

**DATE**

11-23-25

**PRESENTING CLINICAL SIGNS**

**PATIENT**

Stella Thompson

**Patient History:** Presenting Complaint: Mass-Abdominal. History: Date: 11-22-2025 Notes: O reports that P (Stella) was evaluated yesterday and found to have significant abdominal effusion and a suspected large abdominal mass. O was overwhelmed at the prior visit and no diagnostics were completed other than the initial ultrasound identifying free fluid. P has remained bright, eating and drinking normally, with no vomiting or diarrhea, and is still ambulatory and urinating/defecating. O notes mild lethargy but overall behavior close to baseline. O reports the prior veterinarian recommended abdominal fluid drainage for comfort and to improve visualization of the suspected mass. O is concerned about fluid color; he recalls it as brownish, while prior notes describe it as clear to straw-colored. O expresses anxiety regarding prognosis, concerns about potential liver mass, financial limitations, and desire to understand whether surgery would be beneficial. O wishes to keep P comfortable, obtain further diagnostics, and determine realistic options before considering euthanasia.

**SPECIES**

Canine

**BREED**

American Pit  
Bull Terrier

**Current Medications:** Buprenorphine 0.6mg/mL; Acepromazine 10mg/mL Injection (Per mL); Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL)

**SEX**

Spayed Female

**Lab Results:** Attached. Hematocrit 36.5% Nonregenerative anemia. ALT 238. ALP 664. GGT 22.

**Radiographs:** concern for liver mass.

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Declined.

**Imaging Performed by:** Rachel Brillhart, RDMS.

**AGE**

2015

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**WEIGHT**

89.5

**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.

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

The left kidney is normal in size (7.02 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.

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The right kidney is normal in size (7.11 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.

**REFERRING VET**

Dr. Jones

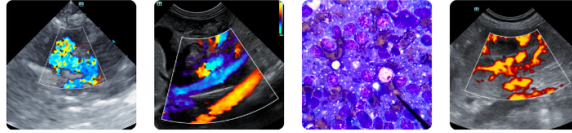
**Adrenal Glands**

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.75 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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The right adrenal gland is normal in size (1.01 cm at cranial pole) (0.79 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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**Spleen**

The spleen is normal in size (1.70 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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Stella Thompson

**Liver**

The liver is subjectively enlarged with irregular peripheral contours. A >10.7 cm hyperechoic-to-heterogenous mass is observed on the left side. In addition, an approximately 5.4 cm cavitated mass is observed on the right, adjacent to the gallbladder. A 3.8 cm cystic structure is also observed within the parenchyma on the r side, adjacent to the diaphragm. The remaining hepatic parenchyma is slightly heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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The gall bladder lumen is moderately distended. The wall is thin and smooth. A small to moderate amount of aggregated, echogenic, partially dependent/sludge is observed within the lumen. 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.

**SEX**

Spayed Female

**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.

**AGE**

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**Lymph Nodes**

A 1.13 x 0.83 cm medial iliac lymph node is visualized.

**WEIGHT**

89.5

**Free Abdomen**

A moderate amount of pleural effusion is present.

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(Sm Animal Internal Med)

pLLUS **Other**

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

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**Other**

A brief echocardiogram reveals no obvious evidence of pericardial or pleural effusion in the visible window.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

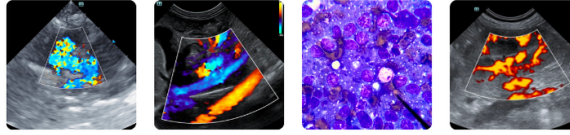
- Hepatic masses. Neoplasia (i.e., adenocarcinoma, hemangiosarcoma, round cell tumor) is suspected, with a low possibility of a non-neoplastic process. Given the extensive hepatic involvement, surgical removal of the masses is unlikely to be a viable option.
- The ascites is thought to be secondary to the hepatic masses (i.e., secondary to portal hypertension and/or increased vascular permeability, hemorrhage), with a lower possibility of other causes of ascites (i.e., right-sided congestive heart failure).

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**Secondary Findings**

- Minor bilateral 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 low possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).
- The prominent medial iliac lymph node is likely reactive, with a lower possibility of emerging neoplasia.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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American Pit Bull Terrier

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider submission of the abdominal fluid for cytologic evaluation. Fine needle aspiration of the more solid-appearing hepatic mass can also be considered. Depending on the results, consultation with a board-certified oncologist may be indicated. If further diagnostics are not pursued, palliative care is recommended.

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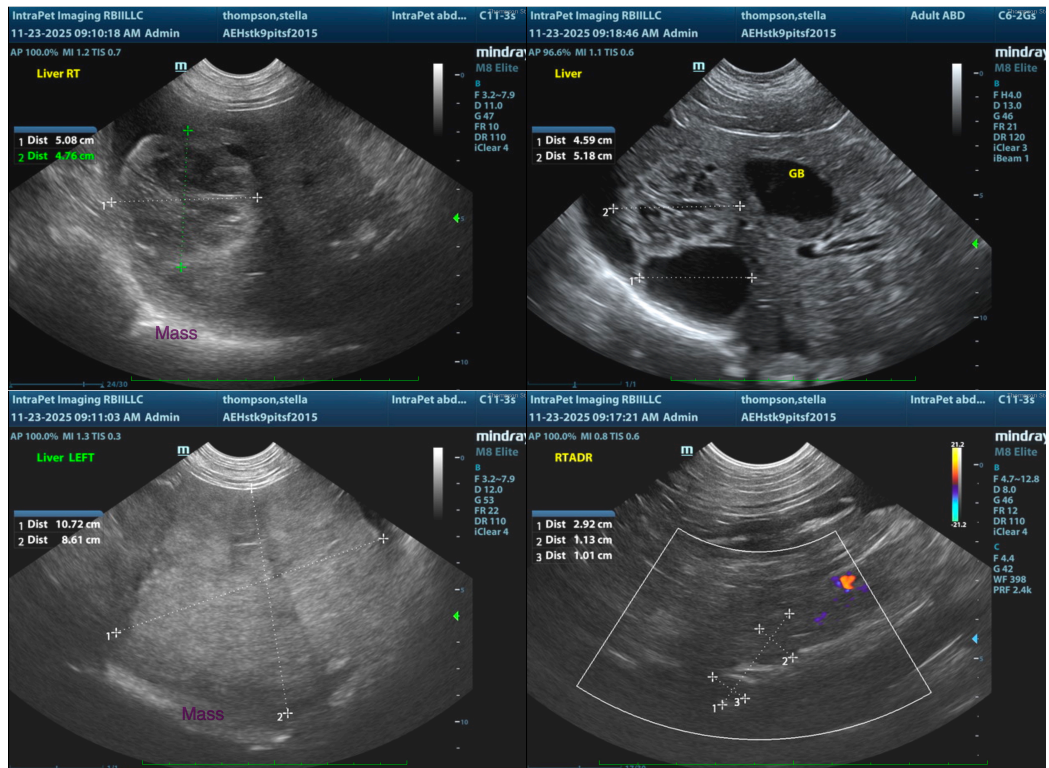
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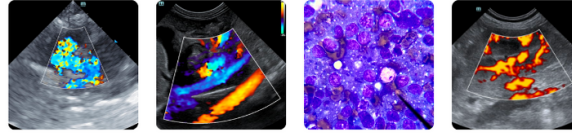
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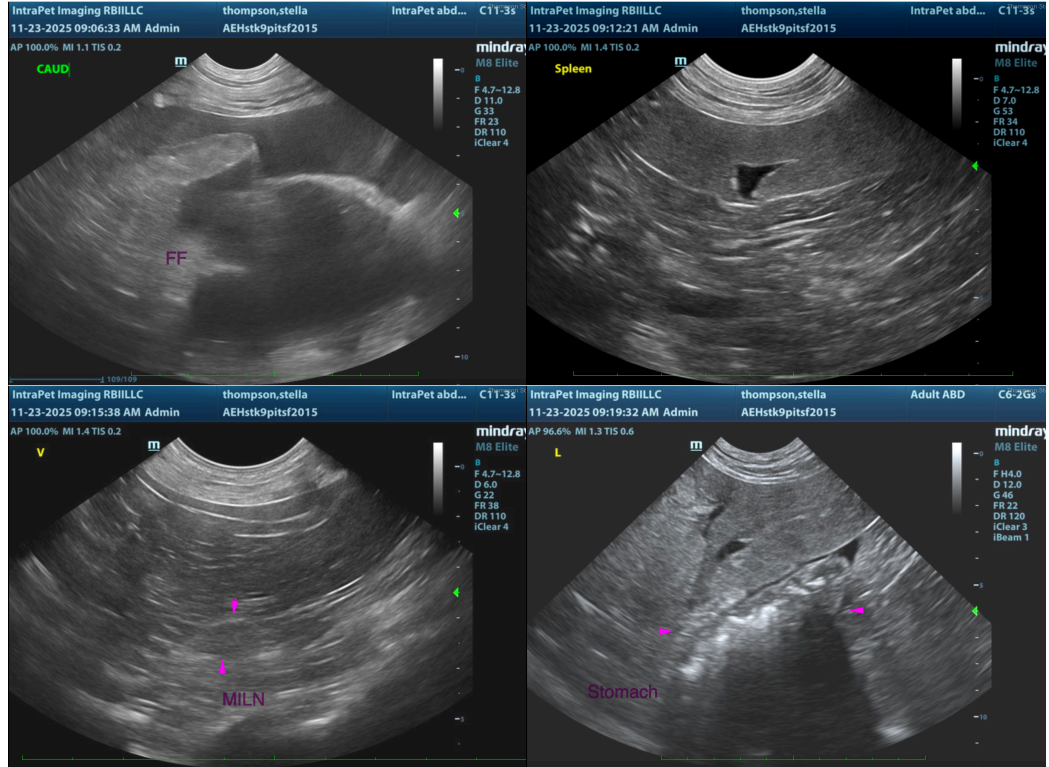
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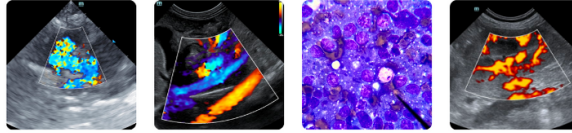


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
[info@SonoPath.com](mailto:info@SonoPath.com)

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