



PATIENT

Nellie Nieroda

SPECIES

Canine

BREED

Labrador Retr Mix

SEX

Female Spayed

AGE

9 years 11 mos

WEIGHT

54.2 lbs

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

Central VH Summerville

REFERRING VET

Dr Miller

INVOICE

23049

DATE

5-21-26

PRESENTING CLINICAL SIGNS

Patient presents for PU/PD. Cushing's disease and atypical Cushing's disease have been ruled out. USG 1.016 with an inactive sediment. No proteinuria. In March of 2026, ALP was 336. CBC unremarkable. T4 normal.

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 2.0-3.0 cm, are normal.

The left kidney is normal in size (5.58 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 (6.20 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 (0.52 cm at cranial pole) (0.61 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 (1.17 cm at cranial pole) (0.52 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 (2.15 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 overall normal-in-size. The parenchyma is isoechoic relative to the spleen and subtly heterogenous in appearance. At the cranial aspect, approximately mid-liver, a 6.4 x 5.1 cm isoechoic- to subtly heterogenous, slightly expansile swelling/mass is visualized. Hepatic vasculature and intrahepatic 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 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.

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 ileoceocolic junction and colonic wall are normal. There is no evidence of



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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

The abdominal lymph nodes are normal/not visible.

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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

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Primary Findings

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- Cranial hepatic swelling/mass approximately mid-liver. Considerations include adenoma, adenocarcinoma, round cell tumor, focal vacuolar hepatopathy, large regenerative nodule, inflammatory lesion, other. The diffuse hepatic parenchymal changes are non-specific and could be consistent with vacuolar hepatopathy, regenerative nodular hyperplasia, and/or age-related remodeling. Inflammatory disease, infiltrative neoplasia and other hepatopathies are considered less likely.

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- Gallbladder debris, non-mucocele

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Secondary Findings

- Bilateral nonspecific age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hepatic swelling/mass, consider the following:
 1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
 2. Referral for an abdominal CT scan for further evaluation
 3. +/- consultation with a board-certified surgeon to discuss hepatic mass removal or debulking if indicated
- Regarding the PU/PD, consider the following:
 1. Urine culture and sensitivity to assess for occult infection
 2. Leptospirosis, particularly if the clinical suspicion for disease is high
 3. DDAVP trial to evaluate for central diabetic insipidus
 4. +/- modified water deprivation test

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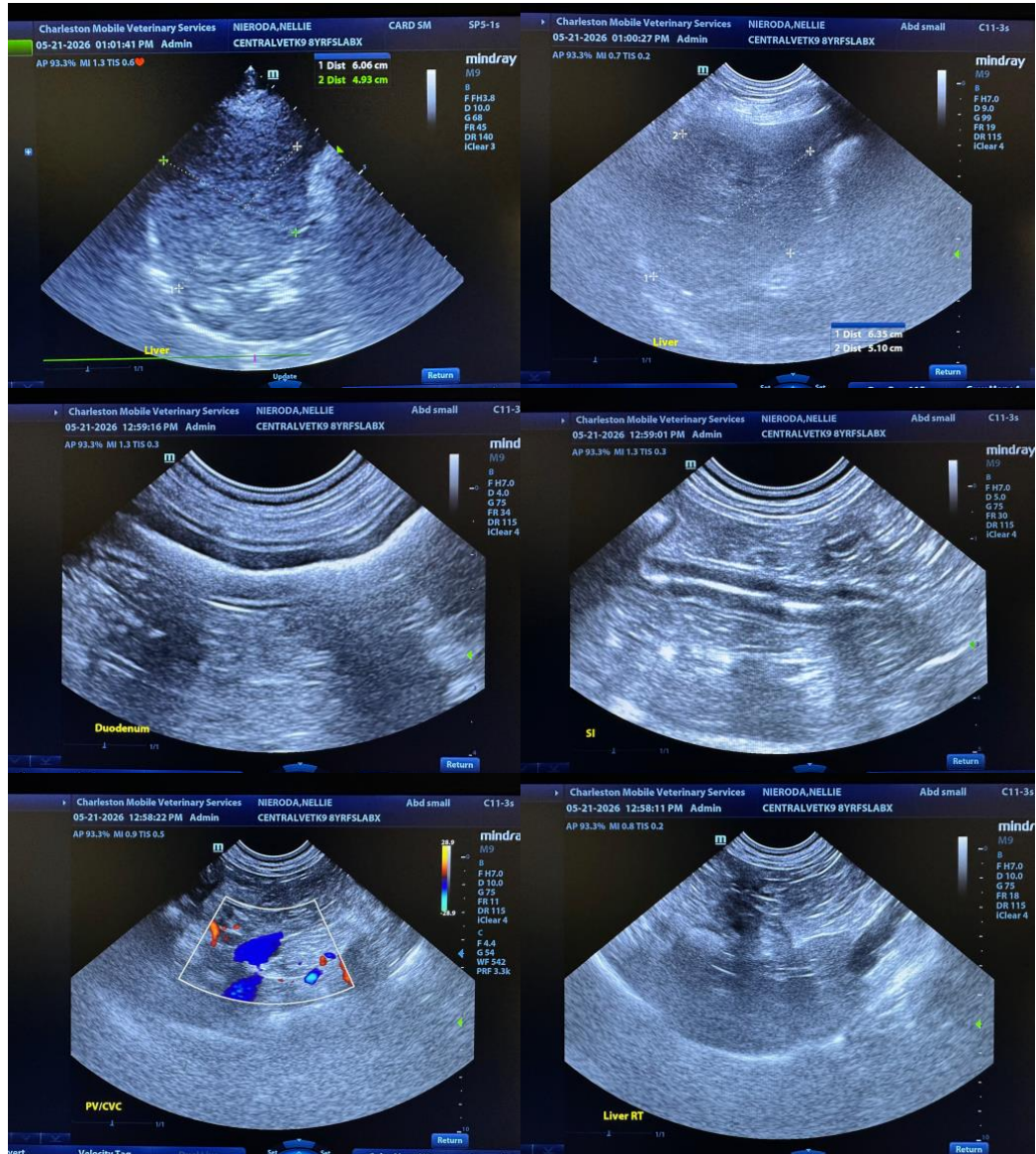
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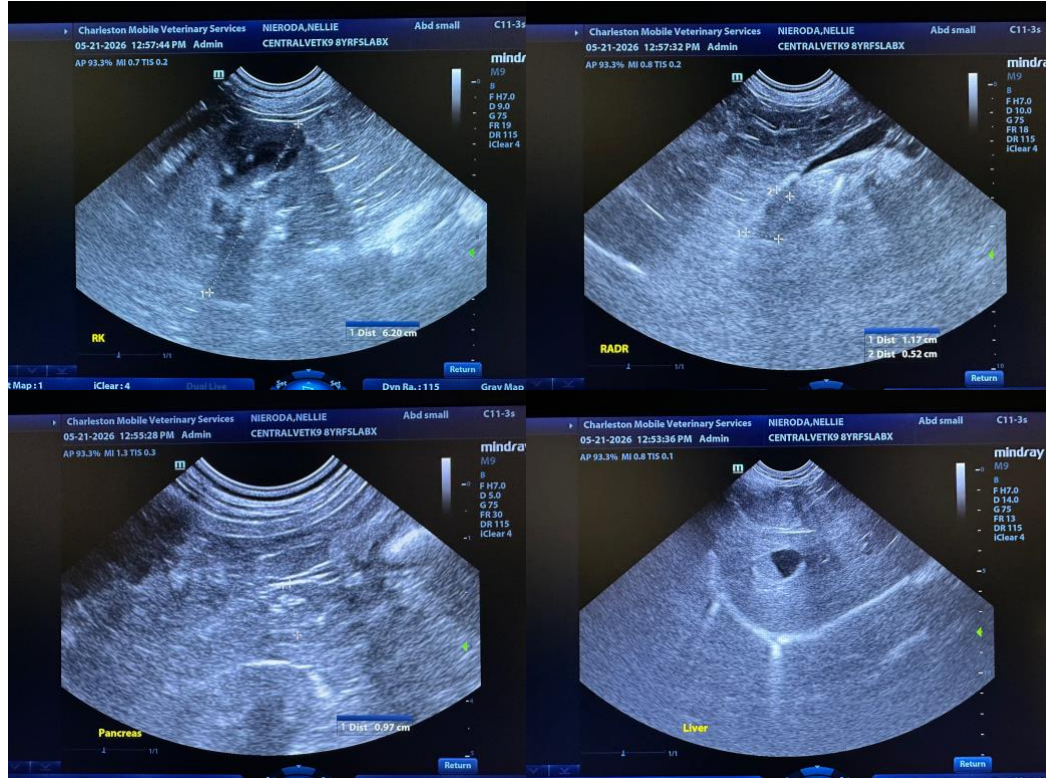
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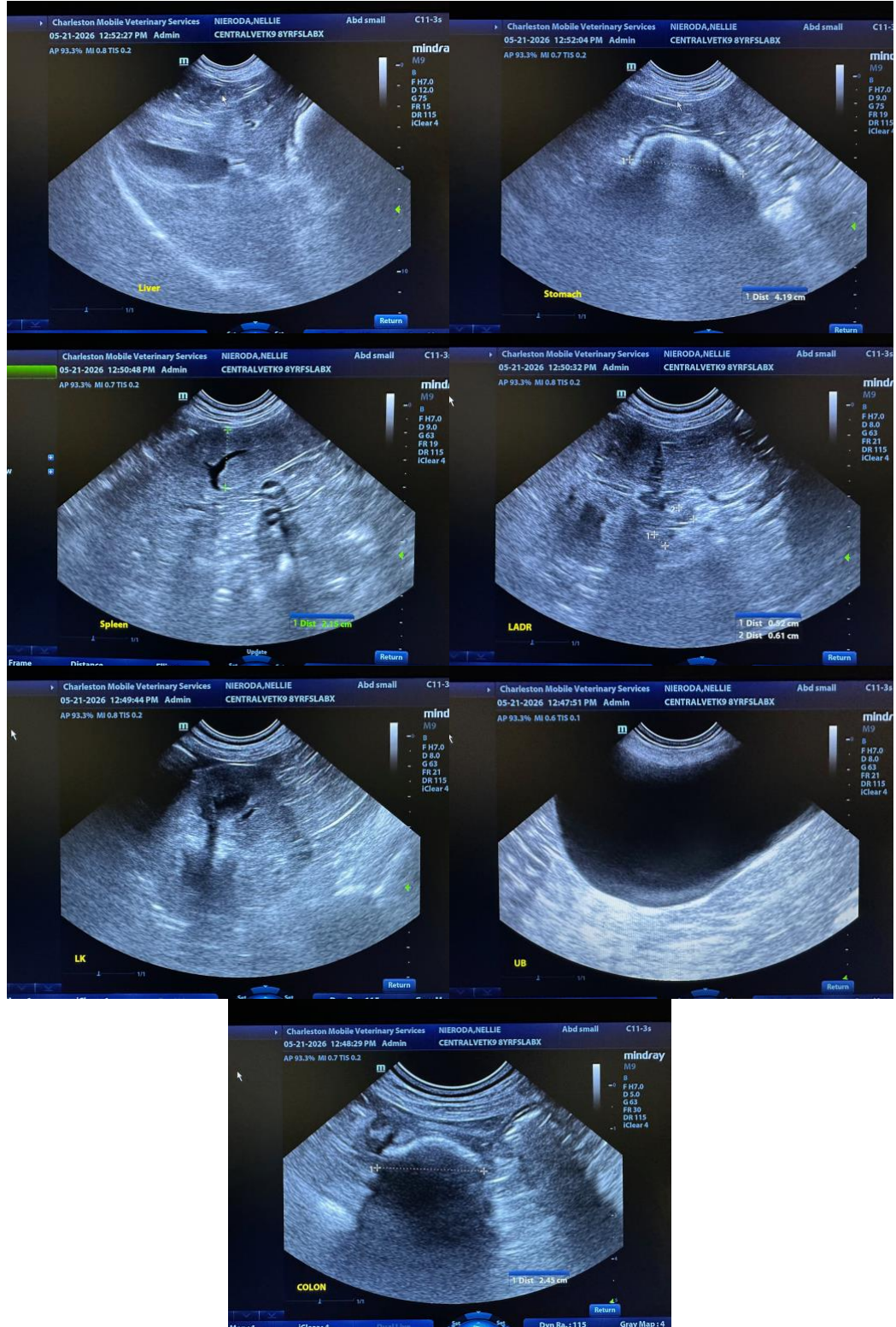
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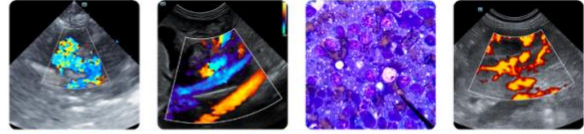
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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