



PATIENT PRESENTING CLINICAL SIGNS

Henry Dart

History: Henry presented for follow-up exam ultrasound focus on liver. Henry is sedated with DKT (0.3ml) before ultrasound. He has left side liver lobectomy 3/2025 at Oradell Animal Hospital due to left side ruptured liver abscess and carcinoma. The most recent ultrasound check was 12/ 2025. Overall, he is doing well.

SPECIES

Canine

BREED

Beagle

SEX

Male

AGE

8

WEIGHT

46.2 lbs

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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (6.29 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction.

The cortex is isoechoic- to hyperechoic relative to the spleen. A few, small, cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size (6.88 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. The cortex is isoechoic- to hyperechoic relative to the spleen. A few, small, cortical cysts are seen. A few, small, nonobstructive mineralized foci are visualized. Mild- to moderate pyelectasia is present (0.34 cm in the longitudinal plane). There is no infarcts or hydroureter.

INTERPRETED BY

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

Adrenal Glands

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

The caudal pole of the right adrenal gland is visualized, and is mildly enlarged (0.77 cm in width) with smooth peripheral contours. Glandular echogenicity and detail are normal. Surrounding vasculature appears normal.

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Dr. Han

Spleen

The spleen is normal in size (1.67 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is slightly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

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Liver

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and slightly heterogenous in appearance, with a coarse echotexture. A 6.1 x 4.2 cm hypoechoic mass is observed on the right side. A 1.82 x 1.63 cm isoechoic nodule is observed adjacent to the gallbladder. In addition, a 1.29 x 0.99 cm isoechoic nodule is observed on the left side at the caudal aspect. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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Dr. Han

The gallbladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic partially dependent sludge in a partially stellate pattern is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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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 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.



PATIENT

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Pancreas

The left 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.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

There is no obvious evidence of free fluid.

SEX

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Right hepatic mass. This is a new finding. Differentials include recurrence of the previously-removed carcinoma, adenoma, round cell tumor, large regenerative nodule, inflammatory focus, other. The nodule adjacent to the gallbladder is still present and is similar in size compared to the previous sonogram. A new nodule is seen on the left side at the caudal aspect. This may represent a metastatic lesion, emerging primary tumor, inflammatory focus, regenerative nodule, other.

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- The gallbladder changes are suggestive of an emerging mucocele.

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- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. The previously-observed suspected abscess in the region of the left limb of the pancreas is no longer visible.

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Secondary Findings

- Bilateral nonspecific age-related renal changes with right nephrolithiasis and pyelectasia
- Mild right adrenomegaly at the caudal pole. The left adrenal gland is not definitively visualized.
- The splenic parenchyma changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis or splenitis with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider tissue sampling of the hepatic lesions. Surgical biopsies may be necessary to get a definitive diagnosis.

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- Also consider consultation with the patient's previous surgeon and/or oncologist (if applicable) for further recommendations.

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- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 4-6 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.



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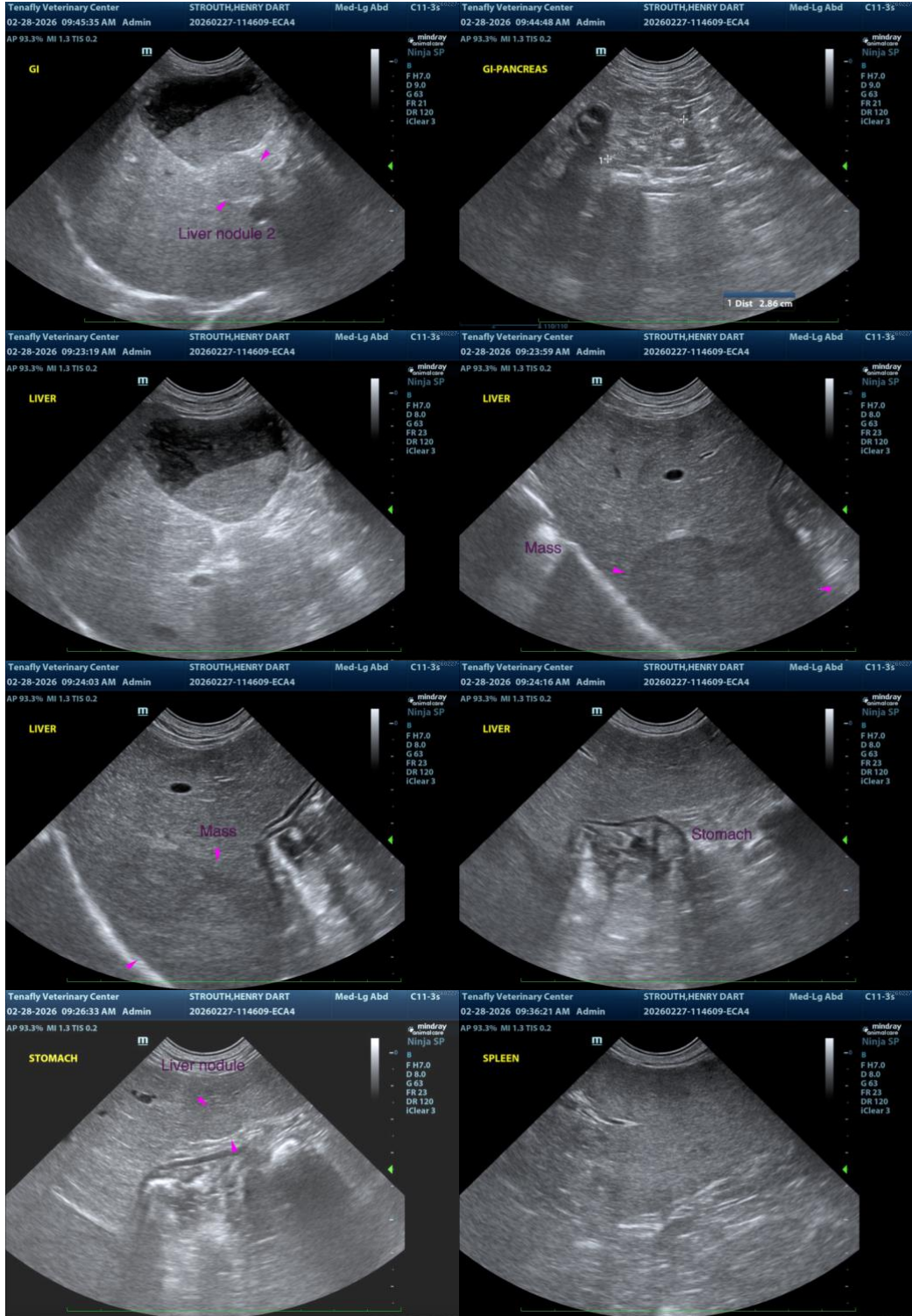
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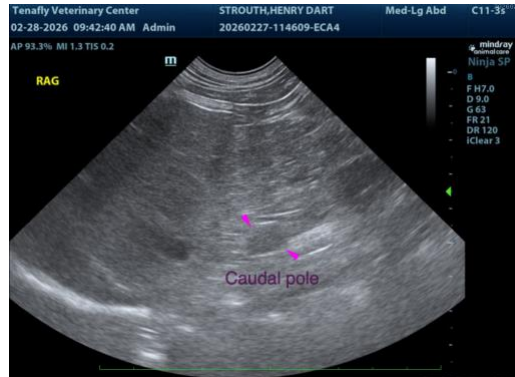
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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