



**PATIENT**

Josie Taylor

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

65.3 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Cohen

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Cohen

**INVOICE**

12726

**DATE**

4.10.23

**PRESENTING CLINICAL SIGNS**

History: 12Y SF Golden Retriever presented for acute onset labored breathing, increased respiratory noise. Hx intermittent vomiting 3x over the last couple weeks, occasional gagging after eating. 6-12hr anorexia. Hx arthritis, currently taking adequan, gabapentin q24hr. Hx carprofen use, d/c over 1mo prior.

Radiograph (thorax)- The alveolar pattern in both cranial lung lobes is compatible with aspiration pneumonia. No additional intrathoracic abnormalities are seen. Mild shoulder degenerative joint disease is noted.

Abnormal PE/Chem/CBC/UA Results: CBC- hct wnl 43.3%, Eos 0.01 (L), mild stress leukogram  
Chem17- ALT 177 (H), GGT 19 (H)  
EPOC- PCO2 28.7 (L), hct 44%

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder wall is normal in thickness and 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 1 cm, are normal.

The left kidney is normal in size (7.07 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. Trace pyelectasia is present. There is no evidence of nephroliths, infarcts or hydroureter.

The right kidney is normal in size (8.05 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.

**Adrenal Glands**

The left adrenal gland is prominent at the cranial pole (1.14 cm) and normal in size at the caudal pole (0.77 cm). A 1.26 x 0.81 cm hypoechoic nodule is observed at the cranial aspect. Glandular echogenicity and detail at the caudal pole 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.

**Spleen**

The spleen is normal in size (2.36 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 subjectively normal in size with normal curvilinear peripheral contours. The parenchyma is hypoechoic relative to the spleen. An approximately 7.00 mildly hyperechoic-to-heterogenous mass is observed approximately mid-liver. The mass does not appear to cause capsular expansion. The remaining parenchyma is homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A moderate amount of gravity-dependent, echogenic-to-mineralized debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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**Gastrointestinal**

The lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal 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.

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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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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion. The abdominal lymph nodes are normal/not visible.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Hepatic mass, mid-liver. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) is suspected. However, a non-malignant process (i.e., large regenerative nodule) cannot be completely excluded.

**Secondary Findings**

- The left adrenal nodule could be consistent with macronodular hyperplasia or an emerging tumor (i.e., adenoma, adenocarcinoma, pheochromocytoma).
- Minor bilateral chronic renal changes with trace left pyelectasia

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Symptomatic care for aspiration pneumonia is recommended, including broad-spectrum antibiotics, oxygen therapy (as needed) and other supportive measures.
- Consider excisional biopsy of the hepatic mass when the patient's pneumonia has resolved. Given the recent history of vomiting, consider obtaining GI biopsies at the time of surgery. An abdominal CT scan would be useful in presurgical planning.

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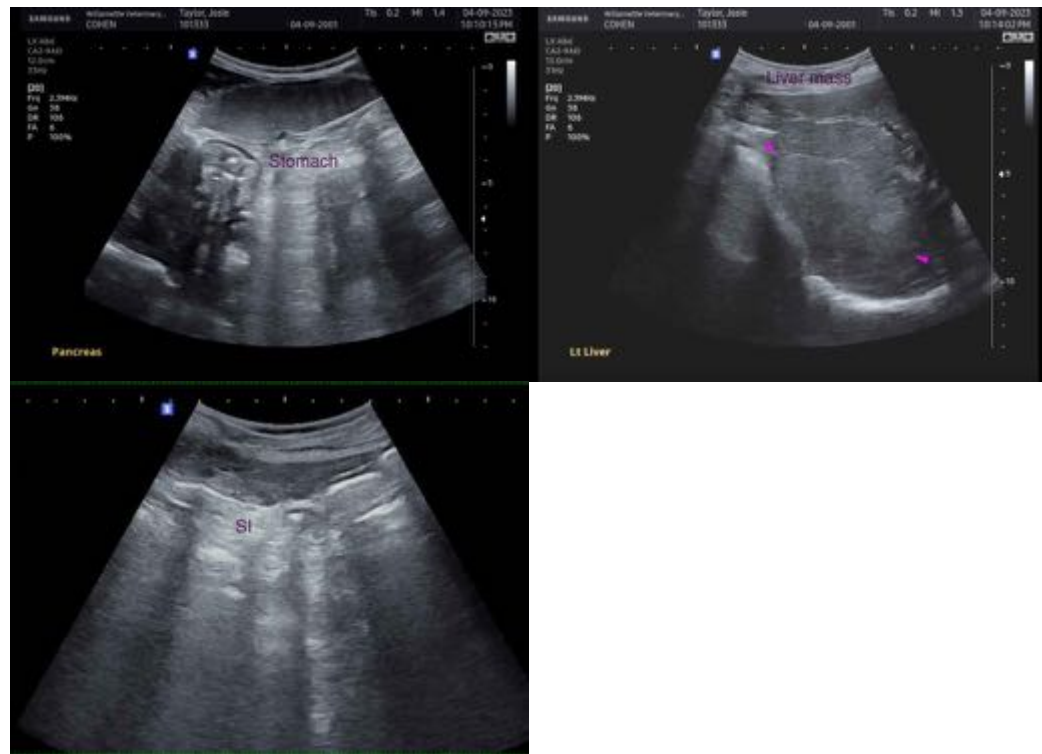
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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