



PATIENT PRESENTING CLINICAL SIGNS

Layla Goren History of elevated Liver enzymes. Clinically well.
 Current Meds - Carprofen as needed.

SPECIES Abnormal PE/Chem/CBC/UA Results: ALT 140, ALP 757, Glob 4.0, Chol 391, EOS 1332

Canine ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

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

SEX

Female Spayed The left kidney is normal in size (7.32 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. Renal vasculature is normal.

AGE

11 years 4 mos The right kidney is normal in size (7.47 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. Renal vasculature is normal.

WEIGHT

85 lbs *Adrenal Glands*
 The region of the adrenal glands is evaluated. No obvious pathology is observed in this region.

INTERPRETED BY

Andrea Nicastro DVM
 Diplomate ACVIM
 (Sm Animal Internal Med)

Spleen

The spleen is not definitively visualized in the available images.

Liver

A >14.0 cm lobulated, heterogenous, slightly cystic mass is suspected to be arising from the caudal aspect left mid-liver. In the remainder of the liver, the parenchyma appears relatively homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

IMAGING PERFORMED BY

Vincent Ravancho CVT

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.

HOSPITAL NAME

St. George's VH

Gastrointestinal

The gastric lumen is not 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 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.

REFERRING VET

Dr. Ng

Pancreas

A portion of the pancreas is obscured by the large cranial abdominal mass. In the visualized portions, no obvious abnormalities are seen.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

DATE

4-16-26

Free Abdomen

There is no obvious evidence of free fluid.



PATIENT *Other*

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

Layla Goren

ULTRASONOGRAPHIC FINDINGS

SPECIES

Large cranial abdominal mass thought to be arising from liver. However, other origins (i.e., spleen, mesentery) cannot be completely excluded. Neoplasia (i.e., adenoma, adenocarcinoma, sarcoma, round cell tumor) is suspected, with a lower possibility of a benign process.

Canine

BREED

Mixed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- If an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss 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 (if clotting status is appropriate). A 25-gauge needle should be used. It should be noted, however, that it can be difficult to differentiate hyperplasia from adenomas from adenocarcinomas cytologically, and histopathology may be necessary to get a definitive diagnosis.

Female Spayed

AGE

11 years 4 mos

WEIGHT

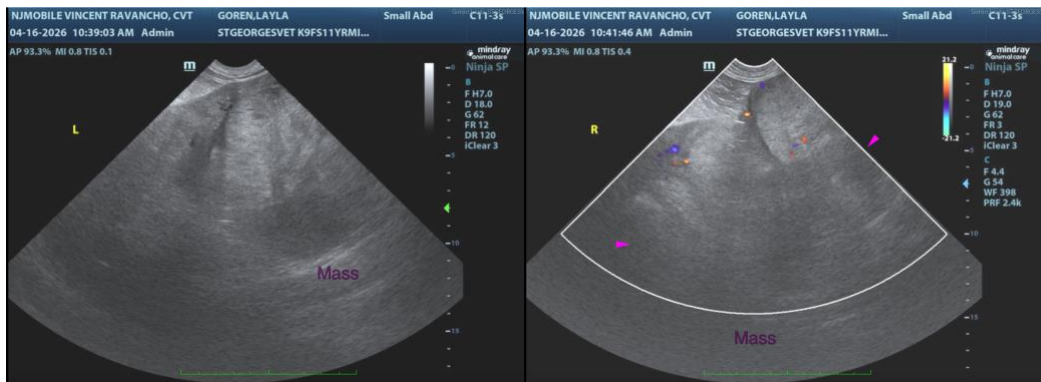
85 lbs

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PATIENT

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SPECIES

Canine

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Mixed

SEX

Female Spayed

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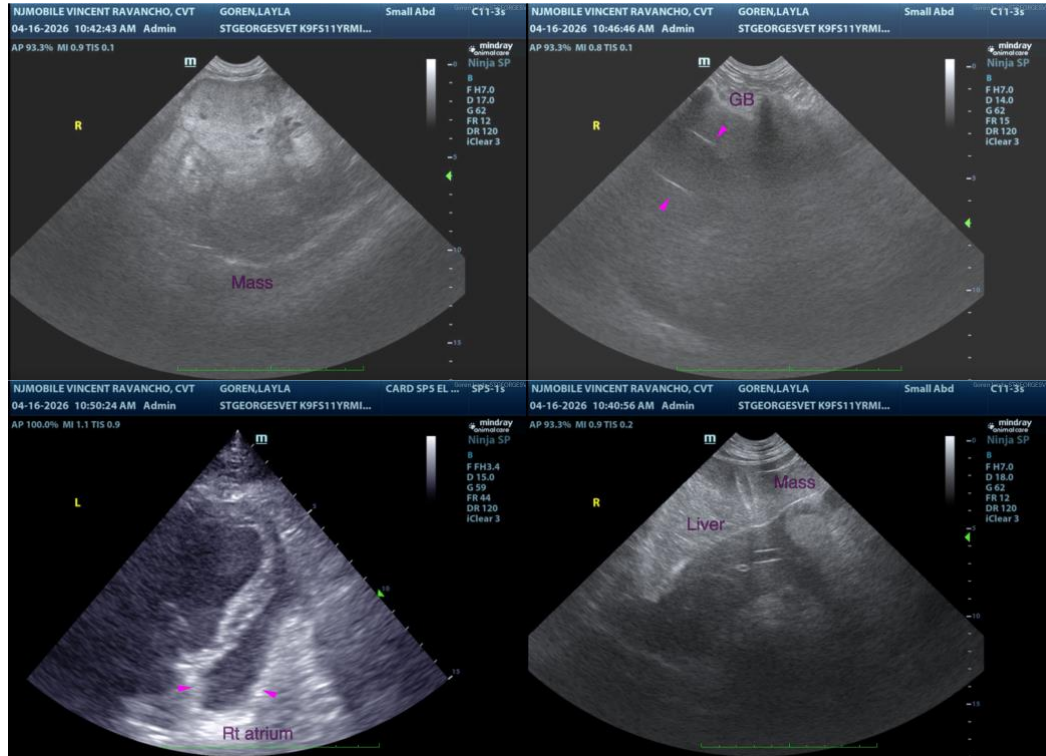
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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