

PATIENT PRESENTING CLINICAL SIGNS

Banner Glaser History: Patient presented for ADR on 12/12/25 with seemingly uncomfortable and tires easily on walks. History of liver value elevations and anaplasmosis.

SPECIES

Abnormal PE/Chem/CBC/UA Results: PE: Unremarkable aside for some HL resistance 11/15/25: ALP: 137 ALT: 308 12/12/25: ALP 229 ALT: 728 AST: 132 12/20/25: ALT 692 ALP 245 AST 108
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Spaniel *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 visible portion of the proximal urethra are normal.

SEX

Neutered Male

The prostate is normal in size (1.16 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

AGE

9 years 6 mos

The left kidney is normal in size (5.64 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.

WEIGHT

42.2 lbs

The right kidney is normal in size (5.57 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.50 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.

IMAGING PERFORMED BY

Dr. Ryan Moreno

The right adrenal gland is normal in size (1.18 cm at cranial pole) (0.58 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.

HOSPITAL NAME

7 Fields VH

Spleen

The spleen is normal in size (1.34 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.

REFERRING VET

Dr. Ryan Moreno

Liver

The liver is subjectively prominent-to-enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely mottled, bordering on nodular in appearance. A >6.5 x.4.9 cm isoechoic slightly cavitated, expansile swelling/mass is observed mid- to right-liver at the caudal aspect. Hepatic is of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

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The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. 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 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

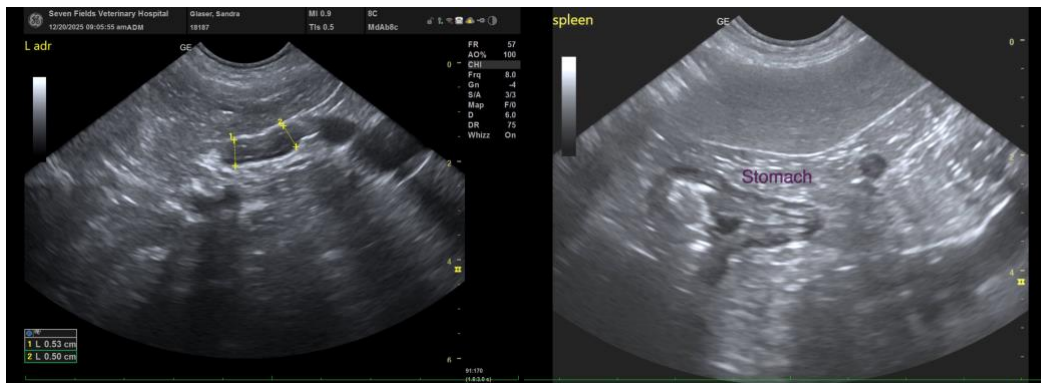
Mid- to right hepatic swelling/mass. Neoplasia (i.e., adenoma, adenocarcinoma, sarcoma, round cell tumor) is a consideration. Other possibilities include large regenerative nodule, inflammatory focus, other. The diffuse hepatic parenchymal changes are nonspecific and could be secondary to an inflammatory hepatopathy (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis (i.e., copper), regenerative nodular hyperplasia, infiltrative neoplasia, fibrosis, vacuolar hepatopathy, and/or other hepatopathy.

Secondary Findings

Minor bilateral age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, consider hepatic tissue sampling (i.e., aspirates or biopsies). If biopsies are pursued, excisional biopsy of the hepatic swelling is recommended, along with aerobic and anaerobic bile cultures and hepatic copper quantitation. An abdominal CT scan would be useful in presurgical planning. If aspirates are pursued, it should be noted that primary hepatic tumors can be difficult to diagnostic cytologically, and histopathology may be necessary to get a definitive diagnosis.





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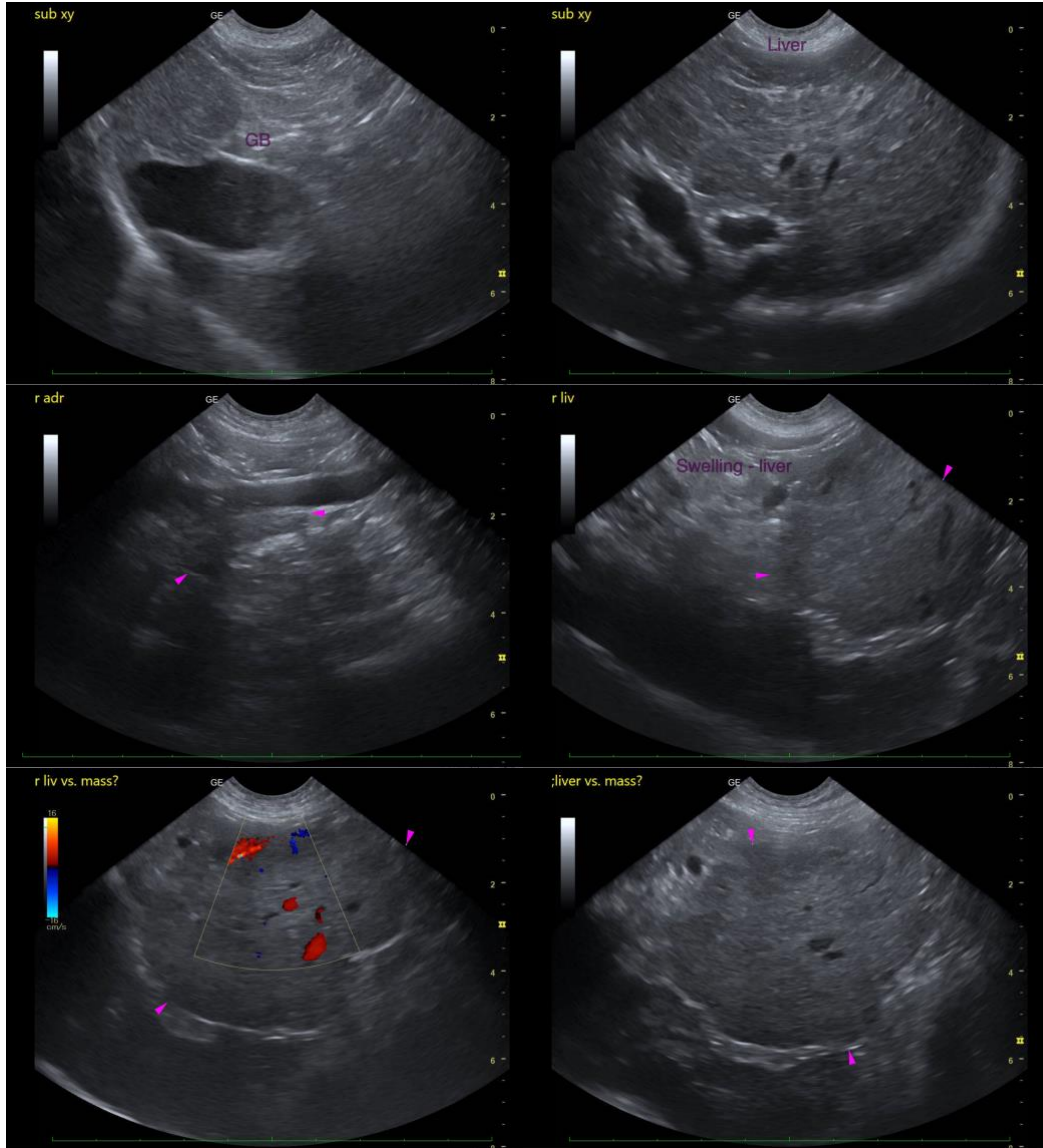
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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