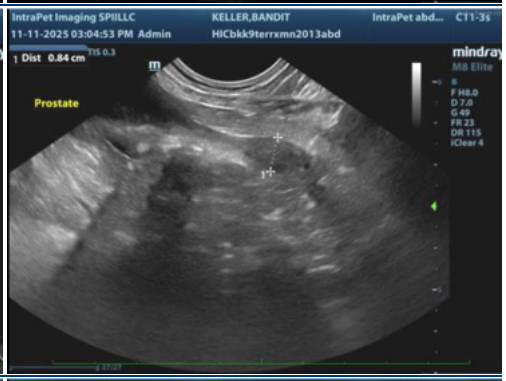
1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

2. If there is no evidence of pulmonary metastatic disease, consider excisional biopsy of the hepatic mass along with biopsies of the small hepatic nodules. An abdominal CT scan would be useful in pre-surgical planning. If surgery is pursued, consider referral to a board-certified surgeon as the location of the mass makes for a more difficult surgery.


IntraPet Imaging SPIILLC
KELLER,BANDIT
11-11-2025 03:01:06 PM Admin
HICbkk9terrxmn2013abd
1 Dist 2.26 cm
2 Dist 1.54 cm
Liver Sag


IntraPet Imaging SPIILLC
KELLER,BANDIT
11-11-2025 03:01:35 PM Admin
HICbkk9terrxmn2013abd
Stomach


IntraPet Imaging SPIILLC
KELLER,BANDIT
11-11-2025 03:03:32 PM Admin
HICbkk9terrxmn2013abd
LT
Lt adr
1 Dist 2.16 cm
2 Dist 0.74 cm
3 Dist 0.58 cm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HICbkk9terrxmn2013abd
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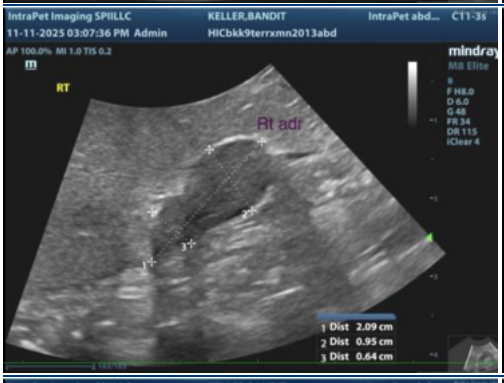
Prostate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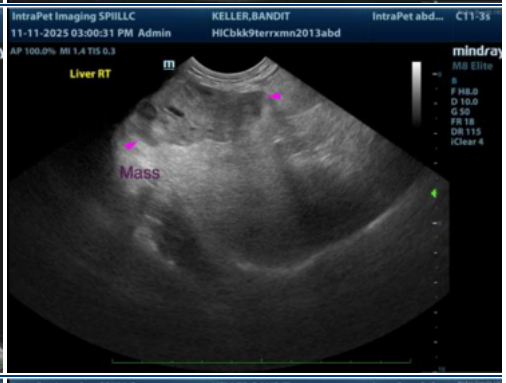
KELLER,BANDIT
11-11-2025 03:07:36 PM Admin
HICbkk9terrxmn2013abd
RT
Rt adr
1 Dist 2.09 cm
2 Dist 0.95 cm
3 Dist 0.64 cm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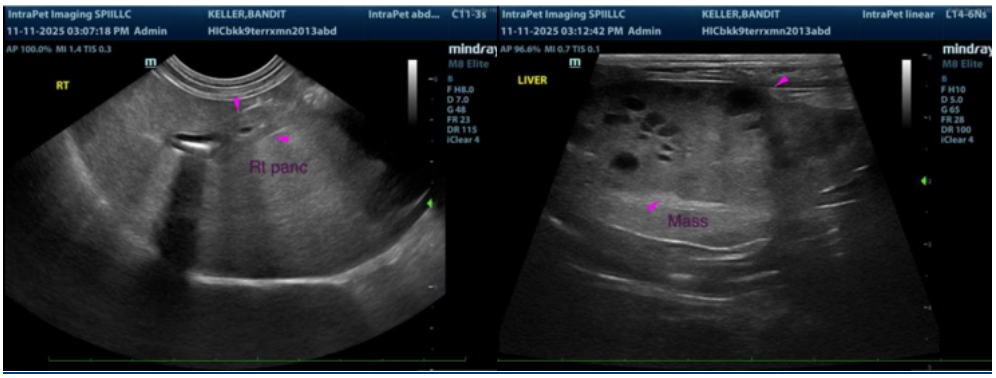
11-11-2025 03:00:31 PM Admin
HICbkk9terrxmn2013abd
Liver RT
Mass


IntraPet Imaging SPIILLC
KELLER,BANDIT
11-11-2025 03:01:05 PM Admin
HICbkk9terrxmn2013abd
Liver Sag


IntraPet Imaging SPIILLC
KELLER,BANDIT
11-11-2025 03:01:16 PM Admin
HICbkk9terrxmn2013abd
Liver Sag
Mass



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