PATIENT

Tig Lavalee

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

AGE

12

WEIGHT

3.98 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Sarah Barthelemy

HOSPITAL NAME

Southwood VH

REFERRING VET

Dr Harris

INVOICE

23222

DATE

6-17-26

PRESENTING CLINICAL SIGNS

History: Clinically doing well. History of positive BRAF test and has been in piroxicam as well as liver support and ursodiol.
Abnormal PE/Chem/CBC/UA Results: Chronic liver enzyme elevation History of positive BRAF result (twice)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. Several, small, nodules are arising from the mucosal surface of the dorsal and ventral walls. No cystic calculi are observed. The region of the trigone and visible portion of the proximal urethra are normal.

The prostate is normal in size (0.77 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 (3.63 cm in length) with a normal shape, smooth peripheral margins, and normal internal architecture. There is moderate loss of corticomedullary distinction. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.55 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is upper limits of normal size (0.53 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.

The right adrenal gland is upper limits of normal size (0.76 cm at cranial pole) (0.57 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.

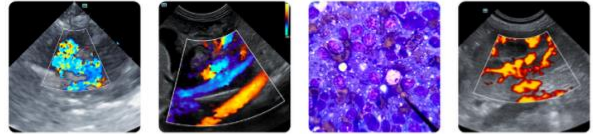
Spleen

The spleen is normal in size (0.76 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 with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogenous. A 3.0 x 2.6 cm heterogenous expansile mass is arising from the left side. 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 moderate amount of partially-dependent, echogenic- to mineralized debris/sand in a partially stellate pattern, is observed within the lumen. The cystic and common bile ducts are normal/not seen.



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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 ileocecocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

Pancreas
The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is slightly hyperechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

Lymph Nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
There is no obvious evidence of free fluid.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

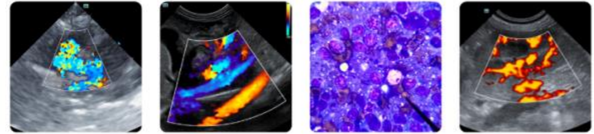
- Left hepatic mass. Considerations include neoplasia (i.e., adenoma, adenocarcinoma, round cell tumor) vs a benign process (i.e., large regenerative nodule, inflammatory focus, other). A neoplastic process is favored.
- The gallbladder changes are suggestive of a developing mucocele.
- The urinary bladder wall changes, in conjunction with the positive urine BRAF tests, would suggest a neoplastic process (as the BRAF test has a 100% sensitivity). However, the bloodwork changes do not have the classic appearance of transitional cell carcinoma.

Secondary Findings

- Bilateral nonspecific age-related renal changes
- Mild bilateral adrenomegaly
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- Regarding the hepatic mass, consider the following:
  1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
  2. Excisional biopsy with submission for histopathology. An abdominal CT scan would be useful in presurgical planning. If surgery is not pursued, consider a recheck ultrasound in 2-3 months to assess for growth of the lesion.
- Regarding the urinary bladder changes, consider a repeat urine BRAF test. If a persistent positive result is obtained, consider consultation with a board-certified oncologist for further recommendations.



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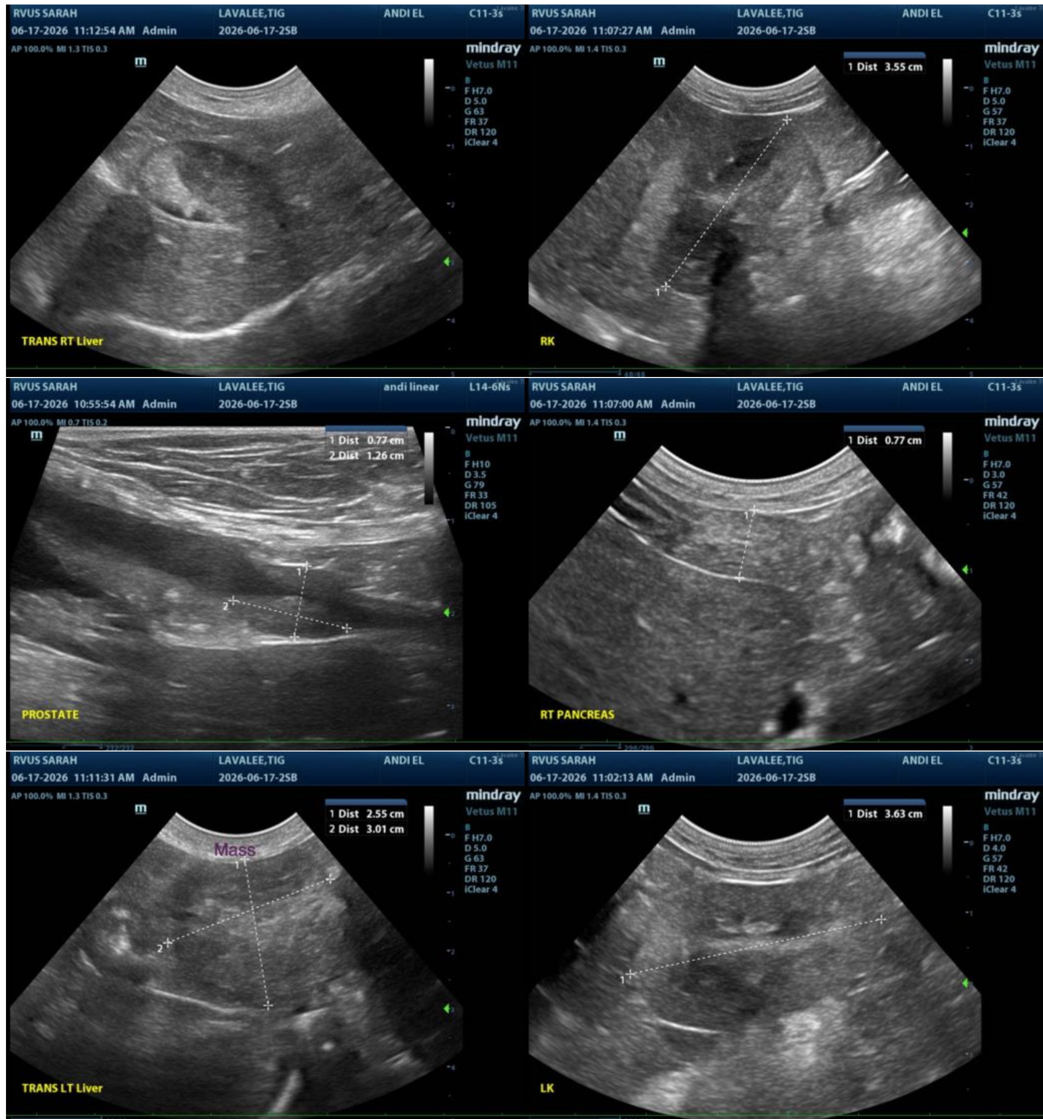
- Given the gall bladder changes, Ursodeoxycholic acid (Ursodiol) is recommended. Serial sonographic monitoring (e.g., every 4-6 weeks) of the gall bladder is recommended to assess for progression to a fully formed mucocele. If progression occurs, a cholecystectomy may be warranted.



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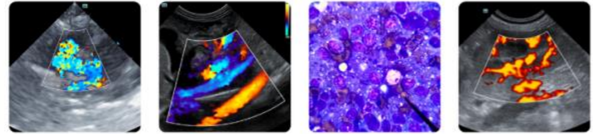

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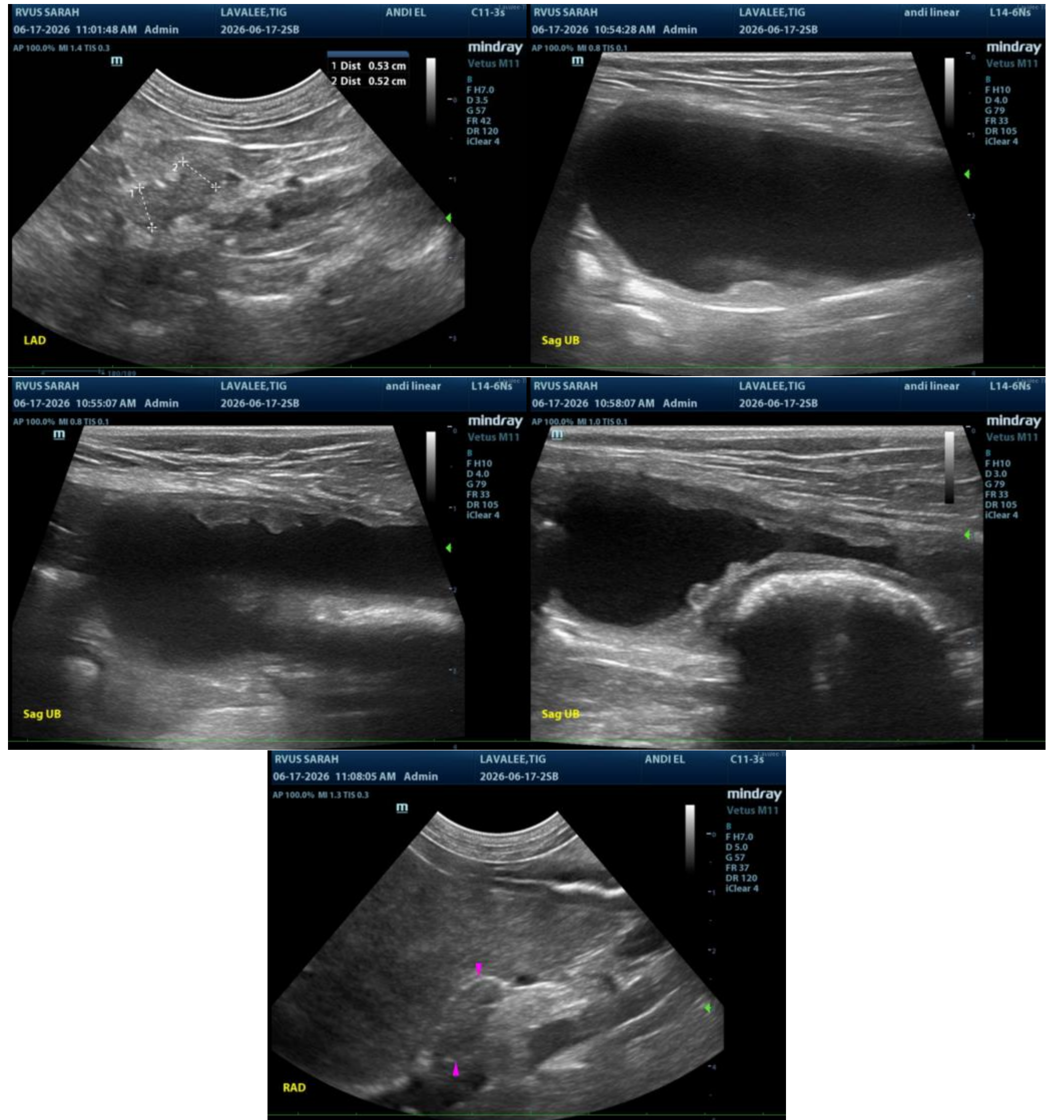

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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