

**PATIENT**

Riley Weller

**SPECIES**

Canine

**BREED**

Scottish Terrier

**SEX**

Male Neutered

**AGE**

03-05-2017

**WEIGHT**

31 lb

**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**

Salt Marsh AH

**REFERRING VET**

Dr Christie Wiles

**INVOICE**

22651

**DATE**

3-5-26

**PRESENTING CLINICAL SIGNS**

Abnormal lab-work values: ALT 162, ALP 495. (Will email lab work).  
Current Medications: Apoquel 16 mg: 1/2-tab SID, Proheart 12, Bravecto Quantum  
Patient is getting a low-dose dexamethasone suppression test today.

**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 mostly 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 prostate is normal in size (0.91 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 (5.71 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 (5.37 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal- to 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 (0.42 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 normal in size (0.77 cm at cranial pole) (0.52 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 (1.40 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.

**Liver**

The liver is prominent-in-size, with irregular peripheral contours. The parenchyma is hypoechoic relative to the spleen, and subtly mottled in appearance. Left- to mid-liver, a 5.6 x 4.7 cm isoechoic swelling/mass is visualized. In addition, a 2.8 x 1.3 cm hypoechoic nodule is observed on the left side. 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 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.

**Gastrointestinal**

The gastric lumen is minimally fluid-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



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small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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**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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**Lymph Nodes**

One-to-two prominent mesenteric lymph nodes are visualized (one measuring 1.07 x 0.52 cm).

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**Free Abdomen**

There is no obvious evidence of free fluid.

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

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

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- Left- to mid-hepatic swelling/mass. Differentials include adenoma, adenocarcinoma, round cell tumor, large regenerative nodule, other. The small hypoechoic hepatic nodule on the left side could be consistent with a metastatic lesion, emerging primary tumor, or a benign lesion (i.e., regenerative nodule, inflammatory focus, other).

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**Secondary Findings**

- Mild bilateral nonspecific age-related renal changes
- The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Regarding the left- to mid-hepatic swelling/mass, consider the following:

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1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Fine-needle aspiration (assuming normal clotting status). Twenty-five gauge-needles should be used. It should be noted however, that it can be difficult to differentiate hyperplasia, from adenoma, from adenocarcinoma cytologically, histopathology may be necessary to get a definitive diagnosis. Therefore, if an aggressive approach is desired, and there is no evidence of pulmonary metastatic disease, consider excisional biopsy of the swelling/mass and the smaller left hepatic nodule.

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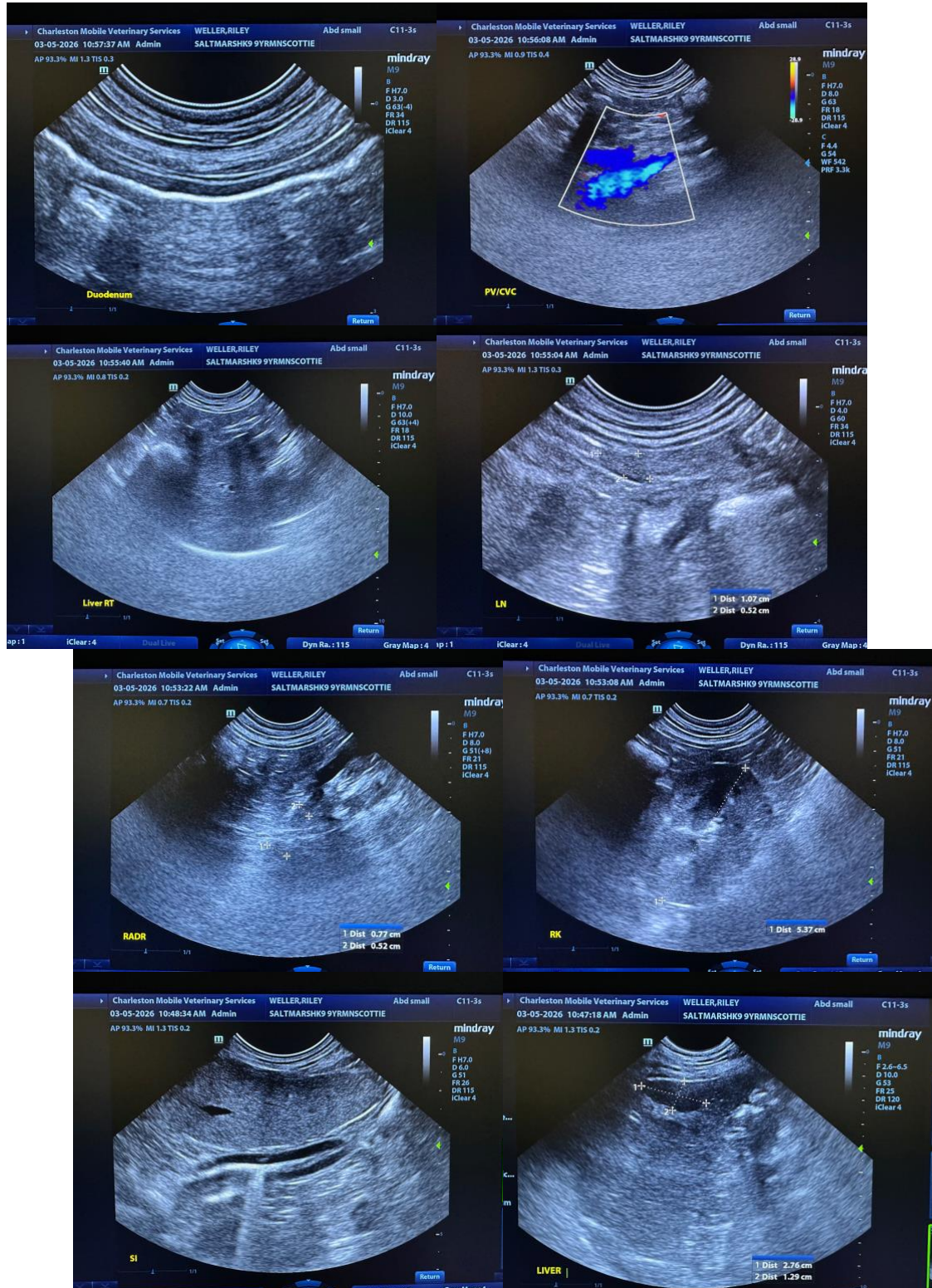
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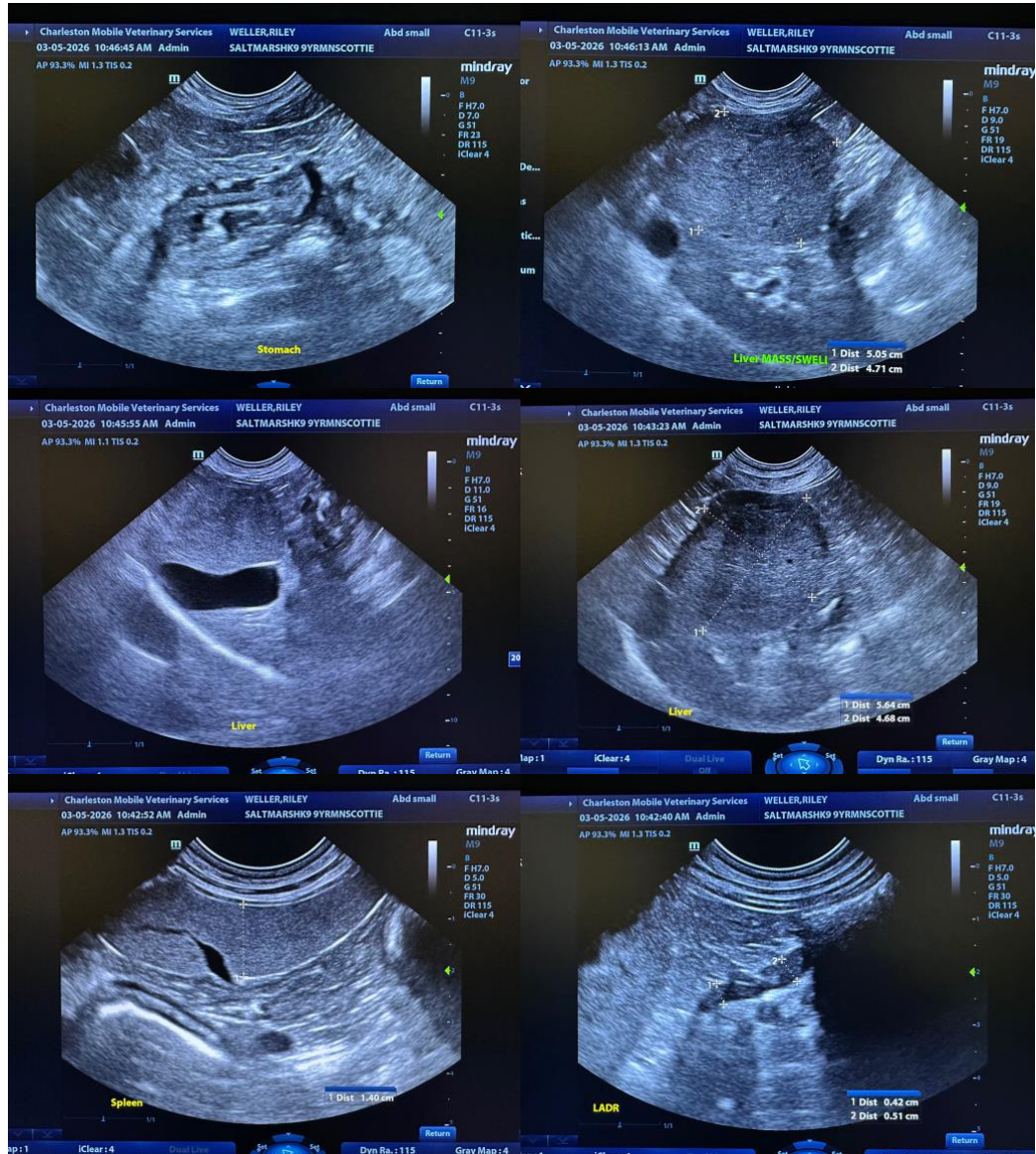
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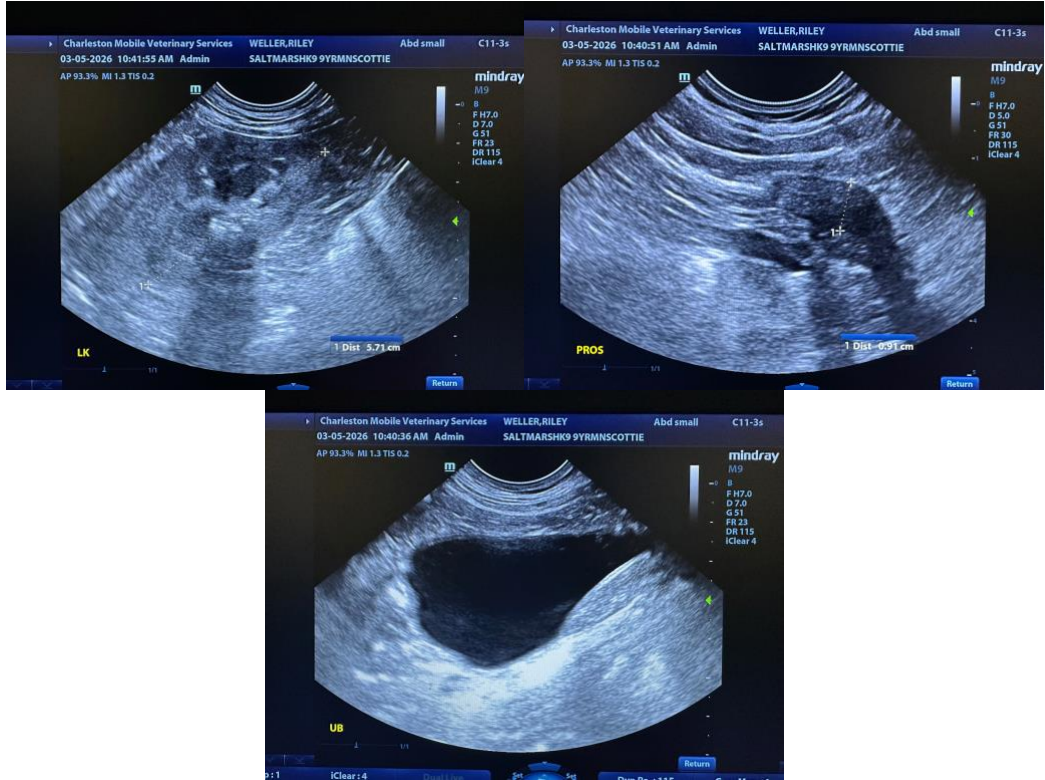
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)