



PATIENT

Bruno Evans

SPECIES

Canine

BREED

Australian Shep Mix

SEX

Male Neutered

AGE

3/31/2018

WEIGHT

72

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

Animal Hospital of SC

REFERRING VET

Dr. Matthew Stone

INVOICE

22797

DATE

4-1-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: Weight loss, bloated abdomen. Muscle loss in rear
Abnormal lab-work values: ALP 1115. ALT 492 (Emailed)
Current Medications: Denamarin
Radiographic Findings: None
*Given the large size of the hepatic mass, some pathology may be missed.

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 5 cm, are normal.

The prostate is normal in size (0.80 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 (8.11 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 hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.83 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 hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.71 cm at cranial pole) (0.72 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 (0.90 cm at cranial pole) (0.75 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.

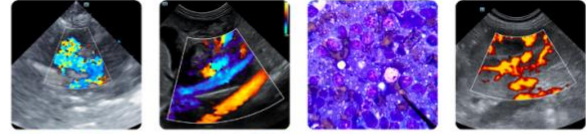
Spleen

The spleen is normal in size (2.26 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 enlarged, with swollen irregular peripheral contours. A >20.0 cm heterogenous, slightly cavitated mass is arising from the left side at the caudal aspect. The mesentery effacing the serosal surface of the mass is mildly hyperechoic. In the remainder of the liver, the margins are curvilinear and the parenchyma is subtly mottled in appearance. 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. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.



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Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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.

Pancreas

A region of the pancreas is largely obscured by the large liver mass. In the visualized portions, no obvious abnormalities are seen.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

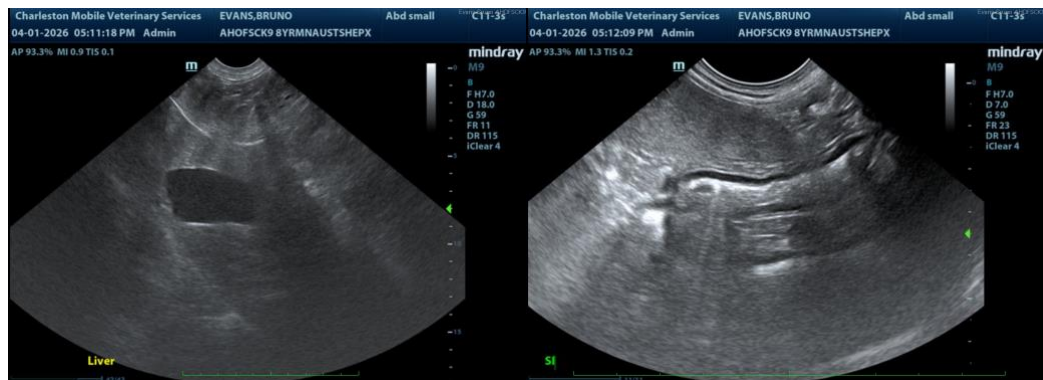
Trace free fluid is observed.

ULTRASONOGRAPHIC FINDINGS

Large hepatic mass, left-liver, caudal aspect. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor, sarcoma) is suspected, with a low possibility of a non-neoplastic process. Mild adjacent peritonitis is present.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease, and an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in presurgical planning. Fine-needle aspiration of the mass can be considered prior to surgery (assuming normal clotting status). A 25-gauge needle should be used. It should be noted, however, that it can be difficult to distinguish hyperplasia, from adenoma, from adenocarcinoma cytologically, and histopathology may be necessary to get a definitive diagnosis. If further testing is not pursued, palliative care is recommended.





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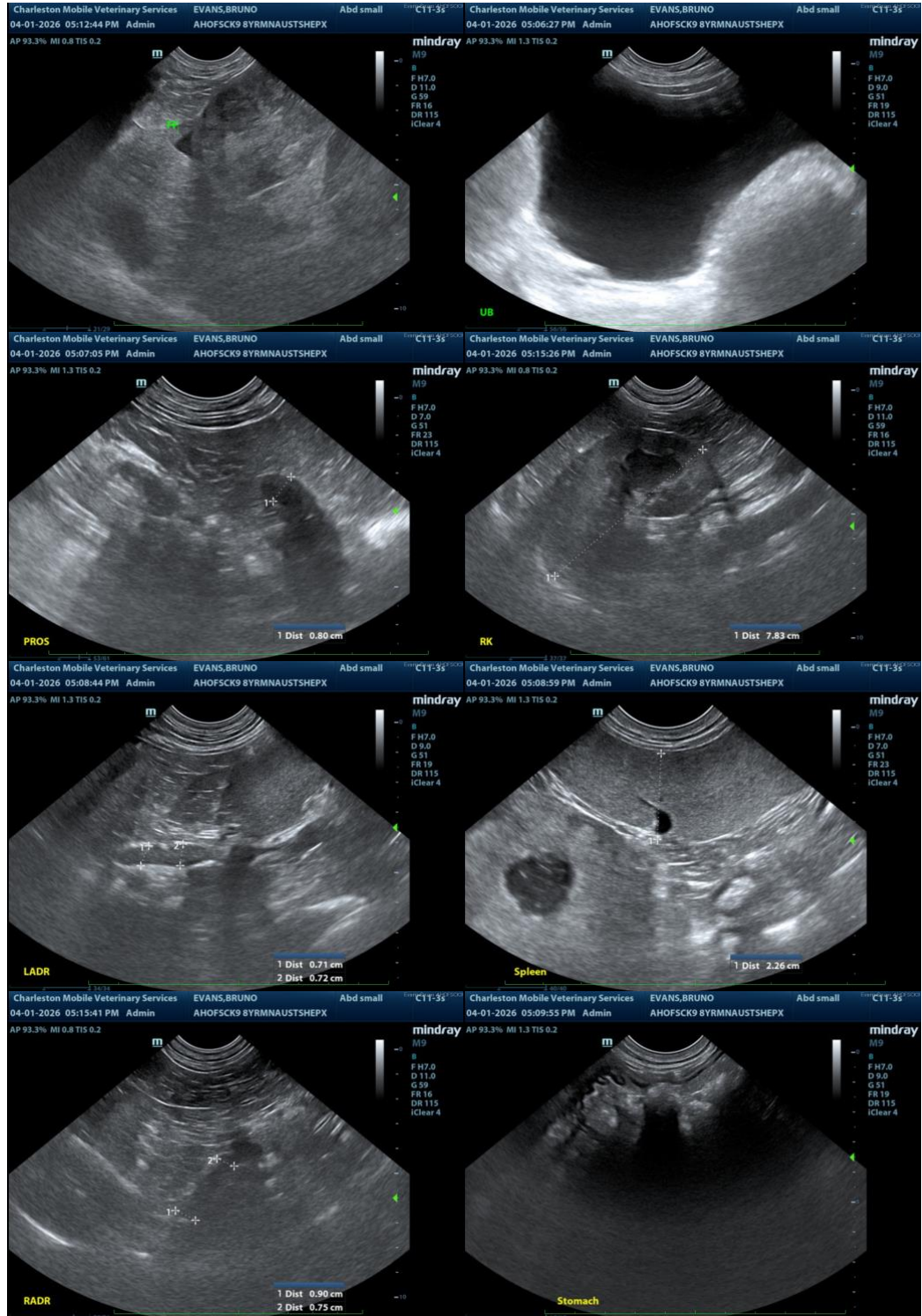
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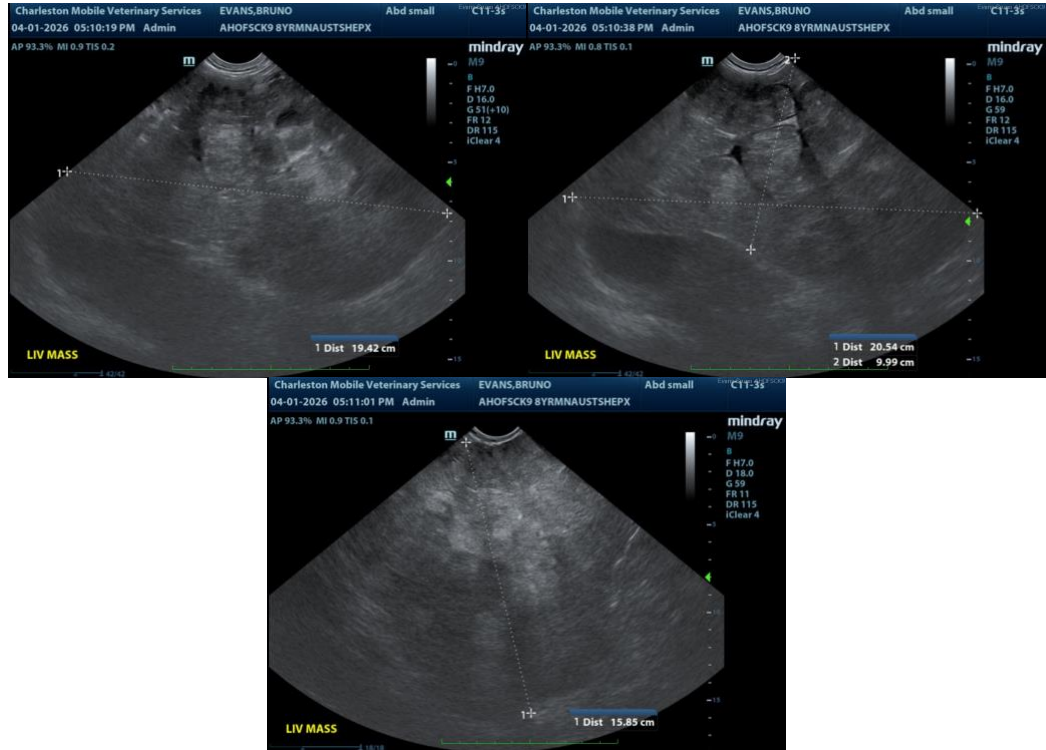
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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