



PATIENT PRESENTING CLINICAL SIGNS

- Bubbles Reis
- Transferred for abdominal ultrasound due to elevated liver values.
 - History of 1 seizure in 2024

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Bile acids WNL UA: Proteinuria confirmed by UPC
Chem: Elevated BUN (34), ALT elevated at 187, elevated ALP 480, hypercholesterolemia (404)

BREED

Golden Retriever Mix

Urinary System

The urinary bladder wall is normal in thickness. The mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

SEX

Female Spayed

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 mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

AGE

15

The right 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 mild loss of corticomedullary distinction. A 0.93 cm cortical cyst is observed at the caudomedial aspect. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

WEIGHT

31.9 kg

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size (0.55 cm at cranial pole) (0.59 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 region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

IMAGING PERFORMED BY

Cassidy Smith

Spleen

The spleen is overall normal in size (1.61 cm in width at the level of the hilus) with an irregular lateral margin. There is appropriate echogenicity and echotexture. A 3.2 x 2.3 cm hyperechoic- to heterogenous expansile mass is observed at the lateral aspect, approximately mid-body. Splenic vasculature is normal.

HOSPITAL NAME

Viking VH

Liver

The liver is normal- to prominent-in-size, with smooth peripheral contours. The parenchyma is isoechoic relative to the spleen and mottled in appearance, with ill-defined hypoechoic nodules/areas throughout the organ. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

REFERRING VET

Lisa Loennig

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small- to moderate amount of aggregated, partially dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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Gastrointestinal

The gastric lumen is minimally distended with ingesta. 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.

DATE

3-27-26



PATIENT

Bubbles Reis

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.

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Canine

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

BREED

Golden Retriever Mix

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

SEX

Female Spayed

Primary Findings

- Splenic mass. Neoplasia (i.e., sarcoma, round cell tumor) is suspected, with a lower possibility of a benign process (i.e., focus of lymphoid hyperplasia or similar).
- The hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- The gallbladder changes could be consistent with cholestasis, fasting, or an emerging mucocele.

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Secondary Findings

- Mild bilateral nonspecific age-related renal changes

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Cassidy Smith

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the splenic mass consider the following:
 1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
 2. Ultrasound-guided fine-needle aspiration (assuming normal clotting status). A 25-gauge needle should be used. If the cytology results are inconclusive, a splenectomy with submission of the spleen for histopathology can be considered. If surgery is pursued, liver biopsies with aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed.
- Regarding the elevated liver values and sonographic hepatic changes, hepatic tissue sampling (i.e., aspirates or biopsies) can be considered. If a more conservative approach is desired, consider serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.

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**IMAGING
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HOSPITAL NAME

Viking VH

REFERRING VET

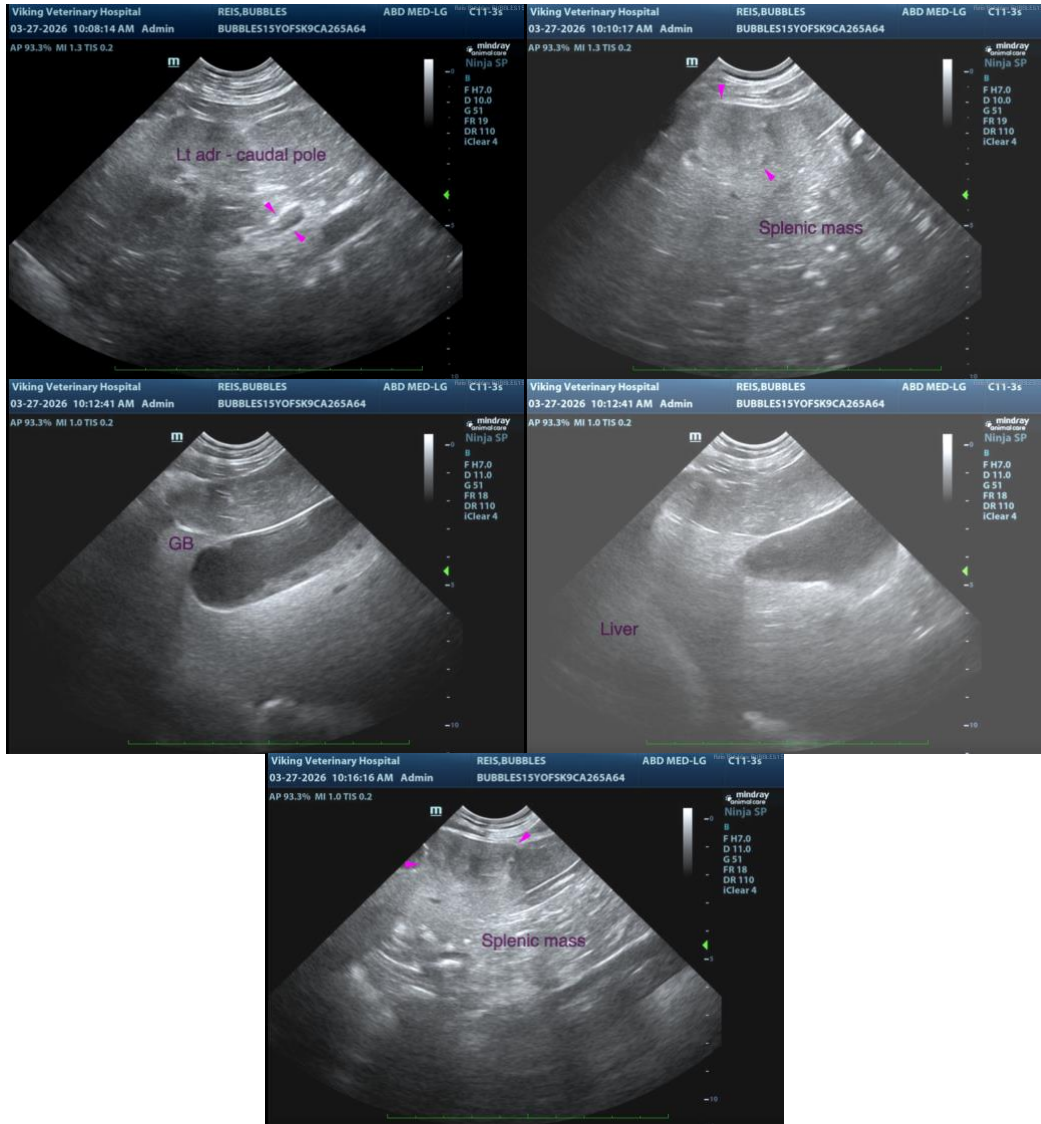
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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