



**PATIENT PRESENTING CLINICAL SIGNS**

**Sable Plummer**  
History: Pt presented for inappetence since 4/6. Previous diagnosis of uti on 4/4; on 1000mg Cephalexin q12 hr and Azo cranberry tablets q24hr. Normal PE on presentation; increased liver values (ALP, GGT) on chemistry, leukocytosis with neutrophilia on CBC.

**SPECIES**

**Canine**  
Abnormal PE/Chem/CBC/UA Results: CBC: Hct 46.9, Reticulocytes 148.7, WBC 64.79, Neut 55.52, Lymph 4.06, Mono 4.72, Baso 0.4, Plt 159

**BREED**

Chem 17: Crea 1.4, BUN 21, Phos 5.2, TP 8.9, Glob 5.5, ALT 51, ALP 923, GGT 15, EPOC: Ca 1.19, Crea 1.16, K 3.7, Na 137, LAC 2.37, BUN 22

**Shepherd Mix**  
UA: USG 1.012, pH 5.0, negative ketones, glucose, bilirubin, WBC <1/HPF, no crystals seen, cocci suspected

**SEX**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Spayed Female**

**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 is normal.

**AGE**

**6 years**

The left kidney is normal in size (7.62 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**WEIGHT**

**80 lbs**

The right kidney is normal in size (7.59 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with normal corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

**INTERPRETED BY**

**Adrenal Glands**

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

The left adrenal gland is normal in size (0.62 cm at cranial pole) (0.77 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 appear normal.

**IMAGING PERFORMED BY**

The caudal pole of the right adrenal gland is visualized and is normal in size (0.64 cm in width) with a normal shape, glandular echogenicity and detail. The phrenicoabdominal vein and surrounding vasculature appear normal.

**Maggiulli**

**Spleen**

**HOSPITAL NAME**

The spleen is normal in size (1.93 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 1.37 cm ill-defined hypoechoic nodule is observed at the cranial aspect. Splenic vasculature appears normal.

**Willamette VH**

**REFERRING VET**

**Liver**

**Badigian**

The liver is subjectively enlarged with slightly irregular peripheral contours. A >14.00 cm heterogenous mass is observed on the right side with extension into the left side. The mass appears to be lobulated. There is a questionable second mass in the region of the left lateral lobe. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

**INVOICE**

The gall bladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.

**12723**

**DATE**

**6.10.23**



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**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. The gastric lumen is mildly 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.

**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.

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

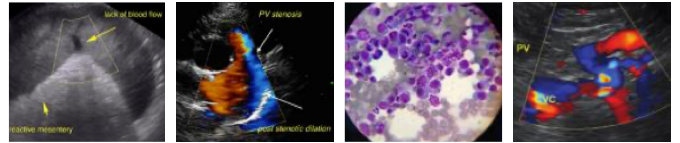
**Findings**

- Hepatic mass(es). Neoplasia (i.e., round cell tumor, adenoma, adenocarcinoma, sarcoma) is consider likely. However, a multifocal inflammatory process cannot be excluded.
- The splenic nodule may represent a metastatic disease lesion, or a benign focus (i.e., lymphoid hyperplasia or similar).

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirate of the liver, if clotting status is appropriate. A 25-gauge needle should be used. If the cytology results are inconclusive or if the mass is inaccessible, consider consultation with a board-certified surgeon to discuss biopsy or debulking of the liver mass. An abdominal CT scan would be useful in presurgical planning.
- Given the patient's lab work abnormalities, also consider Leptospirosis testing (i.e., blood and urine PCR, serology) as well as a urine culture and sensitivity and baseline blood pressure measurement.





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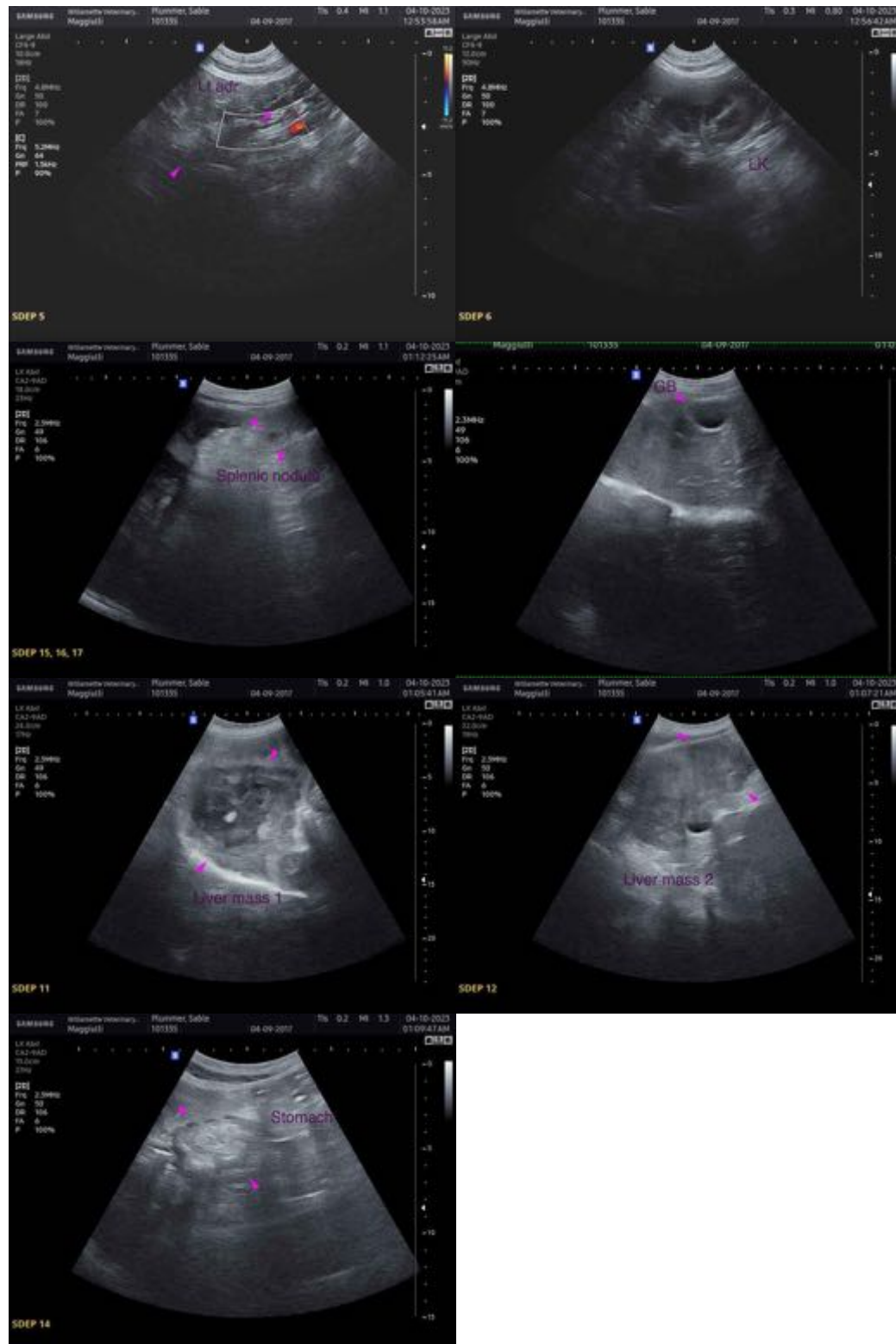
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Sable Plummer

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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Canine

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