PATIENT

Rocky Holmes

SPECIES

Canine

BREED

Shih Poo

SEX

Neutered Male

AGE

14

WEIGHT

Not Provided

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

IMAGING PERFORMED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Dunes VC

REFERRING VET

Dr Danny Soileau

INVOICE

22682

DATE

3-13-26

PRESENTING CLINICAL SIGNS

History of abdominal discomfort. Went to the ER 2-3 days ago. Received a buprenorphine injection. Also has a history of elevated liver values. January bloodwork: ALT 405. ALP 655. GGT 38. Normal tbili (0.2). Most recent bloodwork: ALT 317. ALP 657. GGT 52. Normal tbili (0.2). Was taking Denamarin, but owner thought it was causing diarrhea, so discontinued. Is on Ursodiol, gabapentin, and Apoquel.

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 3 cm, are normal.

The prostate is normal in size (0.76 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 (4.11 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 (4.72 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 upper limits of normal size (0.51 cm at cranial pole) (0.51 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 mildly enlarged (0.82 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 overall normal in size (0.86 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.50 x 1.15 cm hypoechoic- to slightly heterogenous, mildly expansile mass with a small, anechoic area, is observed at the caudomedial aspect. In addition, One- to two, small, myelolipomas are seen. Splenic vasculature is normal.

Liver

The liver is subjectively prominent-in-size, with slightly swollen peripheral contours. The parenchyma is isoechoic- to slightly hypoechoic relative to the spleen. A 6.0 x 5.5 cm hyperechoic- to heterogenous mass effect is observed approximately mid-liver, adjacent to the diaphragm. In addition, at least two hyperechoic- to heterogenous nodules/masses are seen on the right side (one measuring 4.8 cm in its longest dimension/ the other measuring 1.81 cm in its longest dimension). The remaining parenchyma is slightly heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1: 1.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in

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thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

Gastrointestinal
The gastric lumen is not distended. 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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The right 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.

Lymph Nodes
(See “Other” category).

Free Abdomen
Trace free fluid is suspected.

Other
In the midabdominal region, a 6.5 x 5.2 cm irregular, hypoechoic- to heterogenous, slightly cavitated mass is visualized. Surrounding mesentery is hyperechoic.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Midabdominal mass, the origin of which is unclear. It may be arising from lymph node, mesentery, other. Neoplasia (i.e., round cell tumor, sarcoma, carcinoma) is suspected, with a lower possibility of a non-neoplastic process (i.e., inflammatory). Adjacent peritonitis is present.
- The splenic nodule is concerning for a neoplastic process (i.e., sarcoma, round cell tumor) with a lower possibility of a focal benign process (i.e. lymphoid hyperplasia or similar).
- Large mid-hepatic mass adjacent to the diaphragm. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor, sarcoma) is of top concern. However, a benign process (i.e., large regenerative nodule, vacuolar hepatopathy, inflammatory focus) cannot be excluded. The smaller hepatic lesions could be consistent with regenerative nodules, metastatic disease, inflammatory foci, other. The diffuse hepatic parenchymal changes are nonspecific, and could be secondary to inflammatory disease, hepatotoxicosis (i.e., copper), regenerative nodular hyperplasia, vacuolar hepatopathy, fibrosis, and/or other hepatopathy.

Secondary Findings

- Mild bilateral nonspecific age-related renal changes
- Borderline bilateral adrenomegaly
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

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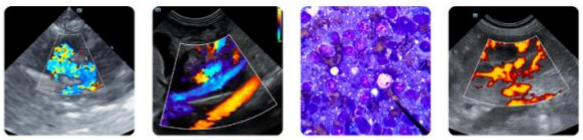

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*Ultrasound-guided fine needle aspiration of the mid-abdominal mass was performed at the end of the study without incident. The splenic nodule was not accessible for aspiration.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease.
- Depending on the cytology results, consultation with a board-certified oncologist and/or surgeon may be indicated.
- If further testing is not pursued, palliative care is recommended.

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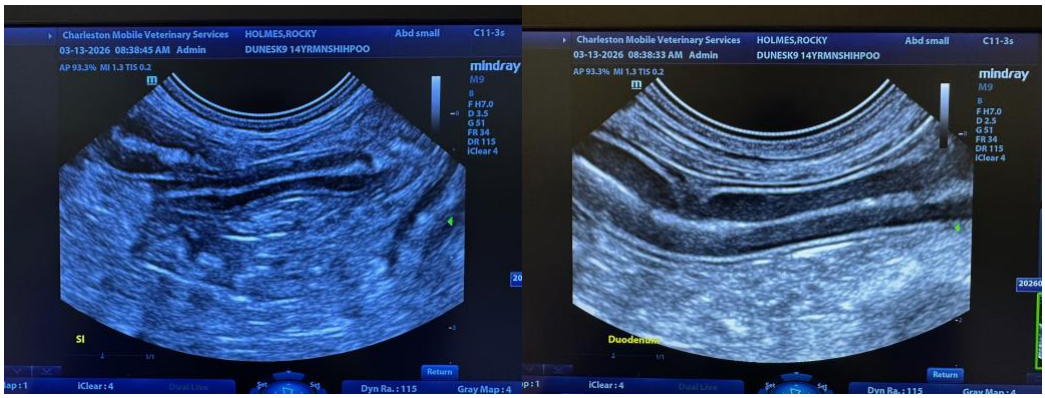

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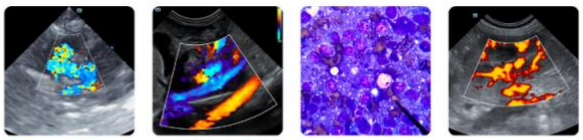

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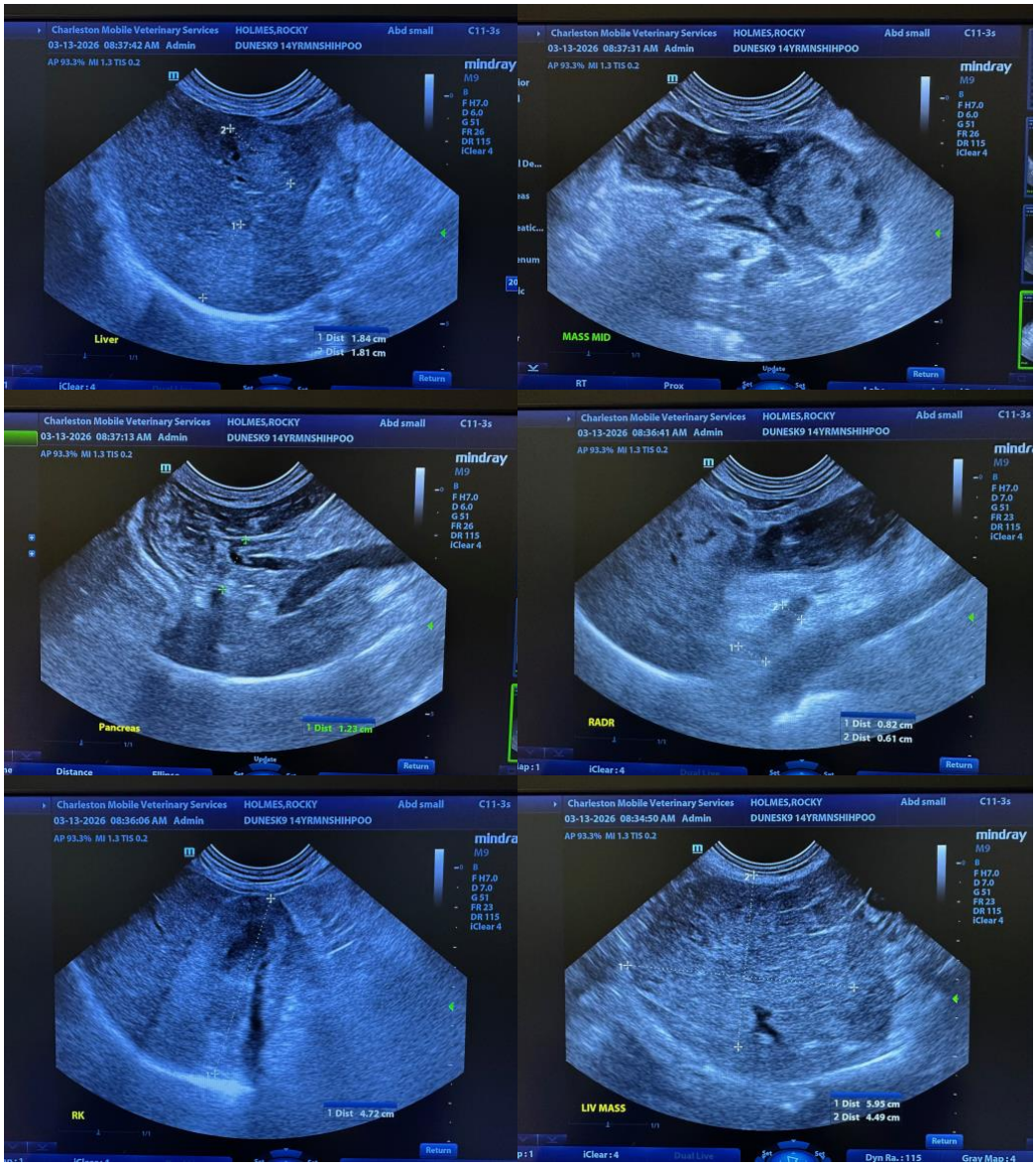

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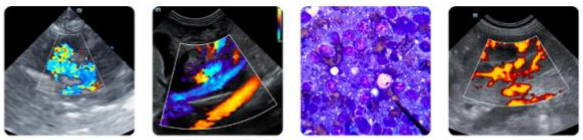

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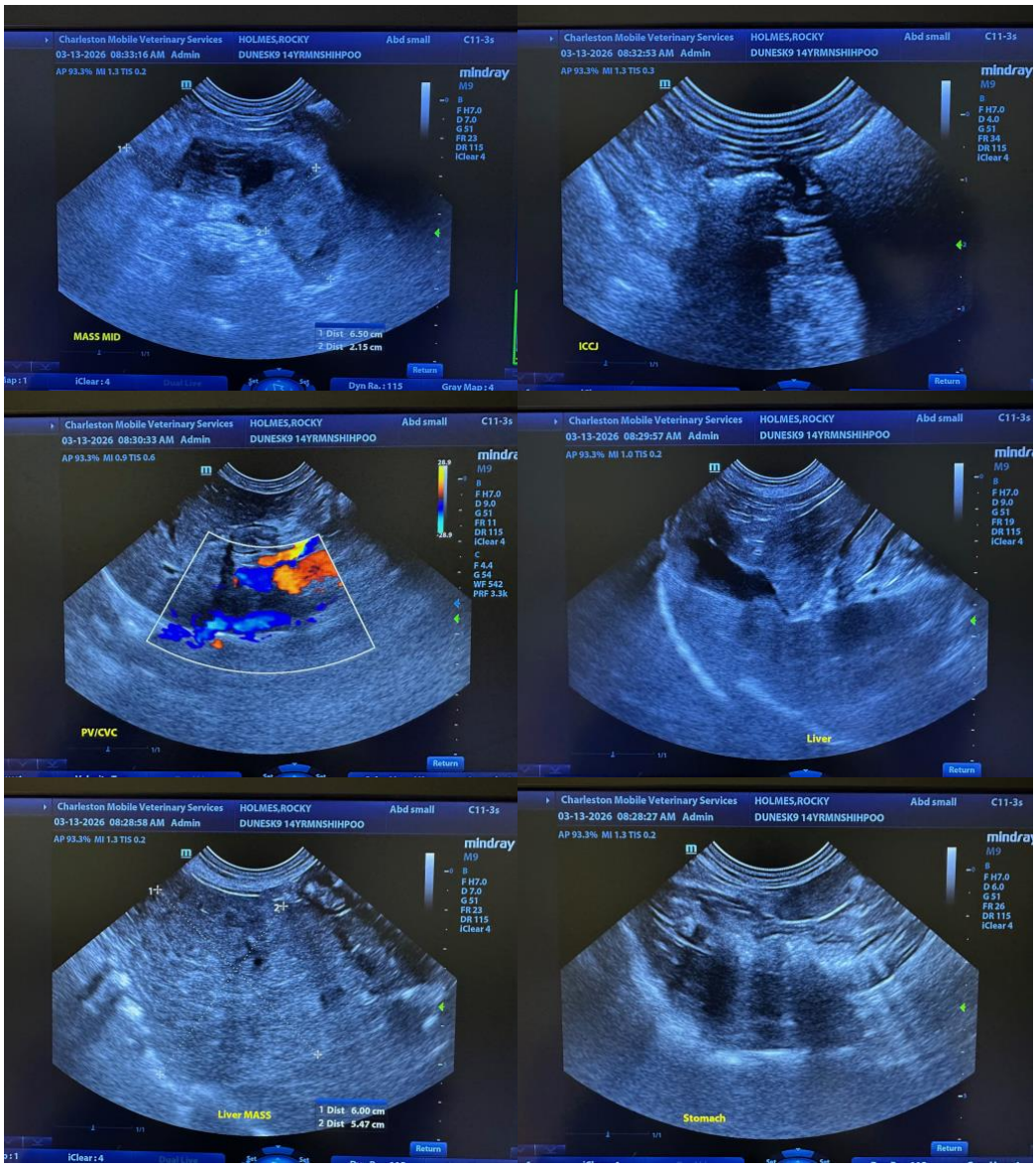

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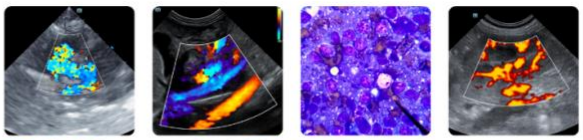

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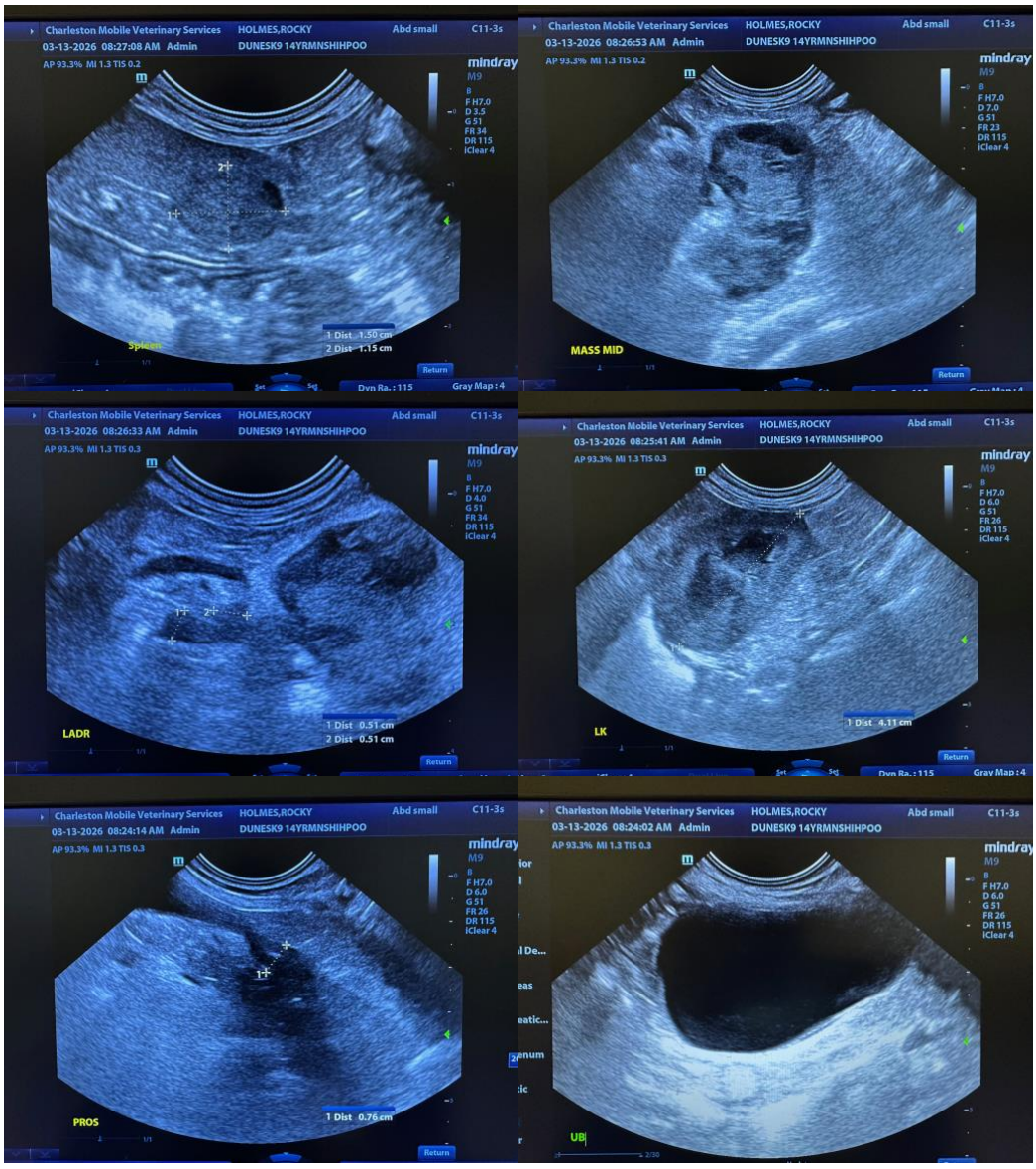

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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