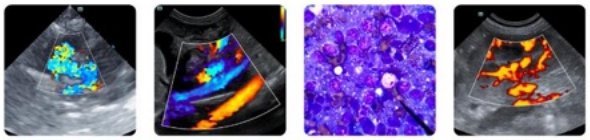


PATIENT

Maggy Mae Parent

SPECIES

Canine

BREED

Beagle

SEX

Female, spayed

AGE

11 Yrs.

WEIGHT

35.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Brandi Barry

HOSPITAL NAME

Bluegrass AH

REFERRING VET

Dr. Brandi Barry

INVOICE

13349

DATE

12/16/25

PRESENTING CLINICAL SIGNS

History of elevated ALKP and chronic, hacking cough at home. Patient presented today for a dental cleaning and extraction of a fractured premolar. Pre-op CXR & AXR taken pre-op. A round liver mass was identified on AXR today, so the dental procedure was post-poned and the owner elected to go forward with an abdominal ultrasound today. Abnormal PE/Chem/CBC/UA Results: Obese. Fractured premolar 208 with pyorrhea. Hepatomegaly. CBC/Chem17/Lytes performed 11/15/25: ALKP 688, otherwise NSF ALKP 12/16/25: 996 (23-212) CXR: generalized bronchointerstitial pattern AXR: hepatomegaly; liver mass present; otherwise NSF. Sedated with Butorphanol for this study.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone is normal.

The left kidney is normal in size (5.56 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 (5.50 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 mildly enlarged (0.72 cm at cranial pole) (0.85 cm at caudal pole) with swollen peripheral contours. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

One still image of the right adrenal gland is available for interpretation. The caudal pole is visualized and is mildly enlarged (0.93 cm in width). The glandular echogenicity and detail are unremarkable. Surrounding vasculature appears normal.

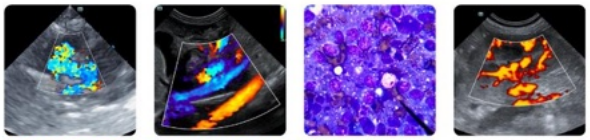
Spleen

The spleen is normal in size (1.26 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 irregular peripheral contours. On what appears to be the left side, a 4.5 x 3.0 cm hypoechoic to heterogeneous mass is visualized. On the right side, a 2.7 x 2.2 cm heterogeneous mass is seen. In the remainder of the liver, the parenchyma is isoechoic relative to the spleen and mottled in appearance with several ill-defined hypoechoic nodules. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is normal in thickness. Several polypoid like lesions are arising from the mucosal surface. A small to moderate amount of aggregated, echogenic to mineralized, mostly gravity-dependent debris/sludge/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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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 right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic 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:

· Mass in the left cranial quadrant suspected to be of liver origin. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor, sarcoma) is suspected with a lower possibility of a benign process (i.e., regenerative nodule, inflammatory focus, other). A mass is also seen in the right liver. Differentials are the same. The diffuse hepatic parenchymal changes are nonspecific and could be secondary to regenerative nodular hyperplasia, vacuolar hepatopathy, infiltrative neoplasia, inflammatory disease, hepatotoxicosis (i.e., copper), fibrosis and/or other hepatopathy.
· Gallbladder debris/sludge/sand (non-mucocele) with concurrent polyps.

Secondary Findings:

· Mild bilateral nonspecific age-related renal changes.
· Bilateral adrenomegaly
· The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Regarding the hepatic changes, consider the following:

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Fine needle aspiration of the left cranial abdominal mass (suspected to be hepatic) assuming normal clotting status. A 25-gauge needle should be used. If cytology results are inconclusive or if the lesion is not accessible, consider excisional biopsy along with biopsies of other liver lesions/lobes. Aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed.

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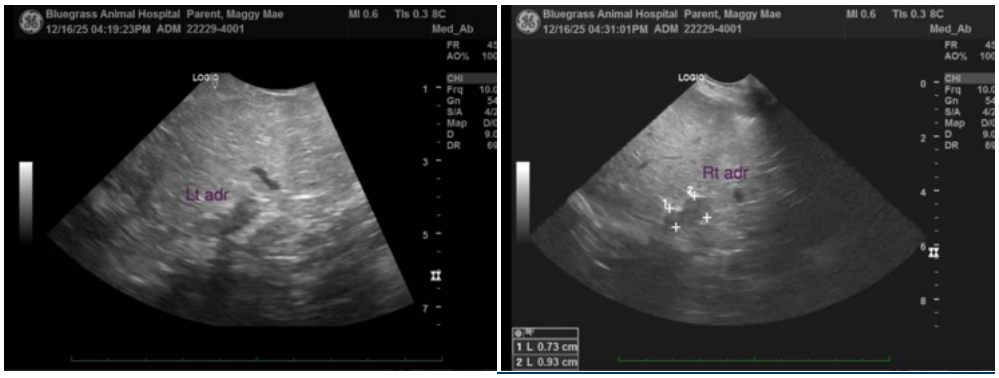

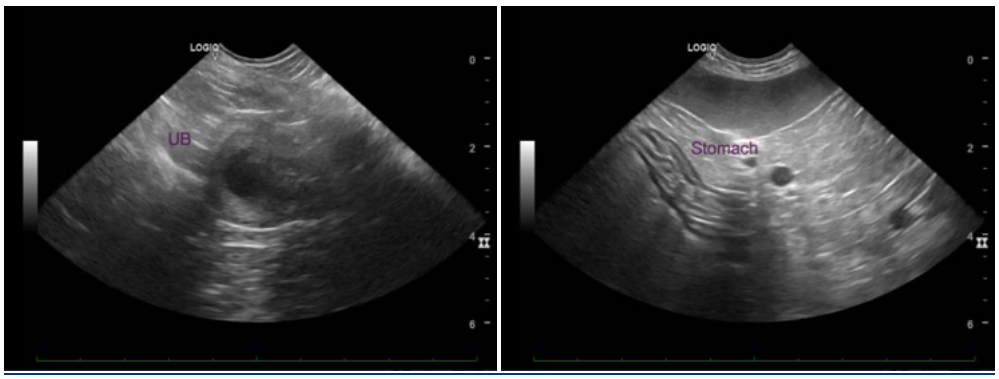

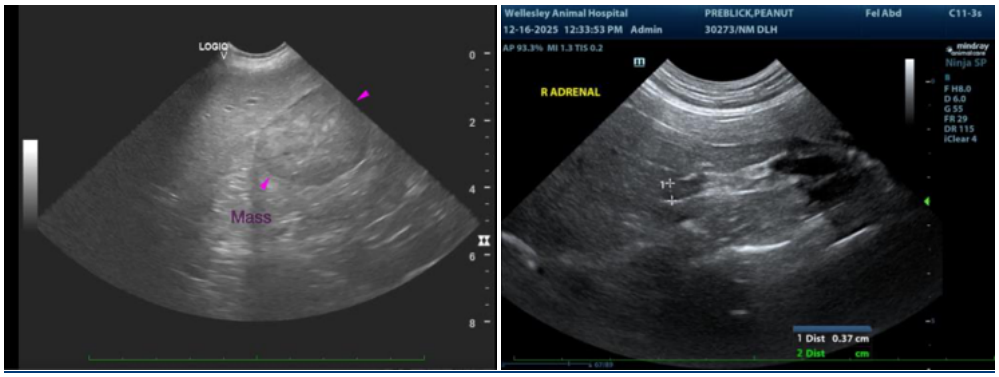

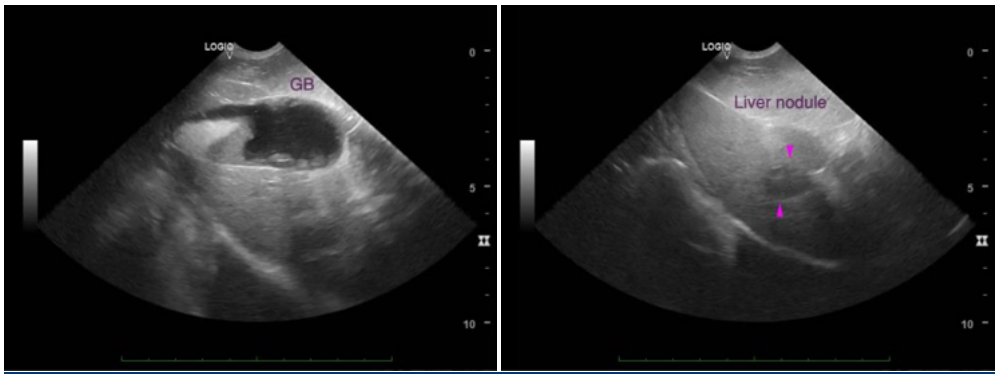

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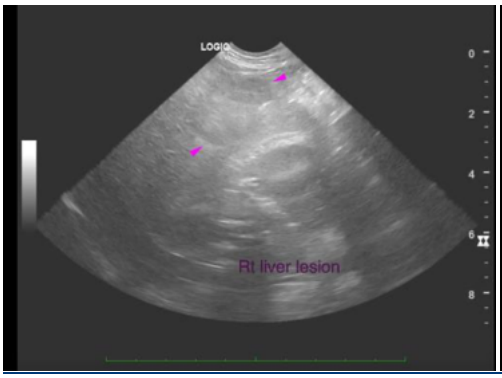

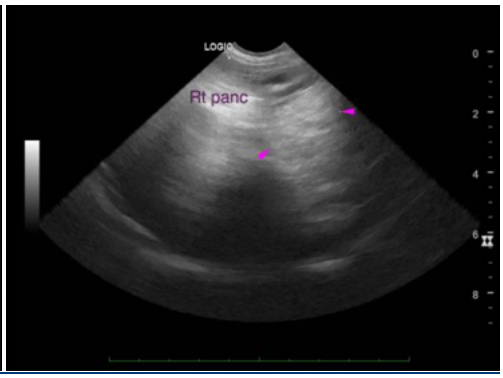

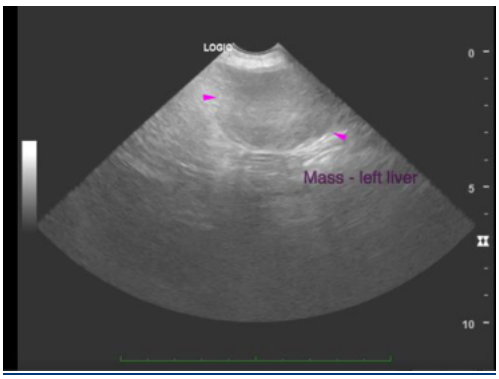

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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