



PATIENT

Lily White

SPECIES

Canine

BREED

Beagle

SEX

Female Spayed

AGE

10

WEIGHT

16.8 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

REFERRING VET

Dr Ghiorzi

INVOICE

22551

DATE

2-13-26

PRESENTING CLINICAL SIGNS

Patient is currently being treated for cervical myelopathy but otherwise doing fine. History of a splenic mass and elevated liver values. Currently on prednisone for the cervical myelopathy. Otherwise, doing well.

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 left kidney is normal in size (6.26 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (6.20 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (0.48 cm at cranial pole) (0.56 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 (0.53 cm at cranial pole) (0.48 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

A 3.3 x 2.8 cm isoechoic-to slightly-hypoechoic heterogenous expansile mass is arising from the medial aspect, approximately mid-body. In the remainder of the spleen, the margins are curvilinear, and the parenchyma is homogenous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance, with a coarse echotexture. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of partially dependent echogenic 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 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. The colonic lumen contains granular-appearing fecal material. 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

A 1.54 x 0.52 cm medial iliac lymph node is visualized.

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Free Abdomen

There is no obvious evidence of free fluid.

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Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic mass (previously-observed). The mass is similar in size compared to the previous sonogram
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy. Changes are similar to the previous sonogram.
- The gallbladder changes could be consistent with cholestasis, fasting, or an emerging mucocele.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes. Changes are similar to the previous sonogram.
- The prominent medial iliac lymph node is likely reactive, with a lower possibility of emerging neoplasia. Changes are similar to the previous sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the gallbladder changes, continuation of Ursodiol therapy is recommended.
- Regarding the splenic mass, consider the following:
 1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases (if not already performed).
 2. Consider fine-needle aspiration (assuming normal clotting status). A 25-gauge needle should be used. Alternatively, consider a splenectomy with submission of the spleen for histopathology. If surgery is pursued, liver biopsies should also be obtained at the time of surgery, given the history of elevated liver values.

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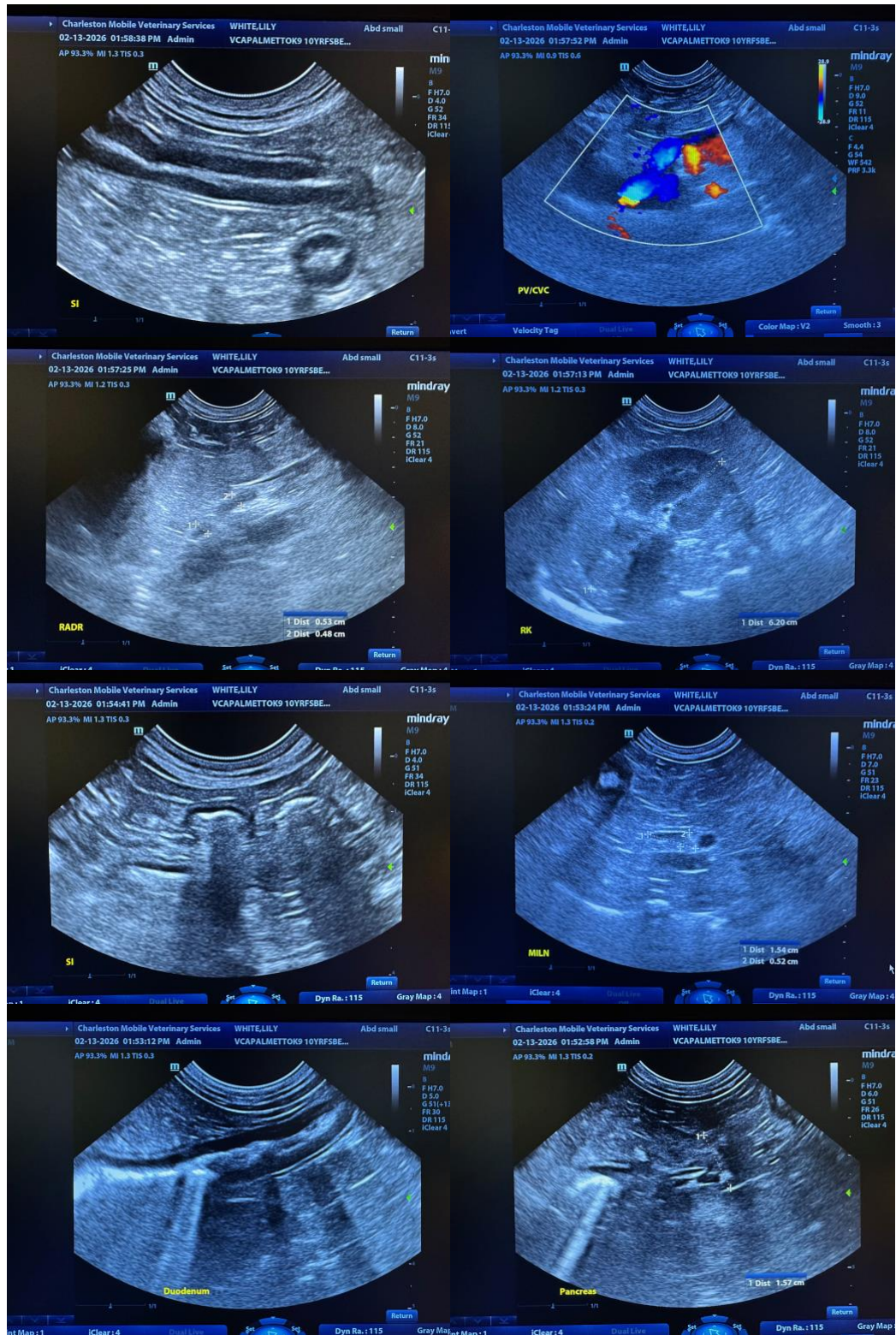
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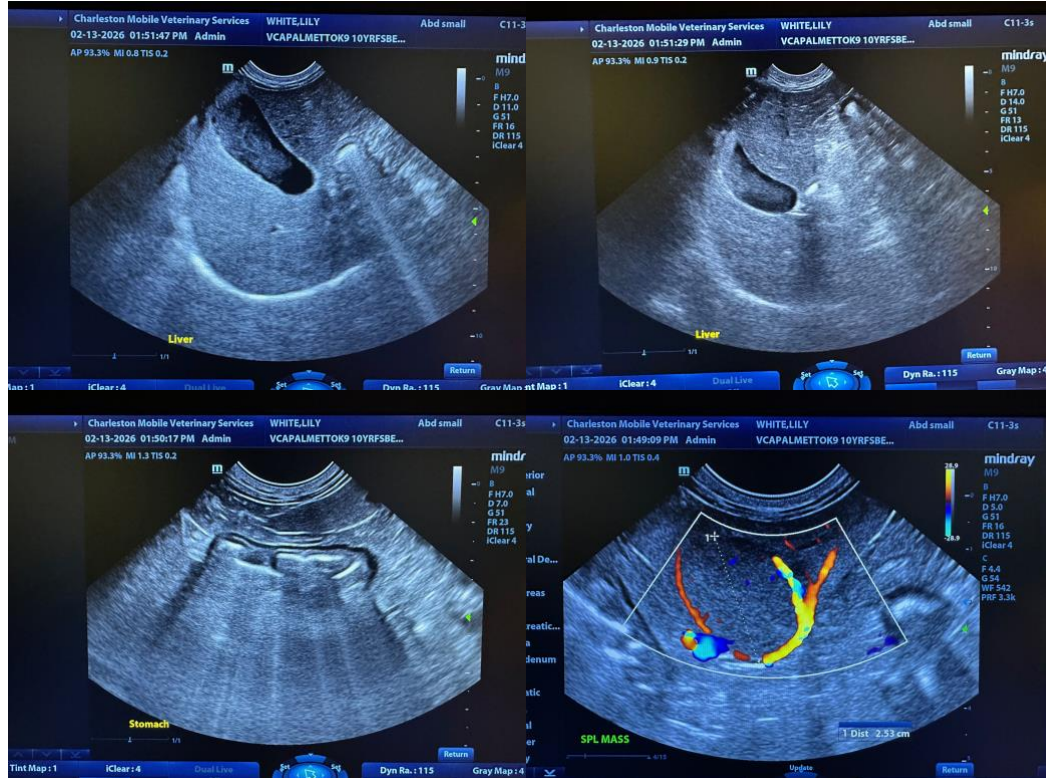
Dr Ghiorzi

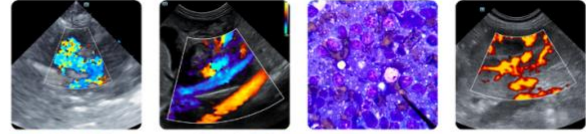
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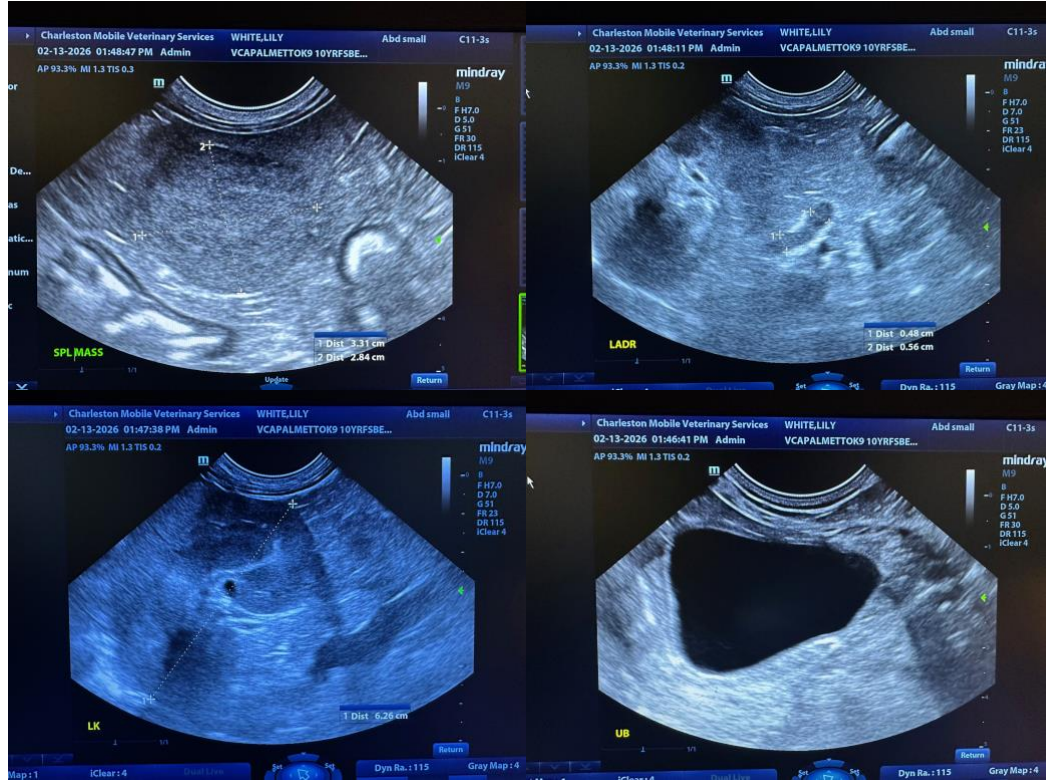
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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