

## PATIENT PRESENTING CLINICAL SIGNS

- Lucie Repetowski
- Patient presented 3/25/26 for ADR and limping/pain
  - Suspected abdominal mass- neoplasia (hemangiosarcoma or other tumor), hematoma, or abscess
- SPECIES**
- Hepatomegaly, elevated liver enzymes
  - Fever (103°F)
- Canine
- P sent home with prednisone and amoxicillin

## BREED

Golden Retriever

Abnormal PE/Chem/CBC/UA Results: 3/25/26 CBC- RBC 5.15 M/ $\mu$ L, HCT 35%, Hgb 12.g/dL, WBC 148 k/uL, Neut 2.75 k/uL, Lymph 76.4 k/uL, Mono 69 k/uL, Eos 0.02 k/uL, PLT 27k/uL, PDW 6.4 fL, MPV 18.2 fL, Chem- ALP 3957, all else WNL

## SEX

Female Spayed

### Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface in the region of the apex is slightly irregular. The bladder is mildly- to moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone is normal.

## AGE

9.5

## WEIGHT

72 lbs

The left kidney is subjectively normal-in-size with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (6.31 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

## IMAGING PERFORMED BY

Brandi Kurzowski

### Spleen

The spleen is normal in size (2.09 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

## HOSPITAL NAME

Corfu VC

### Liver

The liver is normal- to slightly prominent-in-size with normal peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and biliary tracts are of normal volume with no evidence of congestion.

## REFERRING VET

Dr. Mark Gardner

The gallbladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

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### Gastrointestinal

The gastric lumen is moderately-distended with ingesta and some shadowing material. 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.

## DATE

3-26-26

### Pancreas

A portion of the pancreas is obscured by the gastric distention. In the visualized portion, no obvious



**PATIENT** abnormalities are seen.

Lucie Repetowski **Lymph Nodes**  
The abdominal lymph nodes are normal/not visible.

**SPECIES**  
**Free Abdomen**

Canine The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Golden Retriever • An obvious cause for the elevated liver enzymes is not identified in the study. However, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) is suspected.

**SEX**

Female Spayed • The presence of ingesta in the gastric lumen despite fasting is suggestive of delayed gastric emptying. The shadowing material within the gastric lumen may represent normal ingesta and/or foreign material.

**AGE**

9.5

**WEIGHT**

72 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Given the patient's clinical history, consider the following:
  1. Three-view thoracic radiographs to assess for occult pathology in the chest
  2. A CBC with clinical pathology review. Depending on the results, a bone marrow aspirate may be warranted.
  3. Also consider fine-needle aspiration of the liver (assuming normal clotting status). A 25-gauge needle should be used.

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Medicine)

**IMAGING  
PERFORMED BY**

Brandi Kurzowski

**HOSPITAL NAME**

Corfu VC

**REFERRING VET**

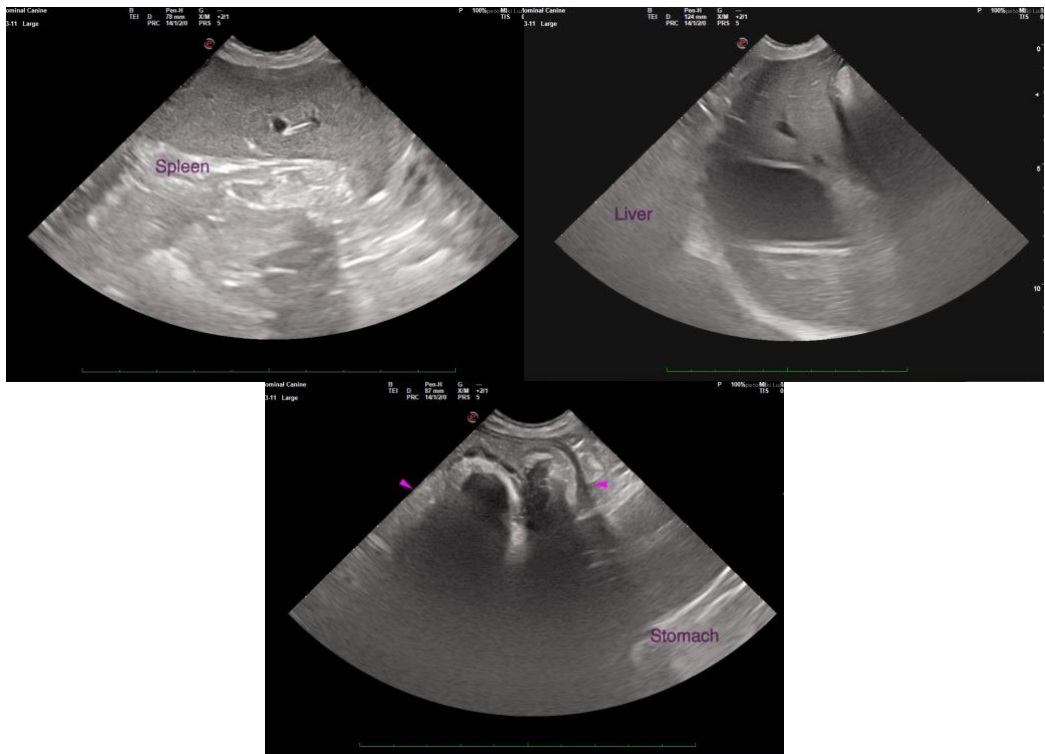
Dr. Mark Gardner

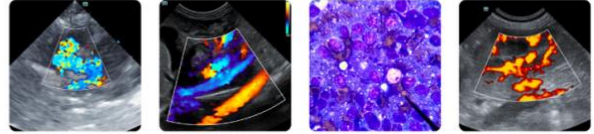
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**DATE**

3-26-26





## PATIENT

Lucie Repetowski

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.

## SPECIES

Canine

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.

## BREED

Golden Retriever

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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## SEX

Female Spayed

## AGE

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## WEIGHT

72 lbs

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