

PATIENT

Ellie Winney

SPECIES

Canine

BREED

Labrador Retr

SEX

Female Spayed

AGE

12

WEIGHT

58.4 lbs

INTERPRETED BY

Andrea Nicaastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicaastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Ashley Pines AH

REFERRING VET

Andrea Winney, DVM

INVOICE

22727

DATE

3-23-26

PRESENTING CLINICAL SIGNS

Previously diagnosed with two liver masses. Had an oncology referral and had an abdominal CT scan on February 22nd, 2026, which revealed a 6.6 x 4.4 cm liver mass in the left medial lobe. Within the same lobe, a 1.6 x 1.3 cm nodule was seen. Patient is overall doing well, except for orthopedic issues.

**This study was limited to the liver and gallbladder. There is a potential for pathology in organs that were not visualized

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Liver

The liver is normal- to prominent-in-size, with slightly irregular peripheral contours. The parenchyma is mildly heterogenous in appearance. A 1.1 x 3.8 cm hypoechoic- to heterogenous, slightly cavitated mass is observed left- to mid-liver. Just cranial to this mass, a 1.8 x 1.4 cm hypoechoic nodule is seen. A 2.1 x 1.9 cm irregular, hyperechoic nodule is also visualized on the right side. 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 moderate amount of mostly gravity-dependent, echogenic- to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Other

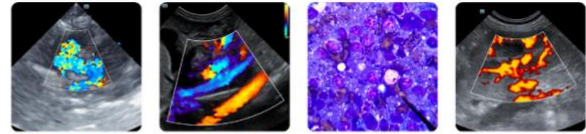
The mesentery at the caudal aspect of the liver is mildly hyperechoic. Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

- Left- to mid-hepatic mass. The mass is similar in size compared to the CT findings. The smaller nodule is also similar in size compared to the CT findings. These lesions are concerning for neoplasia, particularly the larger mass. However, inflammatory lesions or other pathology cannot be excluded. Mild adjacent peritonitis is present. The hyperechoic hepatic nodule on the right side trends toward the benign (i.e., regenerative nodule) with a lower possibility of neoplasia. The diffuse hepatic parenchymal changes are nonspecific and could be secondary to regenerative nodular hyperplasia, vacuolar hepatopathy, inflammatory disease, infiltrative neoplasia, hepatotoxicosis, fibrosis, and/or other hepatopathy.
- Gallbladder debris/sand, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Consider a repeat consultation with the oncologist +/- consultation with a board-certified surgeon for further recommendations.



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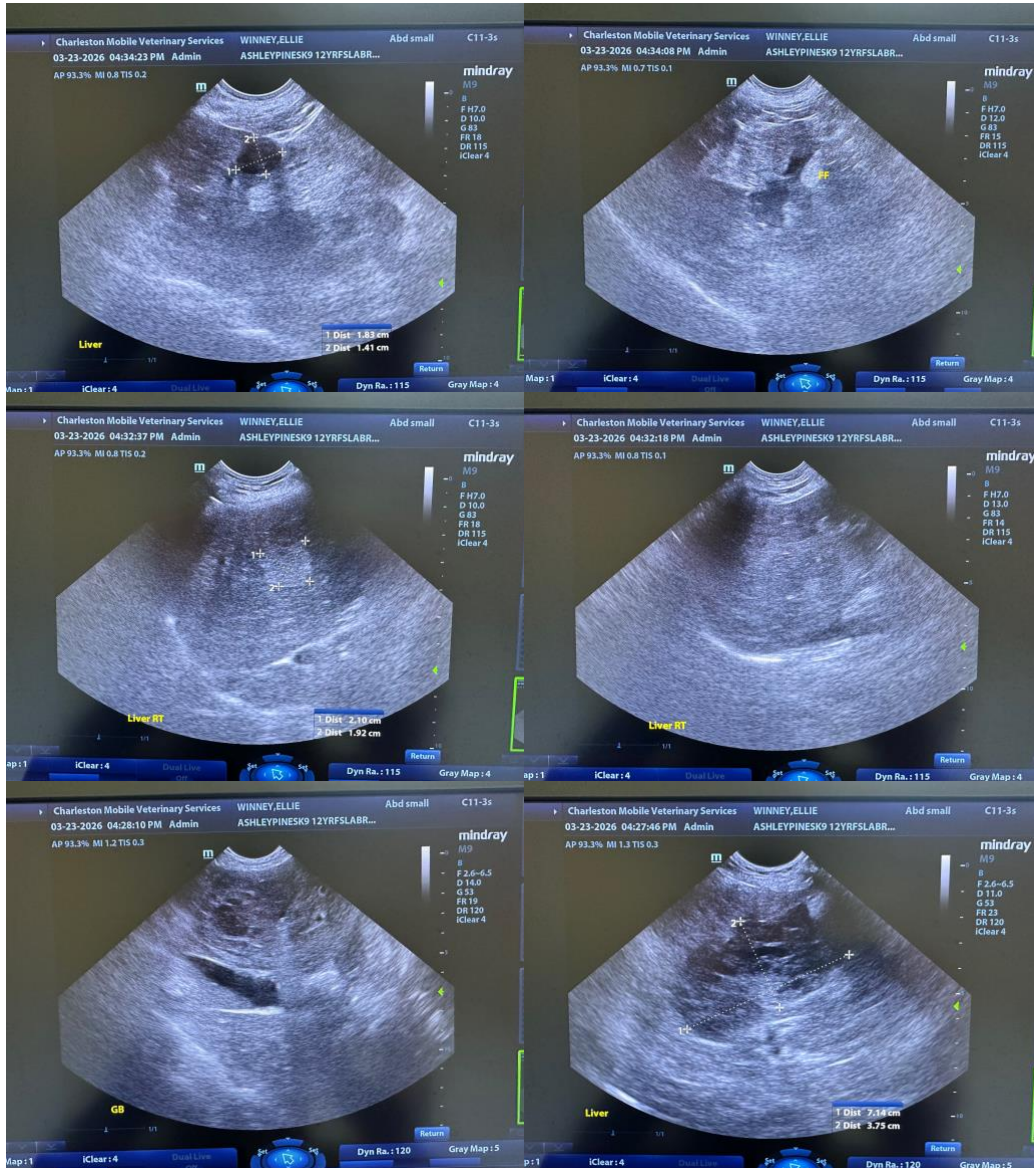
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 Nicaastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
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