



**PATIENT**

Maximus Alper

**SPECIES**

Canine

**BREED**

Labrador Retr

**SEX**

Male Neutered

**AGE**

01/31/2014

**WEIGHT**

70

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Trinity Island VC

**REFERRING VET**

Dr Kristi Oldham

**INVOICE**

22546

**DATE**

2-12-26

**PRESENTING CLINICAL SIGNS**

Abnormal lab-work values: Patient has had a history of significant weight loss, inappetence, and diarrhea. WBC 31,000, mainly a neutrophilia. Hematocrit 30%. Low-grade anemia  
Patient currently on a low dose of prednisone.  
Radiographic Findings: Will be done same day

**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 (1.14 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 (8.38 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 corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.46 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 corticomedullary distinction. There is a suspected cortical infarct near the caudal pole. There is no evidence of pyelectasia, nephroliths, or hydroureter. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is normal in size (0.77 cm at cranial pole) (0.63 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 (0.97 cm at cranial pole) (0.80 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 normal in size (1.99 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is enlarged, with irregular peripheral contours. A 14.0 x 12.0 cm heterogenous cavitated mass is arising from the left side. In addition, a 16.0 x 12.0 cm heterogenous, slightly cavitated mass is arising from the right side. The remaining parenchyma is slightly mottled in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity-dependent, echogenic-to-mineralized debris is observed within the lumen. 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 layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small



**PATIENT**

Maximus Alper

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**

Canine

**Pancreas**

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**

Labrador Retr

**Lymph Nodes**

A cluster of enlarged, irregular, heterogenous cavitated medial iliac lymph nodes are visualized (one of the largest measuring 6.9 x 3.7 cm). In addition, a 1.8 x 0.6 cm mesenteric lymph node is seen.

**SEX**

Male Neutered

**Free Abdomen**

The mesentery in various portions of the abdomen is hyperechoic. A small amount of free fluid is present.

**AGE**

01/31/2014

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

70

**Primary Findings**

- Two large hepatic masses. Neoplasia (i.e., round cell tumor, carcinoma, sarcoma) is suspected, with a low possibility of a non-neoplastic process.
- The medial iliac lymphadenopathy is also concerning for neoplasia (i.e., lymphoma, metastatic disease, other) with a lower possibility of lymphadenitis.
- The splenic parenchymal changes could be consistent with infiltrative neoplasia (i.e., round cell tumor), lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other).
- Diffuse peritonitis, likely secondary to hepatic and lymph node pathology

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**Secondary Findings**

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

**IMAGING PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Trinity Island VC

**REFERRING VET**

Dr Kristi Oldham

Ultrasound-guided fine-needle aspiration of the right hepatic mass was performed at the end of this study without incident.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INVOICE**

22546

- Depending on the cytology results, consultation with a board-certified oncologist can be considered.
- Three-view thoracic radiographs can also be performed to assess cardiopulmonary status.

**DATE**

2-12-26



**PATIENT**

Maximus Alper

**SPECIES**

Canine

**BREED**

Labrador Retr

**SEX**

Male Neutered

**AGE**

01/31/2014

**WEIGHT**

70

**INTERPRETED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

Trinity Island VC

**REFERRING VET**

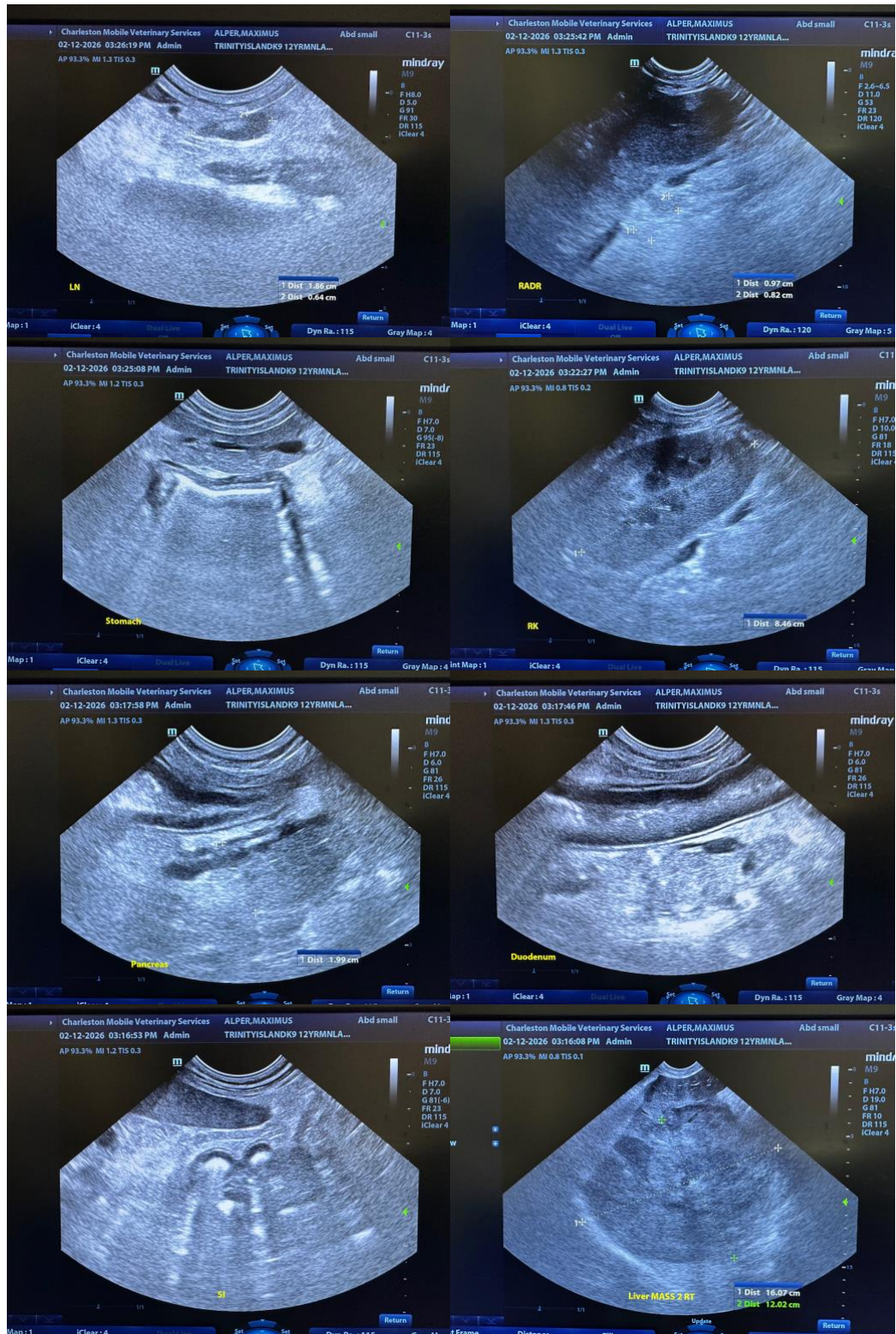
Dr Kristi Oldham

**INVOICE**

22546

**DATE**

2-12-26





**PATIENT**

Maximus Alper

**SPECIES**

Canine

**BREED**

Labrador Retr

**SEX**

Male Neutered

**AGE**

01/31/2014

**WEIGHT**

70

**INTERPRETED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

Trinity Island VC

**REFERRING VET**

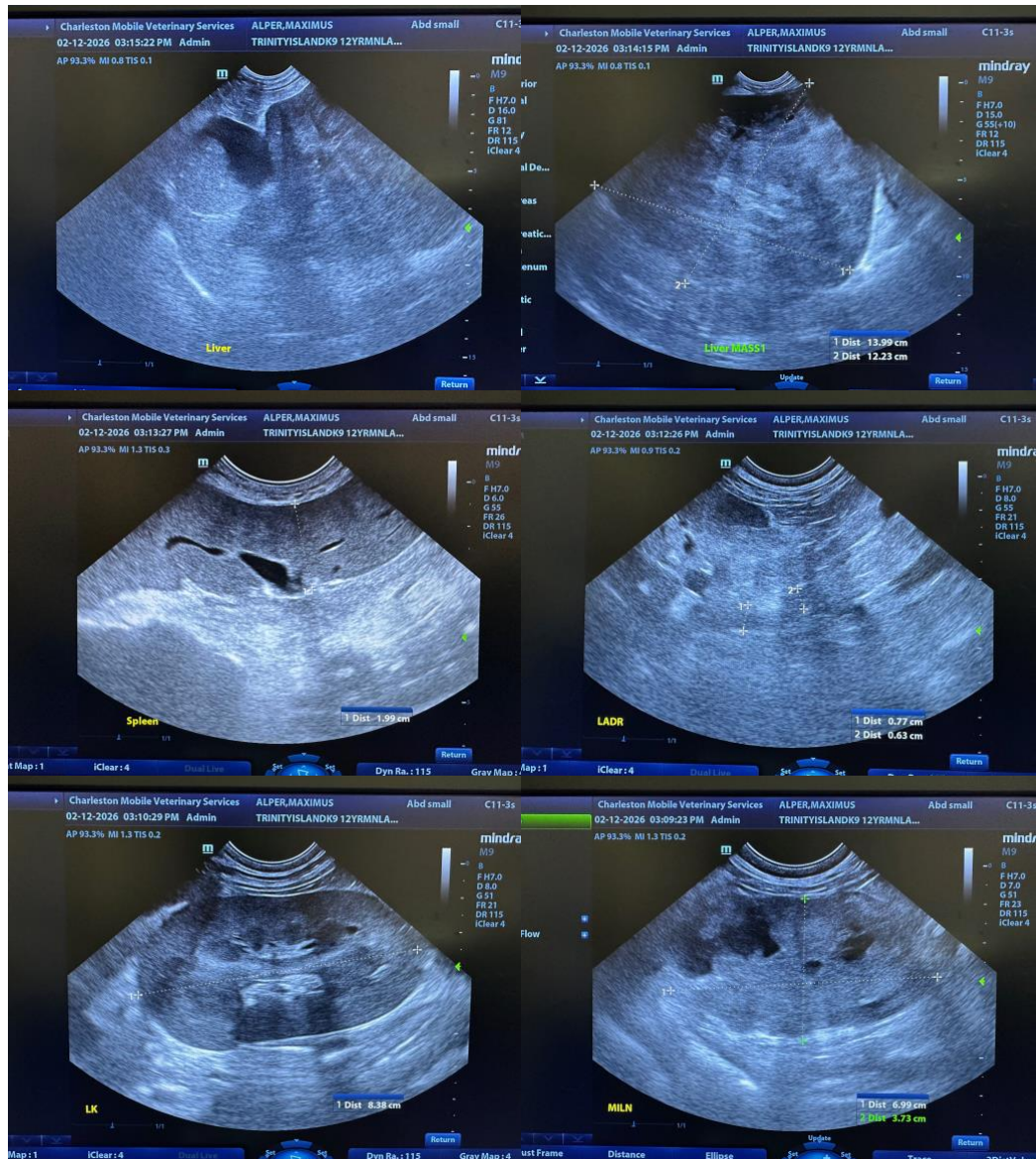
Dr Kristi Oldham

**INVOICE**

22546

**DATE**

2-12-26





**PATIENT**

Maximus Alper

**SPECIES**

Canine

**BREED**

Labrador Retr

**SEX**

Male Neutered

**AGE**

01/31/2014

**WEIGHT**

70

**INTERPRETED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**IMAGING PERFORMED BY**

Andrea Nicastro DVM  
 Diplomate ACVIM  
 (Sm Animal Internal Med)

**HOSPITAL NAME**

Trinity Island VC

**REFERRING VET**

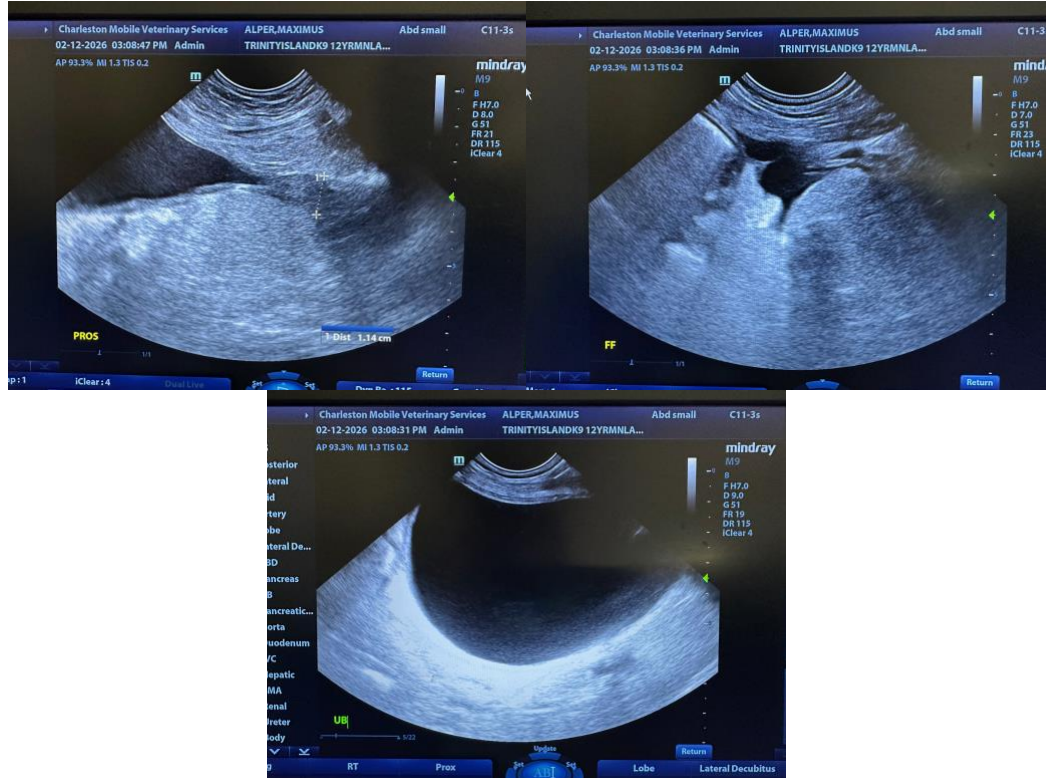
Dr Kristi Oldham

**INVOICE**

22546

**DATE**

2-12-26



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](mailto:info@SonoPath.com)