

PATIENT

Gus Cora

SPECIES

Canine

BREED

Golden Doodle

SEX

Neutered Male

AGE

8

WEIGHT

36 kg

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

VCA Palmetto AH

REFERRING VET

Dr Vivian Ghiorzi

INVOICE

22335

DATE

12-26-25

PRESENTING CLINICAL SIGNS

Patient has a history of hepatocellular carcinoma that was surgically resected. In September, had an ultrasound and a 3.0 x 4.0 cm lesion was noted in the same area where the carcinoma had been removed. A surgical oncologist suspected hyperplasia. Cytology showed hepatocytes supporting that finding. On October 25th, repeat aspirates showed the same. ALP 211. ALT 165. Patient recently started on Denamarin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

The prostate is normal in size (0.84 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

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

The right kidney is normal in size (7.40 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 normal in size (0.77 cm at cranial pole) (0.83 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 right adrenal gland is normal in size (1.05 cm at cranial pole) (0.51 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.

Spleen

The spleen is prominent in size (2.75 cm in width at the level of the hilus) with smooth peripheral contours. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with a slightly irregular caudal margin. The parenchyma is hypochoic-to-isoechoic relative to the spleen, and subtly mottled in appearance. A 5.5 x 3.0 cm hypochoic mass is observed at the caudal aspect, approximately mid-liver. A 1.9 x 1.2 cm hypochoic nodule is also observed deep on the left side. A 2.5 x 1.2 cm hypochoic nodule is also seen on the left. A 1.8 x 1.5 cm hypochoic nodule is also seen at the tip of the left lateral lobe.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal



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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 ileoceocolic junction and colonic wall are normal. There is no obvious evidence of an obstructive pattern.

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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.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

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

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Caudal hepatic mass approximately mid-liver. This mass is concerning for a metastatic lesion. However, a benign process (i.e., regenerative nodule, inflammatory focus) cannot be excluded. Unfortunately, due to its depth, the lesion is not likely to be safely accessible for aspiration. In addition, it should be noted that it can be difficult to cytologically distinguish hepatic hyperplasia, from adenomas, from adenocarcinomas cytologically, and histopathology is often necessary to obtain a definitive diagnosis. The remaining three hepatic nodules may also be consistent with metastatic lesions or benign foci (see above for differentials).

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Secondary Findings

- Gallbladder debris, non-mucocele
- Bilateral nonspecific 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 lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases
- If a definitive diagnosis on the hepatic lesions is desired, histopathology will likely be necessary to get a definitive diagnosis. An abdominal CT scan may also be useful in presurgical planning. Also consider a consultation with the patient's oncologist for further recommendations.

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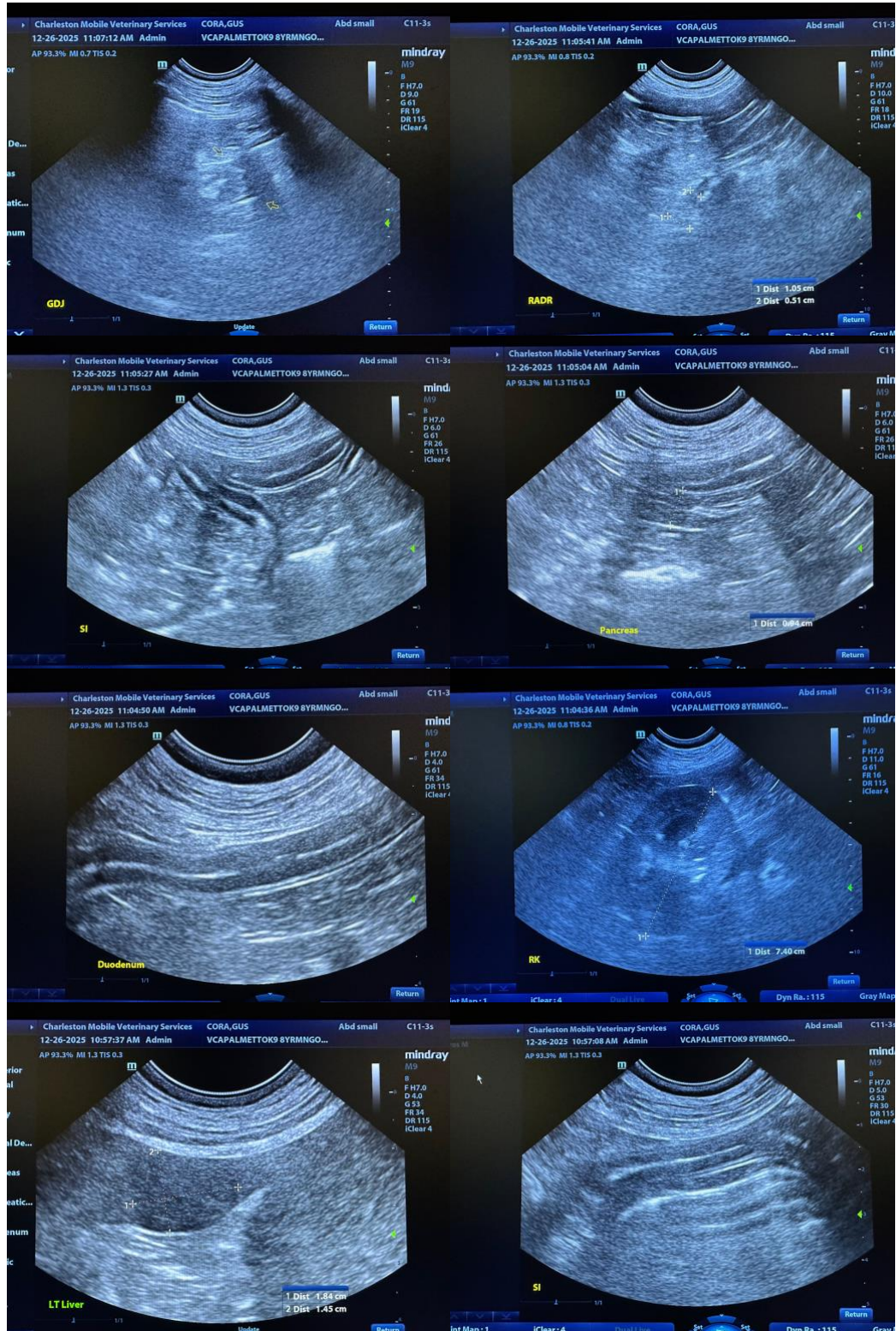
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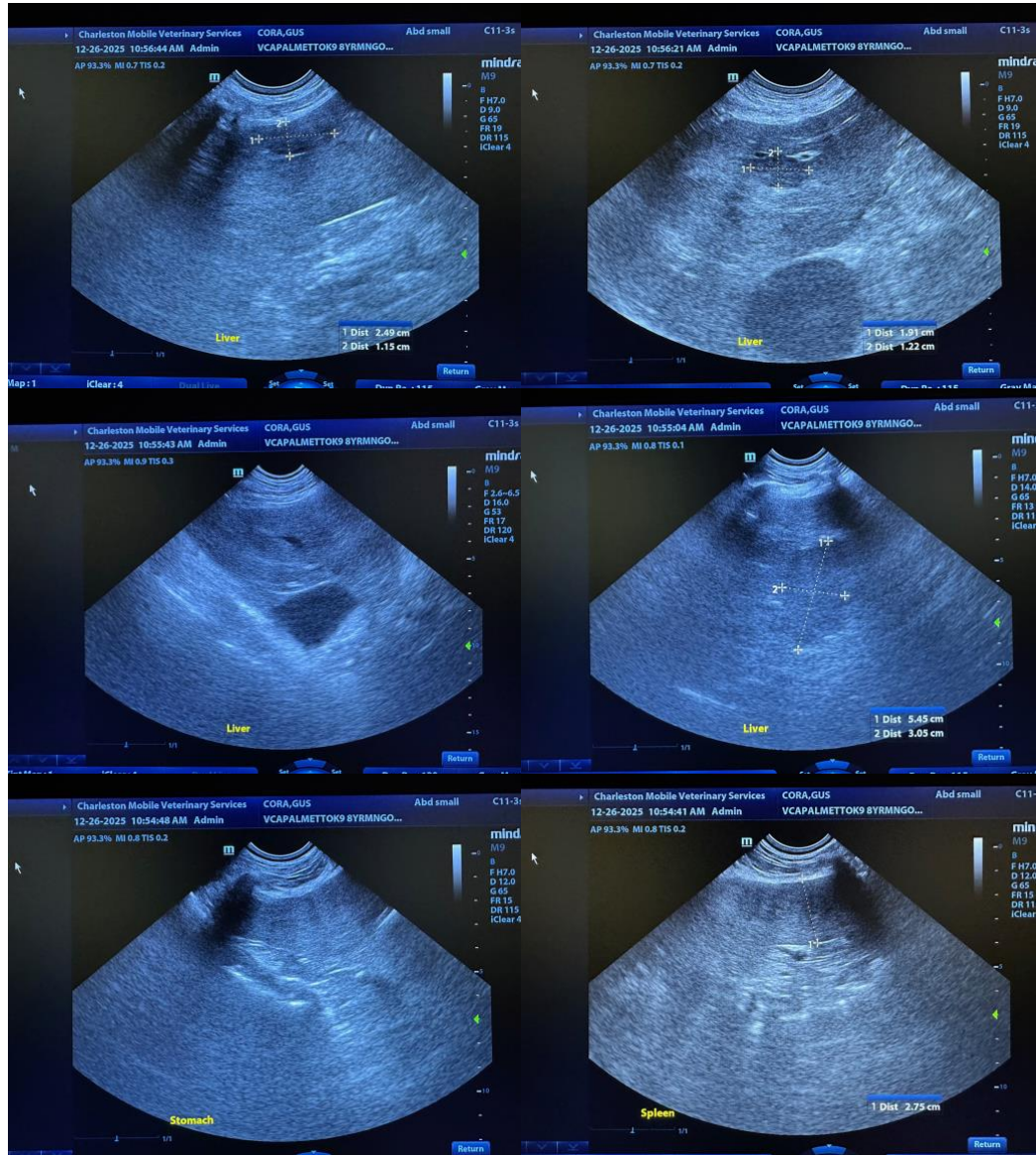
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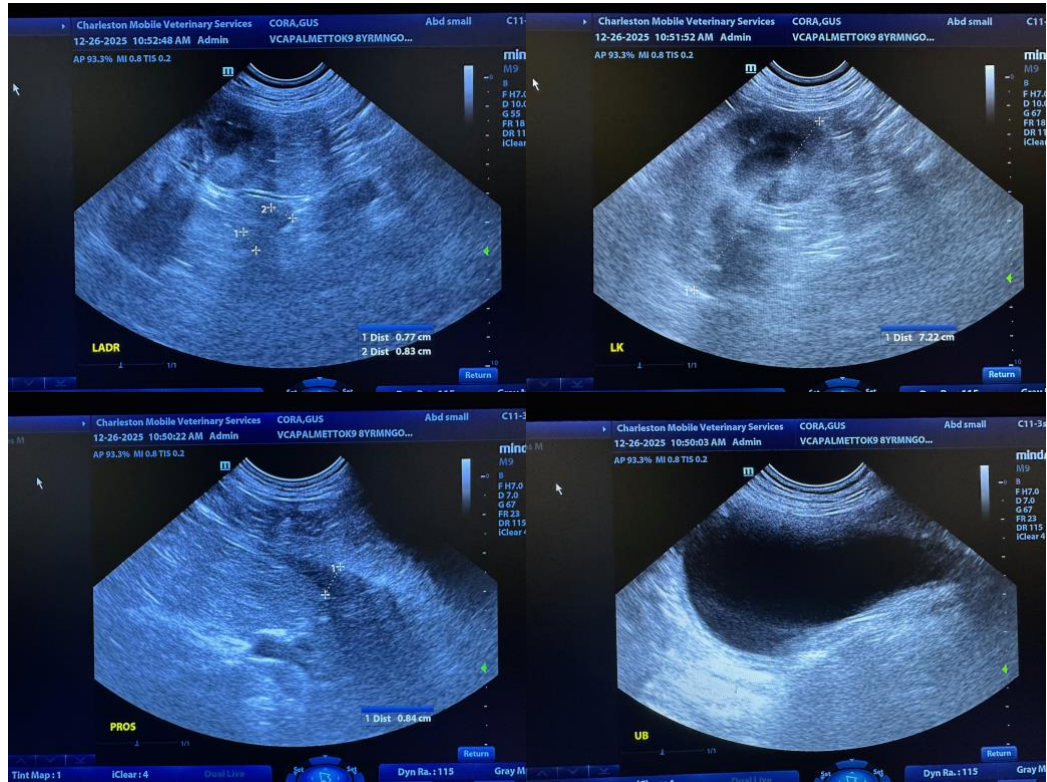
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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