



PATIENT PRESENTING CLINICAL SIGNS

Zoie Lillis Historical grade III/VI HM, increased to IV/VI while hospitalized Presented for vestibular event--right-sided head tilt & nystagmus with fast phase to the right Historical marked elevation in liver enzymes
SPECIES Hypertension diagnosed 12/27/25 Vomiting through Cerenia

Canine Abnormal lab-work values: ALP 6698. ALT 240. Globulin 3.8. BUN 40. Thrombocytosis. Mild monocytosis. USG 1.031. 3+ proteinuria. Inactive sediment.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Boston Terrier

Urinary System

SEX

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.

Female Spayed

AGE

The left kidney is normal in size (5.25 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the liver. Several small, cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

13 years 3 mos

WEIGHT

The right kidney is normal in size (4.73 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate loss of corticomedullary distinction. The cortex is hyperechoic relative to the liver. Several small, cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

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INTERPRETED BY

Adrenal Glands

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

The caudal pole of the left adrenal gland is visualized (0.73 cm in width) and is mildly enlarged with a normal shape, glandular echogenicity and detail. Surrounding vasculature is normal.

IMAGING PERFORMED BY

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Solitaire Goldfield DVM

Spleen

The spleen is subjectively normal-in-size (0.96 cm in width at the level of the hilus). A 1.7 cm expansile nodule is arising from the parenchyma. In the remainder of the spleen, the margins are curvilinear. Pinpoint hyperechoic-to-mineralized foci are observed throughout the organ. Splenic vasculature is normal with no evidence of thrombosis.

HOSPITAL NAME

Craig Road AH

Liver

REFERRING VET

Solitaire Goldfield DVM

The liver is subjectively prominent in size with swollen curvilinear peripheral contours. The parenchyma is isoechoic relative to the spleen and exhibits mild heterogeneity. Ill-defined hyperechoic areas are observed throughout the organ. No distinct focal lesions are observed. Hepatic vasculature and biliary tracts are of normal volume with no evidence of congestion.

INVOICE

The gallbladder is moderately distended. The wall is variably thickened (up to 0.35 cm) and hyperechoic. A small-to-moderate amount of aggregated, echogenic-to-mineralized, partially dependent sludge/sand is observed within the lumen. A distinct, nonobstructive calculus is also suspected. The cystic and common bile ducts are normal/not seen.

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12-28-25

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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



PATIENT Zoie Lillis
 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.

SPECIES *Pancreas*
 Canine
 The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

BREED *Lymph Nodes*
 Boston Terrier
 The abdominal lymph nodes are normal/not visible.

SEX *Free Abdomen*
 Female Spayed
 There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

AGE *Primary Findings*
 13 years 3 mos

- The diffuse hepatic changes are nonspecific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.

WEIGHT 26

- The gallbladder wall changes are most consistent with cholecystitis. Gallbladder sludge/sand, +/- a distinct, nonobstructive cholelith are observed.

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

- Mild left adrenomegaly. The right adrenal gland is not definitively visualized in the available images.
- Splenic nodule. Considerations include emerging neoplasia (i.e., round cell tumor, sarcoma) vs a benign process (i.e., lymphoid hyperplasia or similar). Splenic dystrophic mineralization is also present.

IMAGING PERFORMED BY Solitaire Goldfield DVM

HOSPITAL NAME Craig Road AH

REFERRING VET Solitaire Goldfield DVM

Secondary Findings

- Bilateral nonspecific age-related renal changes with cortical cysts
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- If the patient was fasted for this study, the presence of ingesta within the gastric lumen could suggest delayed gastric emptying.

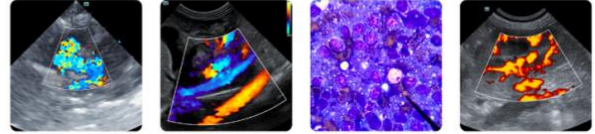
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE 22349

- Regarding the hepatic changes, consider hepatic tissue sampling (i.e., fine-needle aspirates or biopsies) assuming normal clotting status. Alternatively, consider serial monitoring of the patient's liver values (i.e., every 3-4 months). If values continue to increase, further work-up may be indicated. Initiation of hepatic antioxidants (i.e., Denamarin, Ursodiol) may also prove beneficial.

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- Regarding the splenic nodule, consider the following:
 - Three-view thoracic radiographs are recommended to assess for pulmonary metastases
 - Fine-needle aspiration (assuming normal clotting status). A 25-gauge needle should be used.



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**IMAGING
PERFORMED BY**

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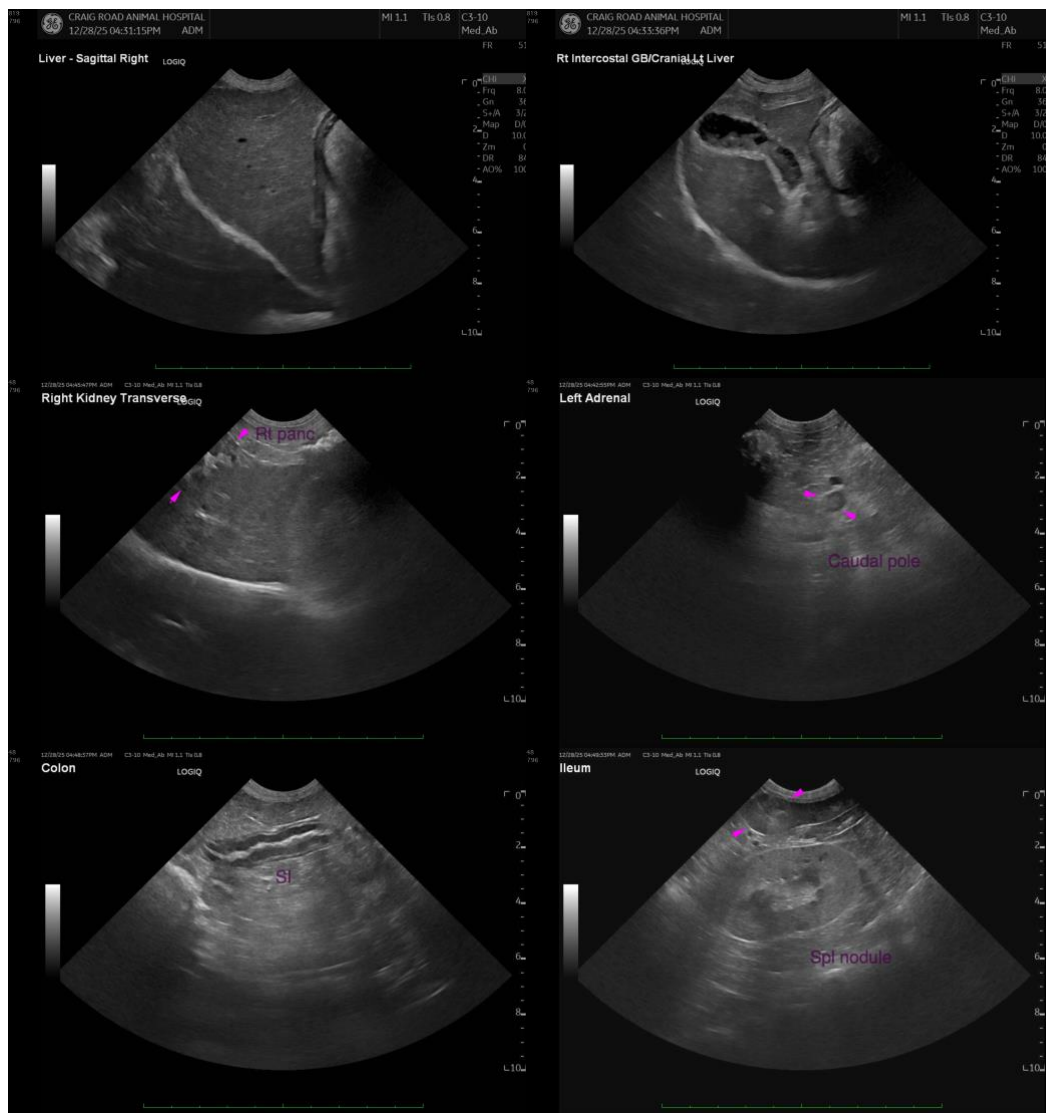
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- Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
- Regarding the proteinuria, a urine culture and sensitivity and a UPC are recommended.
- Regarding the neurologic symptoms, consider consultation with a board-certified neurologist for further evaluation.





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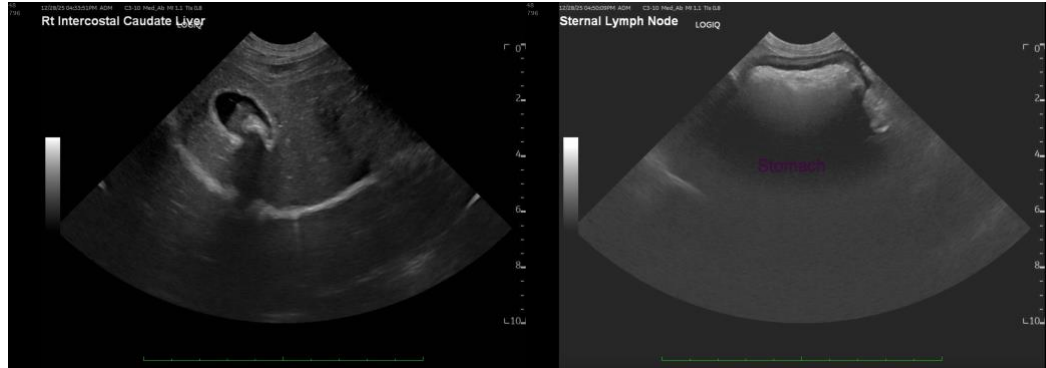
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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