



PATIENT

Sandie Burk

SPECIES

Canine

BREED

Golden Retriever

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

79 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Bakker

HOSPITAL NAME

Orange Blossom

REFERRING VET

Dr. Desrosiers

INVOICE

13333

DATE

11/11/25

PRESENTING CLINICAL SIGNS

History: Sandie's blood work shows some concerning changes that we need to address. Her liver enzymes are significantly elevated (4 out of 5 values are high), and her pancreatic enzymes are also markedly elevated, which suggests inflammation of the pancreas (pancreatitis). The elevated cholesterol and triglycerides are likely related to the liver changes. Her complete blood count shows mild increases in white blood cells and platelets. The dilute urine with some bacteria present is from the free-catch sample and doesn't indicate a urinary tract infection. These findings could indicate several possibilities, including non-infectious liver inflammation, liver cancer, or pancreatitis that developed secondary to liver problems. Given Sandie's age and breed, we do have concern for the possibility of cancer. History of splenectomy FNA of liver taken today due to generalized abnormal appearance. USG 1.009, no proteinuria. ALT 425, ALP 360, GGT 31.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface in the region of the apex is slightly irregular. The bladder is mildly distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (7.33 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.

The right kidney is normal in size (7.33 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.

Adrenal Glands

The left adrenal gland is normal in size (0.84 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.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

Previous splenectomy.

Liver

The liver is subjectively enlarged with swollen/irregular peripheral contours. The parenchyma is hypoechoic relative to the right renal cortex and mottled in appearance. At least one small ill-defined hypoechoic nodule is seen. There is an increase in hepatic portal markings. Vascular is of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal



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The gastric lumen is not distended. The gastric wall is diffusely thickened (up to 0.96 cm) with questionable retention of the 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. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

The pancreatic region is somewhat obscured by the hyperechoic mesentery and prominent cranial abdominal lymph nodes. In the visualized portion, no obvious abnormalities are seen.

Lymph nodes

A few prominent hypoechoic lymph nodes are observed adjacent to the stomach, one of the nodes measuring 1.55 x 1.01 cm. Surrounding mesentery is hyperechoic.

Free Abdomen

The mesentery in the cranial to mid-abdomen is hyperechoic. Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- Gallbladder debris, non-mucocele
- The gastric wall changes could be consistent with gastritis or infiltrative neoplasia (i.e., lymphoma).
- The cranial abdominal lymphadenopathy could be consistent with infiltrative neoplasia (i.e., lymphoma) or reactive change.
- Cranial peritonitis, likely secondary to hepatobiliary and/or gastric pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for occult pathology in the chest.
2. If hepatic cytology results are inconclusive, consider laparoscopic or surgical liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation. Biopsies of the enlarged cranial abdominal lymph nodes as well as the gastric wall should also be obtained.
3. Also consider Leptospirosis testing (i.e., blood and urine PCR, serology), particularly if clinical suspicion for disease is high.
4. While awaiting test results, symptomatic care is recommended.



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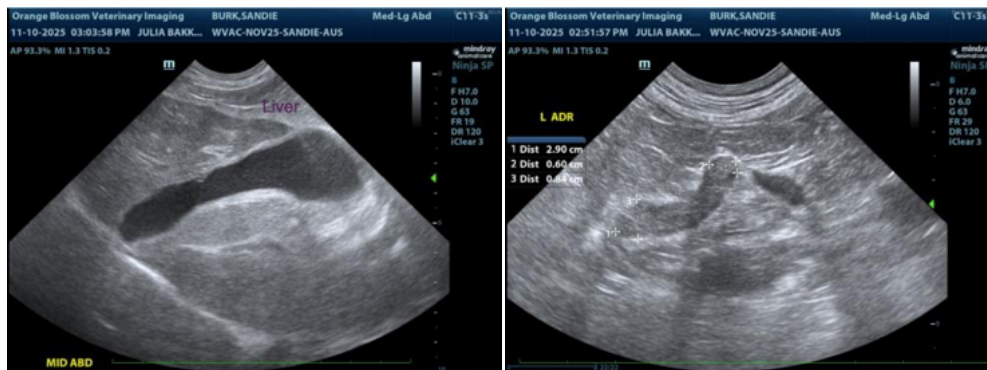
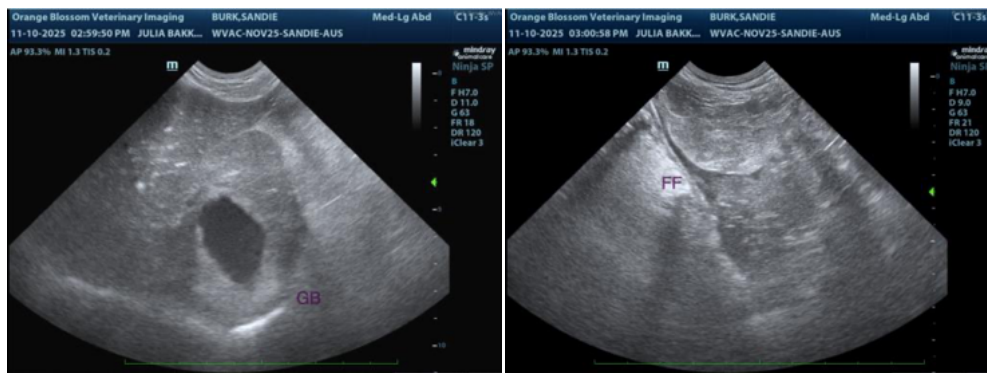
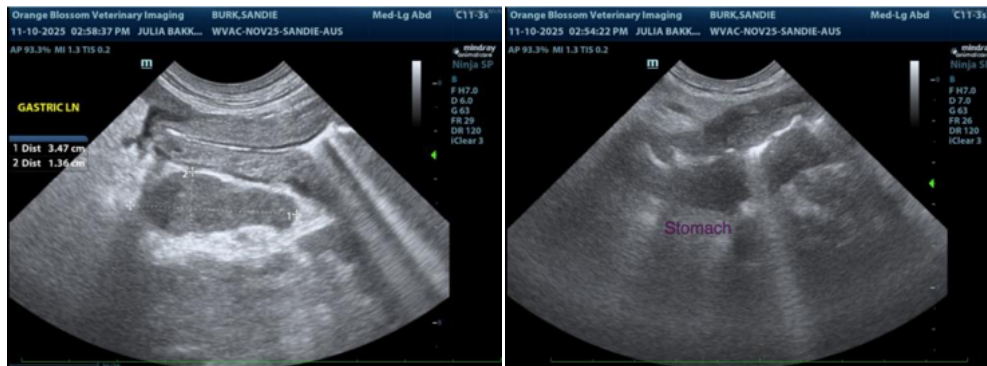
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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