



**PATIENT**

Martini Scaturro

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Female Spayed

**AGE**

10 years 5 mos

**WEIGHT**

6.74 Kg

**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**

VCA Palmetto AH

**REFERRING VET**

Vivian Ghiorzi

**INVOICE**

23024

**DATE**

5-15-26

**PRESENTING CLINICAL SIGNS**

Patient presented for routine annual examination. Patient has a 5/6 heart murmur. Bloodwork reveals a thrombocytosis. ALP 1362. T4 1.4. USG 1.021. Trace proteinuria. Inactive sediment. 4dx negative. Fecal PCR negative.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is moderately distended with mostly anechoic urine. A 0.51 cm echogenic nodule is arising from the ventral wall. The remaining wall is normal in thickness with a smooth mucosal surface. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3.0 cm, are normal.

The left kidney is normal in size (4.24 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 (4.85 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 (0.41 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 (0.67 cm at cranial pole) (0.49 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 (0.82 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 enlarged with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely homogeneous in appearance. No distinct focal lesions are observed. Vascular and 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. One- to two polypoid-like lesions are arising from the mucosal surface. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

**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



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masses are not identified. The ileoceocolic 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**

A 1.19 x 0.43 cm medial iliac lymph node is visualized.

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**Free Abdomen**

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- The ventral urinary bladder wall nodule could be consistent with a benign process (i.e., focal polypoid cystitis). Alternatively, an emerging tumor (i.e., transitional cell carcinoma) is possible.
- The diffuse hepatic changes are most consistent with vacuolar hepatopathy (i.e., endocrine, idiopathic) with a lower possibility of inflammatory disease, infiltrative neoplasia, or other hepatopathy.

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**Secondary Findings**

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- Bilateral nonspecific age-related renal changes with nonobstructive nephrolithiasis
- The prominent medial iliac lymph node could be consistent with reactive change or early neoplastic transformation. A benign process is favored given the appearance of the node.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Regarding the urinary bladder wall lesion, consider a urine BRAF test to further assess for neoplasia. A positive test confirms neoplasia. However, a negative test does not rule out the possibility of cancer, and further testing (i.e., biopsy) may be necessary to get a definitive diagnosis.
- Regarding the hepatic changes and elevated ALP, hepatic tissue sampling (i.e., aspirates or biopsies) can be considered (assuming normal clotting status). However, results may be of low yield. Alternatively, consider serial monitoring (i.e., every 3-4 months) of the patient's liver values. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.

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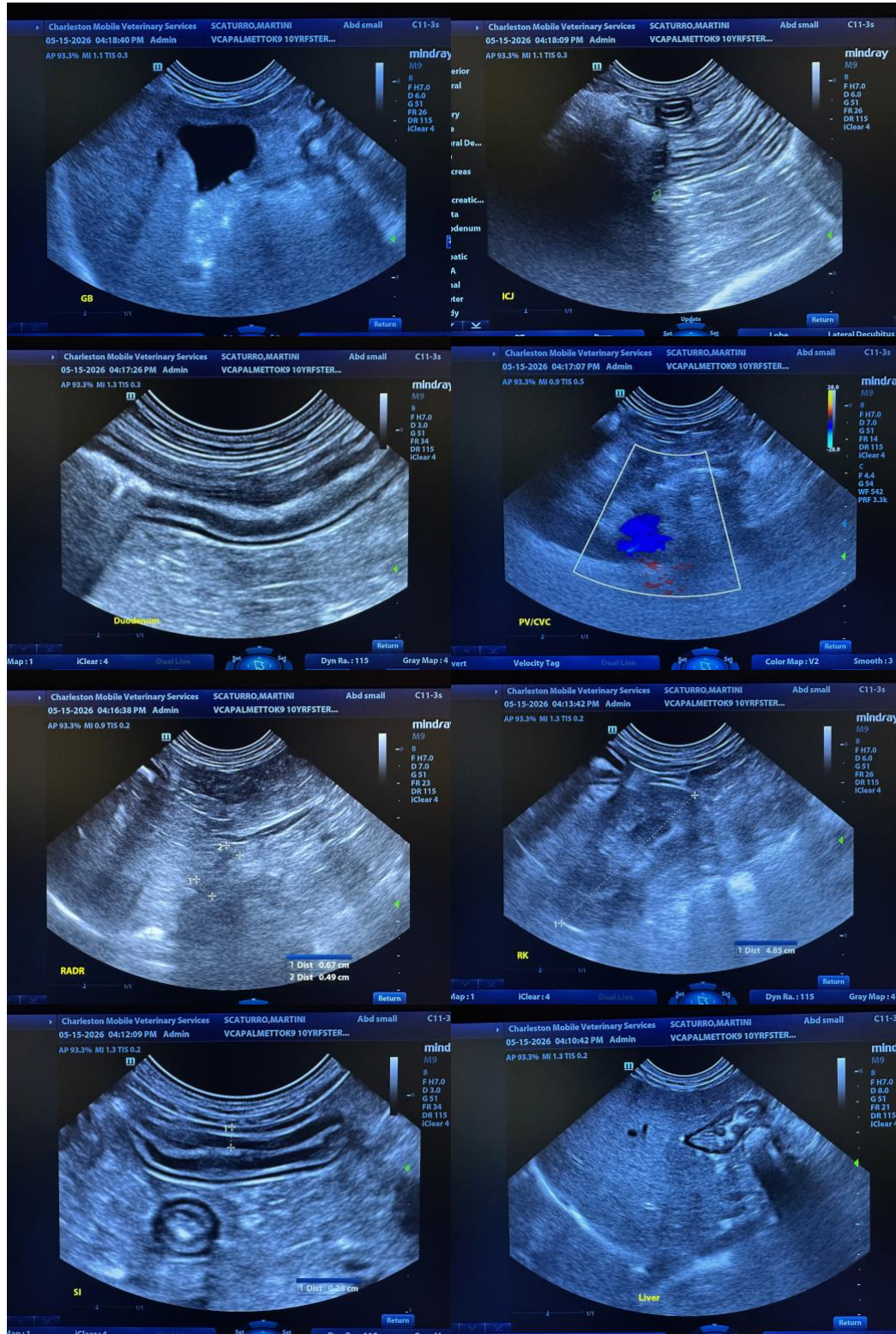
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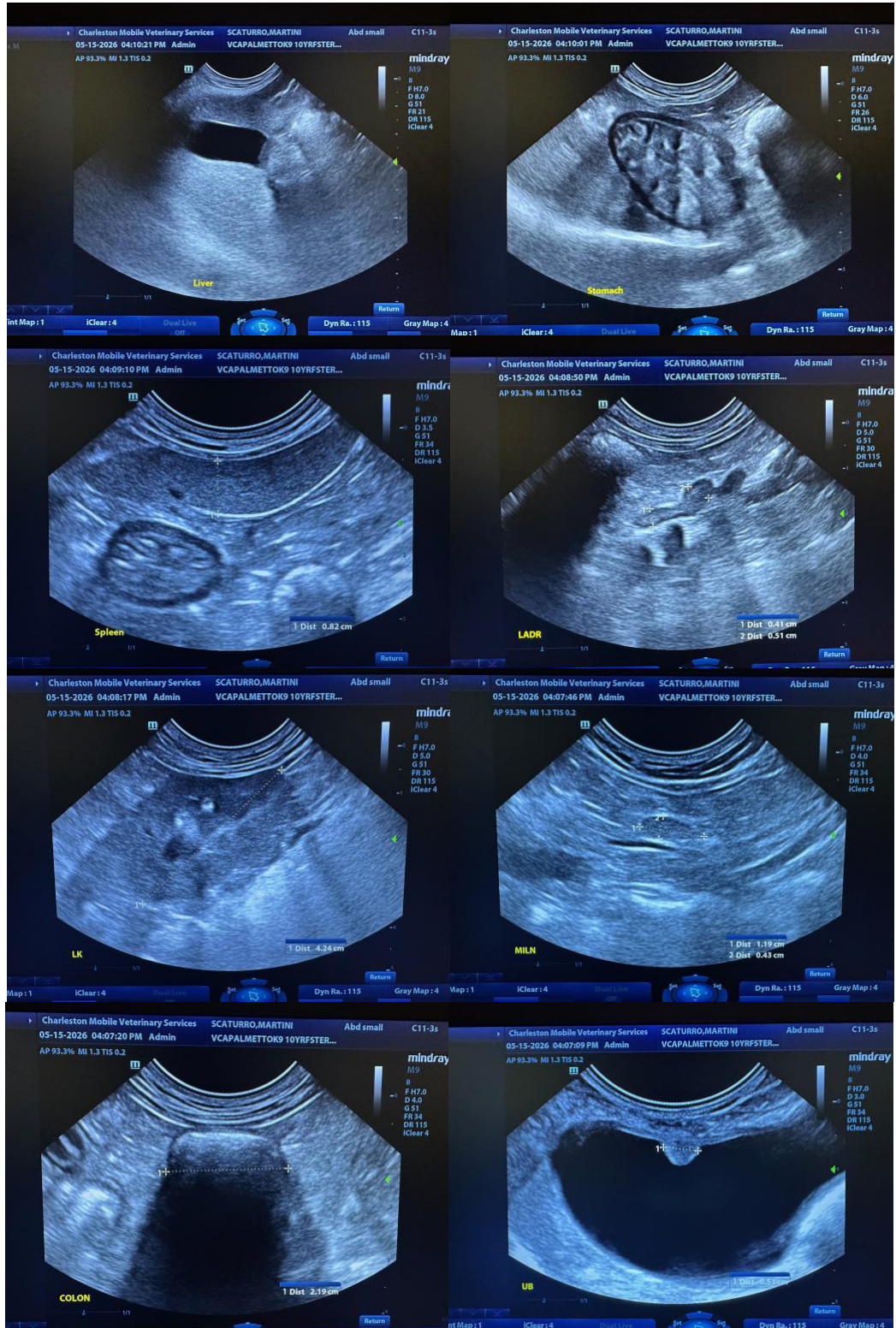
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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[info@SonoPath.com](mailto:info@SonoPath.com)

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