



**DATE PRESENTING CLINICAL SIGNS**

2/17/26 **Patient History:** Presented 2/16/26 for decreased appetite over the last week or so. Also vomiting.

**PATIENT**

Lily Dickerson

**Current Medications:** Carprofen 75mg BID started in December 2025, used for about a month. Restarted around 2/3/26. Gabapentin 300mg was used for a couple days but Lily had issues with side effects so was discontinued.

**Labwork Results:** Labwork attached, reported as: Previous lab work sent out 12/2025 WNL. Repeated lab work 2/16/26 still pending. Radiographs 2/16/26- mass mid abdomen.

**SPECIES**

Canine

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** IV Torb.

**Stat Report:** STAT requested.

**Imaging Performed by:** Rachel Brillhart, RDMS.

**BREED**

Lab

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Female, spayed

**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 and the visible portion of the proximal urethra are normal.

**AGE**

10/31/2013

The left kidney is normal in size (7.23 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 loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**WEIGHT**

76 lbs.

The right kidney is normal in size (7.67 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 loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland is normal in size (0.70 cm at cranial pole) (0.62 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.

**HOSPITAL NAME**

Animal Care Center

The right adrenal gland is normal in size (0.92 cm at cranial pole) (0.64 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.

**REFERRING VET**

Dr. Beavers

**Spleen**

The spleen is enlarged with irregular peripheral contours. At least 3 heterogeneous masses are observed, the largest measuring >10 cm. The largest mass is somewhat cavitated in appearance. The remaining parenchyma is mottled. Splenic vasculature appears normal with no evidence of thrombosis.

**INVOICE**

13482

**Liver**

The liver is prominent in size with irregular peripheral contours. At least 3 hyperechoic to heterogeneous expansile masses are observed on the right side, the largest one measuring >4 cm, the other measuring at least 2.3 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 moderate amount of mobile 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***

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***

The abdominal lymph nodes are normal/not visible.

#### ***Free Abdomen***

The mesentery throughout the abdomen is mildly hyperechoic. A small amount of free fluid is observed.

#### ***Other***

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

### **ULTRASONOGRAPHIC FINDINGS**

#### **Primary Findings:**

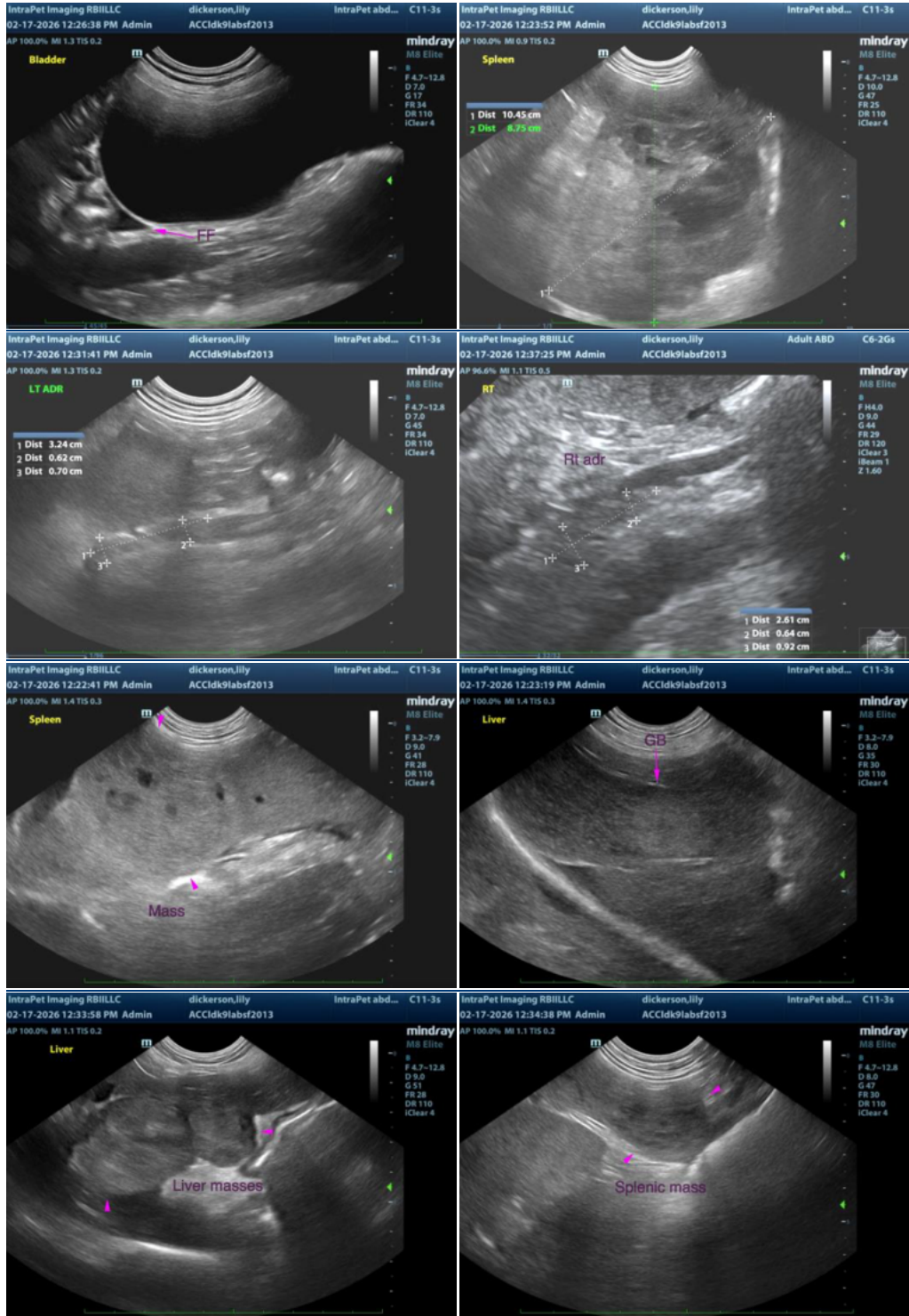
- Multiple hepatic and splenic masses. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is suspected with a low possibility of a non-neoplastic process (i.e., multifocal inflammatory disease).
- Mild peritonitis is present likely secondary to hepatic and splenic pathology.

#### **Secondary Findings:**

- Mild bilateral, age-related renal changes

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Consider fine needle aspiration of the hepatic or splenic masse (assuming normal clotting status). 25-gauge needles should be used. Care should be taken to avoid cavitated areas. There is risk of iatrogenic hemorrhage with aspiration. Depending on cytology results, consultation with a board-certified oncologist may be warranted. If further testing is not pursued, palliative care is recommended.





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)