



DATE

2-6-26

PATIENT

Miley Bell

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

6/17/2013

WEIGHT

45lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Chadwell Animal
Hospital

REFERRING VET

Dr. Schaupp

INVOICE

22526

PRESENTING CLINICAL SIGNS

Patient History: This is a recheck abdominal ultrasound as recommended due to a finding of a swelling/lesion approximately 4.7cm x 4 cm in mid to right liver lobe. Pet recently tore its left cranial cruciate ligament.

Current Medications: None listed.

Labwork Results: Labwork attached, reported as: Blood work was wnl with a mild elevation in CK

Date of Previous IntraPet Ultrasound: 11/11/25. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed by: Stephanie Warga RDCS, RVT.

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 (5.48 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 (5.59 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 (0.53 cm at cranial pole) (0.53 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 (0.48 cm at cranial pole) (0.61 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

The spleen is normal in size (1.91 cm in width at the level of the hilus) with smooth peripheral margins and a curled contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is overall normal-in-size, with an irregular caudal margin. At the caudal aspect, mid- to right-liver, a 4.2 x 4.0 cm isoechoic, expansile swelling/mass is visualized. In the remainder of the liver, the parenchyma is hypoechoic relative to the spleen and homogenous 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 amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly distended with ingesta and gas. Some shadowing material is also observed within the lumen. 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 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 peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Caudal hepatic mass mid- to right-liver. Differentials include neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) vs a benign process (i.e., large regenerative nodule nodule, inflammatory focus, other). Changes are similar to the previous sonogram.

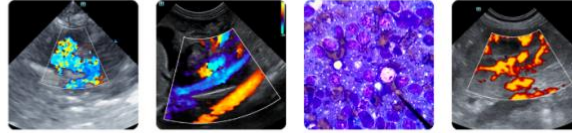
Secondary Findings

- Bilateral nonspecific age-related renal changes
- Minor retained gas and ingesta. The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material. It appears nonobstructive at the time of this study.
- The previously observed gastric wall thickening is not appreciated on today's study.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If accessible, consider fine-needle aspiration of the hepatic mass (assuming normal clotting status). A 25-gauge needle should be used. It should be noted it can be difficult to differentiate hepatic hyperplasia from adenomas, from adenocarcinoma cytologically, and histopathology may be necessary to get a definitive diagnosis. If the lesion is not accessible for aspiration, consider consultation with a board-certified surgeon to discuss mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning.

Imaging performed by



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Educational Teleconsultation Services™

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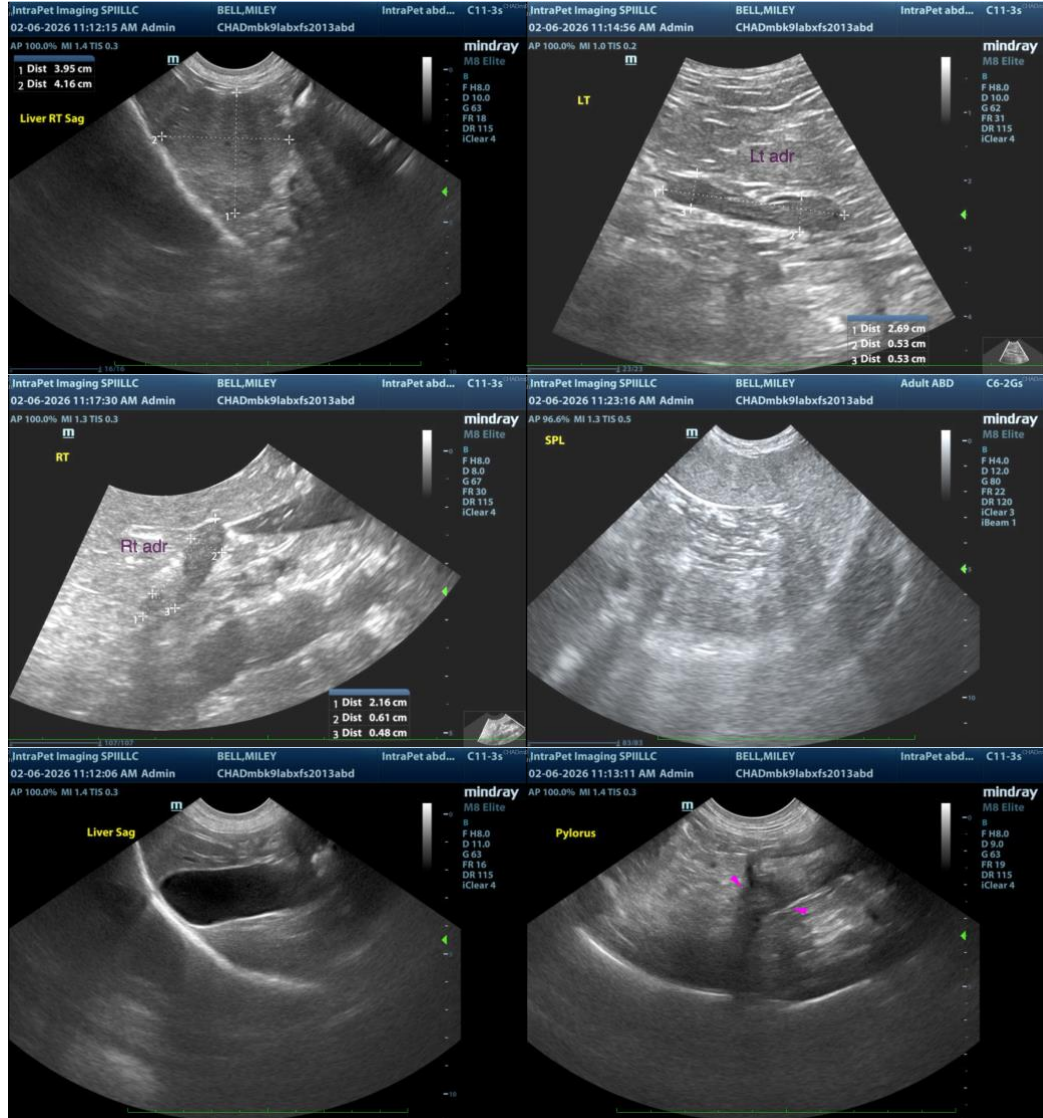
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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