



PATIENT PRESENTING CLINICAL SIGNS

Boomer Barad-Elias

History: Had a mass effect diagnosed a few years ago in the caudal liver. No additional diagnostics were performed at that time. Lately he has lost 10 pounds of weight within a couple of months. On examination a firm mass effect can be palpated caudal liver. He is subjectively mildly icteric on MM. Somewhat tender on imaging the liver area

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Full BW and UA pending.

BREED

Labrador Retr

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered Male

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is slightly irregular. 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 years 10 mos

The prostate is normal in size (1.18 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

WEIGHT

78.8 lbs

The left kidney is normal in size (7.22 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

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

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 loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Anthony Krawitz DVM

Adrenal Glands

Two still images of the left adrenal gland are available for interpretation. What is thought to represent left adrenal gland appears mildly enlarged (1.13 cm at the cranial pole) (1.18 cm at the caudal pole) with a relatively normal shape. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

HOSPITAL NAME

Calusa VC

Two still images of the right adrenal gland are available for interpretation. What is thought to represent the caudal pole is mildly enlarged (1.14 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

REFERRING VET

Andrew Turkell DVM

Spleen

The spleen is normal in size (1.94 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.55 x 1.17 cm slightly hypoechoic-to-heterogenous nodule is observed at the cranial- to mid-aspect. Splenic vasculature is normal.

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Liver

The liver is normal to slightly prominent-in-size, with irregular peripheral contours on the left side. An ill-defined heterogenous, lobulated mass effect is observed left- to mid-liver, the size of which is difficult to determine (due to its lobulated nature). However, it appears to measure at least 5.9 cm. The remaining hepatic parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

DATE

12-1-25

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small-to-moderate amount of gravity-dependent, echogenic-to-mineralized debris/sand is observed within the lumen. The cystic and



PATIENT common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is segmentally dilated with gas and chyme. 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

- Mass effect left- to mid-liver. Neoplasia (i.e., adenoma, adenocarcinoma, sarcoma, round cell tumor) is suspected. However, a benign process (i.e., regenerative nodule, hyperplasia, vacuolar hepatopathy, inflammatory disease, other) cannot be completely excluded. The diffuse hepatic parenchymal changes are nonspecific and could be secondary to regenerative nodular hyperplasia, vacuolar hepatopathy, an inflammatory hepatopathy, hepatotoxicosis, infiltrative neoplasia, and/or other hepatopathy.
- Gallbladder debris/sand, non-mucocele
- Suspected bilateral adrenomegaly

Secondary Findings

- The splenic nodule could be consistent with a benign focus (i.e., lymphoid hyperplasia or similar). Alternatively, an emerging tumor cannot be excluded.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspiration of the hepatic and splenic pathology (assuming normal clotting status). Twenty-five gauge-needles should be used.
- An abdominal CT scan would also be useful in determining the extent of the hepatic pathology.
- Ultimately, consultation with a board-certified surgeon may be indicated.



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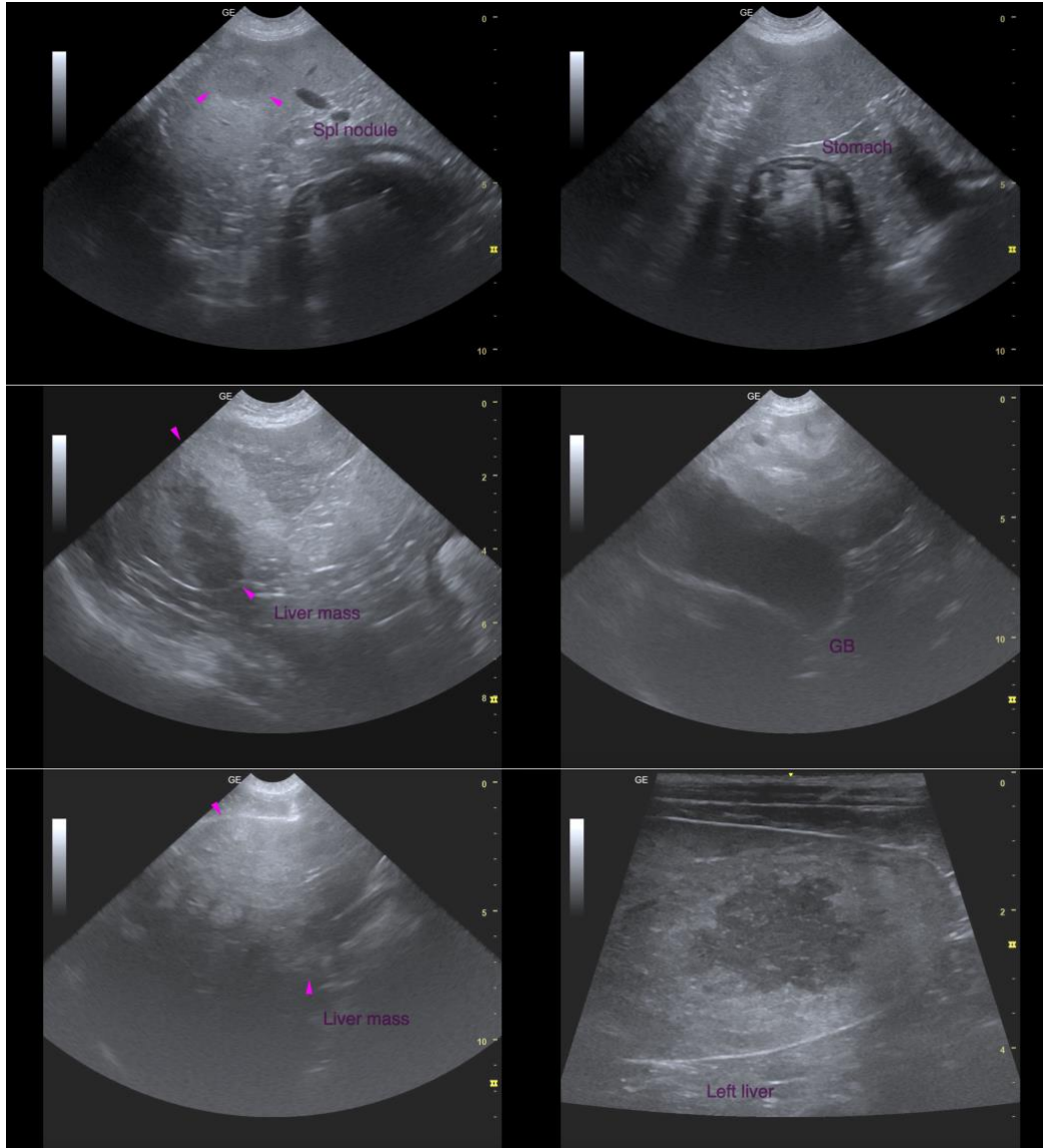
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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