



PATIENT

Bella Cannizzaro

SPECIES

Canine

BREED

Mini Goldendoodle

SEX

Female, spayed

AGE

12 yrs.

WEIGHT

30 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

Fredon AH

REFERRING VET

Dr. Grau

INVOICE

13474

DATE

2/16/26

PRESENTING CLINICAL SIGNS

History: seen at AERA, POCUS suggested cranial abd mass

Abnormal PE/Chem/CBC/UA Results: WBC 49.19, RBC 11.19, hct 63.4 ALT 225, ALP 616

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (6.18 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 (5.90 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 (0.79 cm at cranial pole) (0.60 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 region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

An approximately 9 cm heterogeneous mass appears to be arising from the cranial aspect. The mesentery effacing the serosal surface is mildly hyperechoic. In the remainder of the spleen, the margins are curvilinear and the parenchyma is subtly mottled in appearance. A 0.56 cm hypoechoic nodule is seen mid-spleen. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

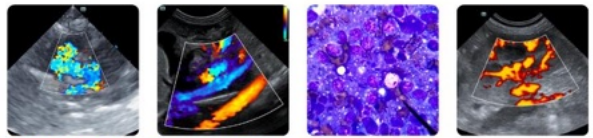
The liver is subjectively enlarged with irregular peripheral contours. Numerous varying sized heterogeneous masses many of which appear to be coalescing are observed at the caudal aspect. One of the largest masses measures at least 7 cm. The remaining parenchyma is heterogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A scant amount of 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 is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal 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



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A portion of the pancreas is obscured by the masses in the cranial abdomen. In the visualized portions, no obvious abnormalities are seen.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

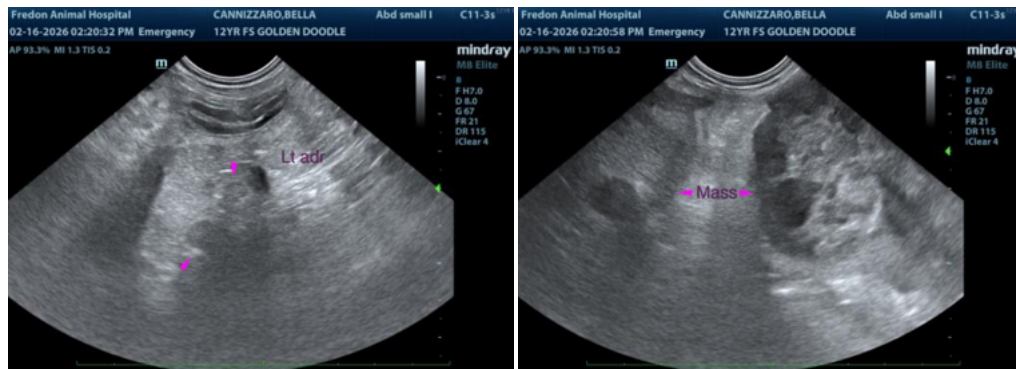
- Splenic and hepatic masses. Neoplasia (i.e., round cell tumor, sarcoma) is strongly suspected with a low possibility of a non-neoplastic process.
- Cranial peritonitis likely secondary to hepatic and splenic pathology.

Secondary Findings:

- Mild bilateral nonspecific age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine needle aspiration of one of the accessible masses (if clotting status is appropriate). A 25-gauge needle should be used. Depending on results, consultation with a board-certified oncologist may be indicated.





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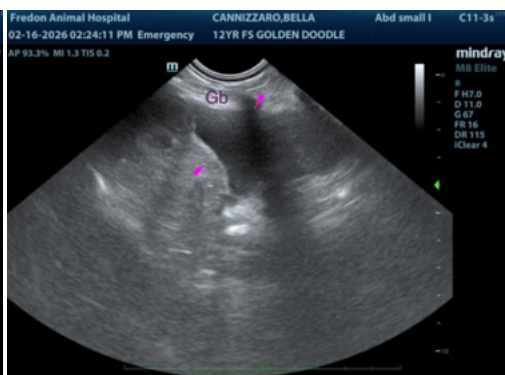
Dr. Grau

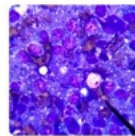
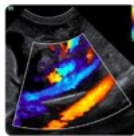
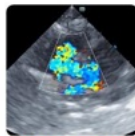
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com