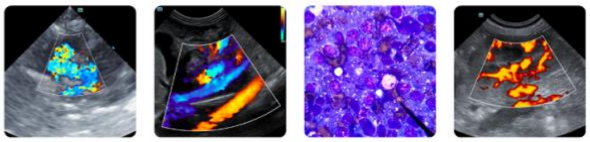


PATIENT

Blitz Hall

SPECIES

Canine

BREED

Golden Retriever X

SEX

Neutered Male

AGE

8

WEIGHT

43 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander LVT

HOSPITAL NAME

NorthStar Vet Sonography, PLLC

REFERRING VET

Dr. Mehanni

INVOICE

22559

DATE

2-15-26

PRESENTING CLINICAL SIGNS

History: Presented for acute onset labored breathing with noted gum color change and cold oral mucosa. Owner became concerned for poor perfusion and respiratory distress. Clinical signs began approximately 30 minutes prior to arrival. Owner transported Blitz to the hospital within 10 minutes of noticing symptoms. Owner reports Blitz appeared weak with abnormal gum color and cold mouth. No collapse reported.

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 4 cm, are normal.

The prostate is normal in size (0.89 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 (8.40 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 corticomedullary distinction. Trace pyelectasia is present (0.15 cm in the transverse plane). There is no evidence of nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (8.23 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.

Adrenal Glands

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

Spleen

The spleen is subjectively normal-in-size with a normal capsular contour. There is appropriate echogenicity and echotexture. A 2.0 x 1.8 cm hyperechoic-to-heterogenous macronodule/mass is observed at the lateral aspect, approximately mid-body. In addition, a 1.4 x 0.9 cm hypoechoic-to-heterogenous, slightly expansile nodule is observed at the lateral margin, at the cranial-to mid-aspect. A 1.0 x 0.7 cm hypoechoic- to heterogenous, slightly expansile nodule is also seen cranially, at the lateral margin. A few, small, ill-defined hypoechoic nodules are also seen. The remaining parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

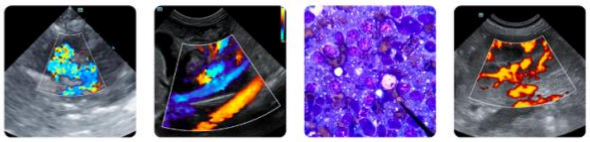
Liver

The liver is subjectively subjectively prominent-in-size, with a slightly irregular caudal margin. The parenchyma is isoechoic relative to the spleen. A 4.4 cm isoechoic-to-hyperechoic, slightly heterogenous mass is observed on the right side at the caudal aspect. The remaining parenchyma is subtly heterogenous 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 small-to-moderate amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally 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

Blitz Hall

SPECIES

Canine

BREED

Golden Retriever X

SEX

Neutered Male

AGE

8

WEIGHT

43 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander LVT

HOSPITAL NAME

NorthStar Vet Sonography, PLLC

REFERRING VET

Dr. Mehanni

INVOICE

22559

DATE

2-15-26

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

At least one prominent jejunal lymph node is visualized (measuring 1.59 x 0.43 cm.

Free Abdomen

A moderate amount of anechoic fluid is present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Right liver mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor, sarcoma) is suspected, with a lower possibility of a non-neoplastic process (i.e., large regenerative nodule, inflammatory focus). The diffuse hepatic parenchymal changes are nonspecific, and could be secondary to regenerative nodular hyperplasia, vacuolar hepatopathy, age-related parenchymal remodeling, inflammatory disease, infiltrative neoplasia, hepatotoxicosis (i.e., copper), and/or other hepatopathy.
- The splenic nodules could be consistent with neoplasia (i.e., metastatic disease or primary splenic tumors) or benign foci (i.e., lymphoid hyperplasia or similar).
- Ascites. Broad considerations include increased hydrostatic pressure (i.e., secondary to right-sided congestive heart failure), low oncotic pressure, increased vascular permeability, hemorrhage, other.

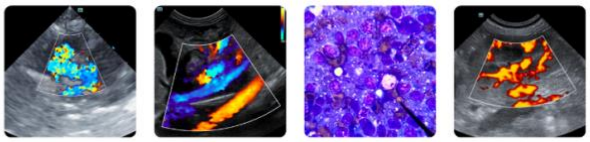
Secondary Findings

- Mild bilateral nonspecific age-related renal changes with trace left pyelectasia
- The prominent jejunal lymph node is likely reactive, with a lower possibility of a emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider cytologic evaluation of the abdominal fluid.
- An abdominal CT scan would be useful in further evaluating the hepatic and splenic pathology. Alternatively, cytology or histopathology can be considered (if clotting status is appropriate) to get a definitive diagnosis.
- Further recommendations should be based on the echocardiogram report.

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Blitz Hall

SPECIES

Canine

BREED

Golden Retriever X

SEX

Neutered Male

AGE

8

WEIGHT

43 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander LVT

HOSPITAL NAME

NorthStar Vet Sonography, PLLC

REFERRING VET

Dr. Mehanni

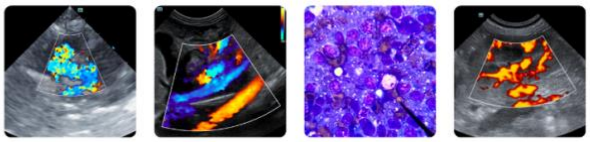
INVOICE

22559

DATE

2-15-26

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Blitz Hall

SPECIES

Canine

BREED

Golden Retriever X

SEX

Neutered Male

AGE

8

WEIGHT

43 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander LVT

HOSPITAL NAME

NorthStar Vet Sonography, PLLC

REFERRING VET

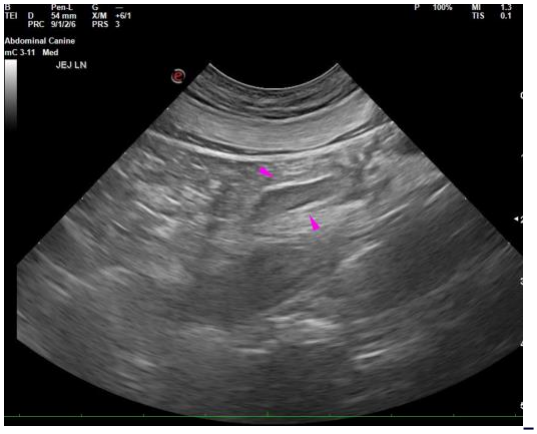
Dr. Mehanni

INVOICE

22559

DATE

2-15-26



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