

PATIENT

Sammy Lounsbury

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

14

WEIGHT

42.2 lbs

INTERPRETED BY

Andrea Nicastro DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS,
Cert Vet Sonog (IVUSS)

HOSPITAL NAME

All Friends Animal
Hospital

REFERRING VET

Shoshana Gittens DVM

INVOICE

23220

DATE

6-17-26

PRESENTING CLINICAL SIGNS

History: Presented on 6/9/26 for chronic diarrhea, inappetance and unintentional weight loss x 2 months. HCT 34.5, HGB 12.1, Reic 9.9, PLT 0.48, ALT >2000, Bilirub 1.8, TT4 0.8. On Denamarin, Clavamox, Metro

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. A small amount of suspended echogenic debris is observed within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The prostate is normal in size (1.00 cm in width) and shape. Parenchyma is homogenous. The prostatic urethra appears normal without evidence of dilation or obstruction.

The left kidney is normal in size (6.27 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 hydroureter.

The right kidney measures 7.25 cm in length, with an irregular shape. An approximately 8.8 x 8.1 cm cortical cyst, with suspended echogenic debris is causing distortion of normal renal architecture. In the more normal-appearing portion of the kidney, there is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. Hyperechoic shadowing diverticular foci are visualized. There is no evidence of infarcts.

Adrenal Glands

The left adrenal gland is normal in size at the cranial pole and enlarged at the caudal pole (0.46 cm at cranial pole) (0.89 cm at caudal pole). Glandular echogenicity and detail are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The area of the right adrenal gland is obscured by the large right renal cortical cyst.

Spleen

The spleen is normal in size (1.70 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.

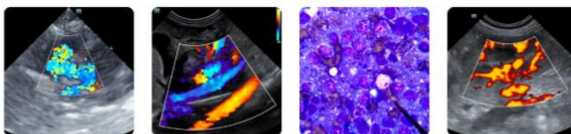
Liver

The liver is subjectively enlarged, with irregular peripheral contours. A 4.9 x 4.1 cm hyperechoic- to heterogenous mass is observed near the diaphragm. A few parenchymal cysts are also seen. The remaining hepatic parenchyma is diffusely nodular and heterogenous in appearance. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gallbladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile echogenic- to mineralized debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric 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 is normal in thickness with a



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normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas

A portion of the pancreas is obscured by the hepatic pathology. In the visualized portion, no obvious abnormalities are seen.

Lymph Nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Hepatic mass. Neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor, other) is suspected. However, a benign process (i.e., large regenerative nodule, inflammatory focus) cannot be completely excluded. The diffuse hepatic parenchymal changes could be consistent with metastatic disease, an inflammatory hepatopathy, hepatotoxicosis (i.e., copper), fibrosis, regenerative nodular hyperplasia, vacuolar hepatopathy, or some combination thereof.

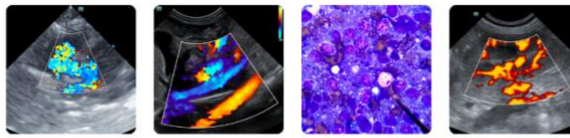
Secondary Findings

- Gallbladder debris/sand, non-mucocele
- Mild bilateral nonspecific age-related renal changes
- Mild left adrenomegaly (the right adrenal gland is not definitively visualized).

*It is unclear whether the patient's GI signs are secondary to an underlying hepatopathy, or another disease process (i.e., primary enteropathy).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hepatic changes, histopathology would be necessary to get a definitive diagnosis. If biopsies are pursued, aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed. Thoracic radiographs and clotting times are recommended prior to anesthesia.
- Regarding the chronic diarrhea, also consider the following:
 1. Fecal evaluation for ova and Giardia
 2. GI panel including serum cobalamin and folate, TLI, PLI and resting cortisol level
 3. +/- GI biopsies



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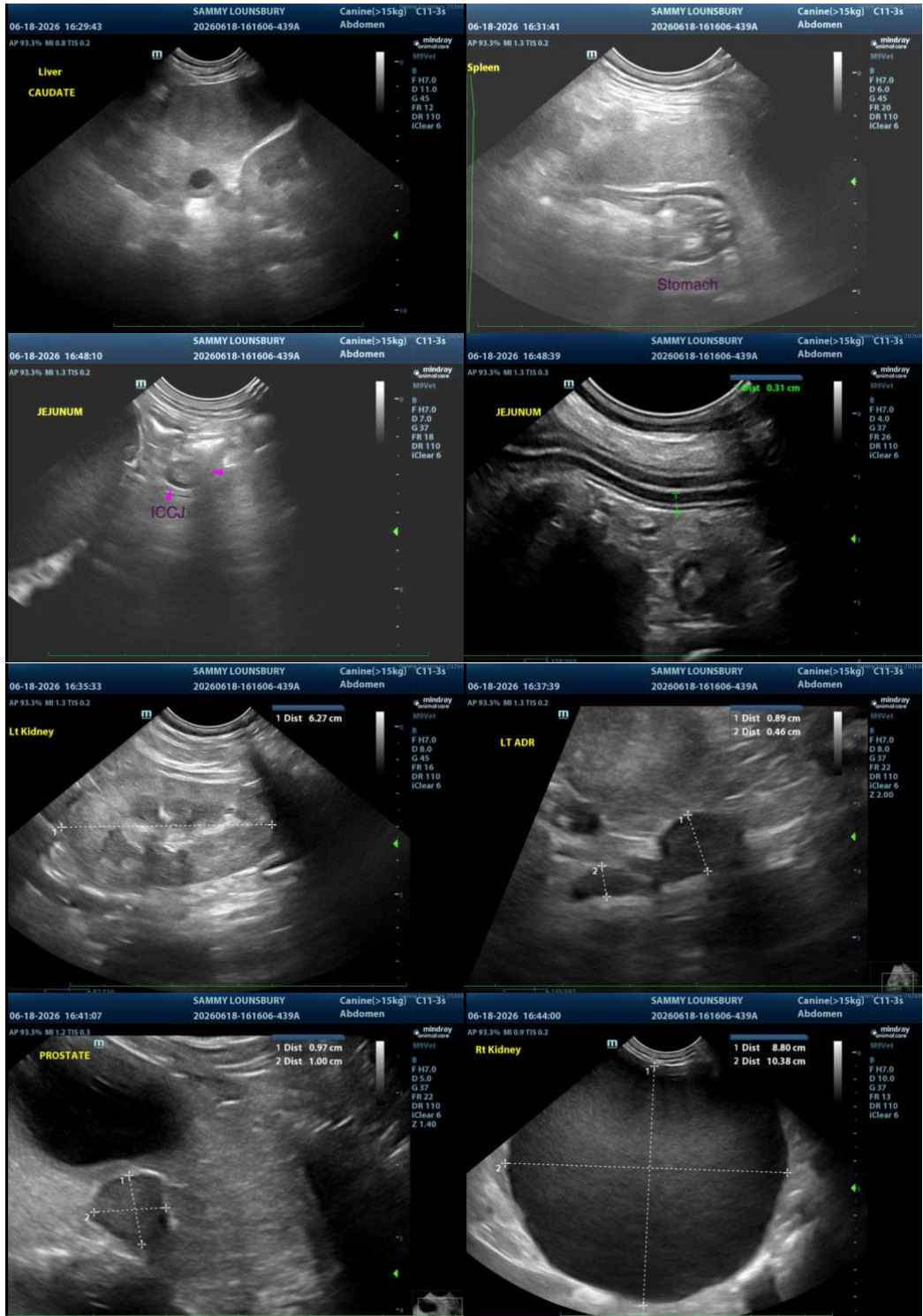
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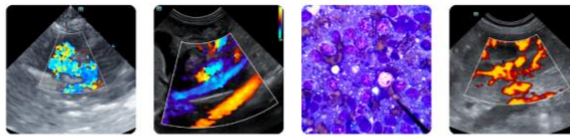
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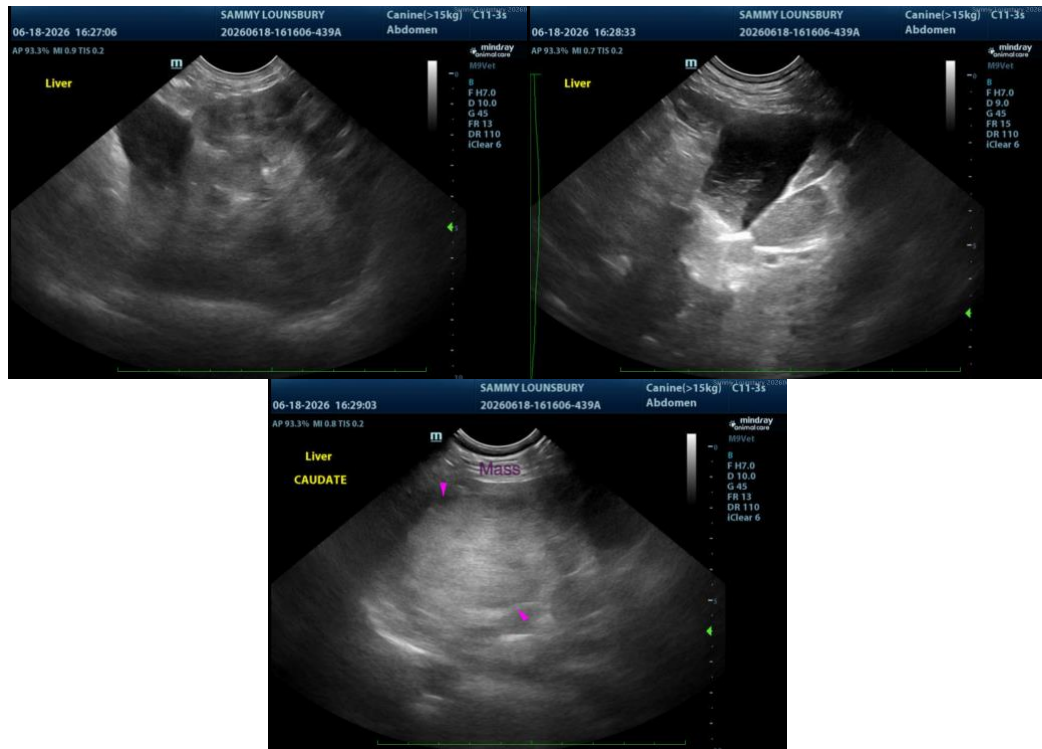
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com