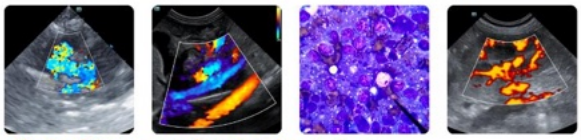


DATE

6/8/26

PATIENT

Lola Weiss

SPECIES

Canine

BREED

Golden Retriever

SEX

Female, spayed

AGE

2/1/2013

WEIGHT

33.4 kg.

INTERPRETED BY

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

HOSPITAL NAME

Banfield Columbia

REFERRING VET

Dr. Landon

INVOICE
13597

PRESENTING CLINICAL SIGNS

Patient History: Chronically elevated liver values and chronic heterogeneous liver.

Current Medications: Librela.
Labwork Results: Labwork not attached, reported as: ALT: 215 (1/2/26); 136 (8/2025); 127 (4/2025); 577 (3/2025)
Date of Previous IntraPet Ultrasound: Multiple in 2023. See attached.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Declined at this time.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are mostly anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (7.98 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild 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 (8.44 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. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.58 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 enlarged (1.17 cm at cranial pole) (1.62 cm at caudal pole) with swollen/irregular peripheral contours. A 3.4 x 2.1 cm hyperechoic to heterogeneous mass is observed at the mid to caudal aspect. The parenchyma at the cranial aspect is mildly heterogeneous in appearance. There was no obvious evidence of vascular invasion.

Spleen

The spleen is overall enlarged with irregular peripheral contours. Several varying sized heterogeneous cavitated masses are observed within the parenchyma, one of the largest measuring 8.5 x 7.1 cm. Splenic vasculature is normal with no evidence of thrombosis. The omentum surrounding the spleen is mildly hyperechoic.

Liver

The liver is subjectively normal in size with slightly swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogeneous in appearance. A 5.4 x 3.3 cm isoechoic to heterogeneous nodule is observed on the left side. Also on the left side, smaller ill-defined hyperechoic to heterogeneous nodules are seen and the peripheral margins are irregular.Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is normal to mildly thickened (up to 0.23 cm). A small to moderate amount of aggregated, echogenic mostly gravity-dependent debris/sludge is observed within the lumen. Some debris is adhered to the mucosal surface. 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 colonic wall is normal. There is no evidence of an obstructive pattern.

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.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Trace free fluid is observed.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Multiple cavitated splenic masses. Neoplasia (i.e., hemangiosarcoma, round cell tumor, other) is strongly suspected with a low possibility of a non-neoplastic process. Mild adjacent peritonitis is present.
- Left hepatic mass. In light of the patient's clinical history, recurrence of hepatocellular carcinoma is suspected. However, a benign lesion (i.e., regenerative nodule, inflammatory focus) cannot be completely excluded. This mass is larger than any previously described lesions. The ill-defined hyperechoic nodules seen throughout the left liver could be consistent with regenerative nodules, inflammatory lesions, regenerative nodular hyperplasia, other. The diffuse hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- Right adrenal mass. Considerations include focal nodular hyperplasia, adenoma, emerging adenocarcinoma, pheochromocytoma, other.
- Trace ascites

Secondary Findings:

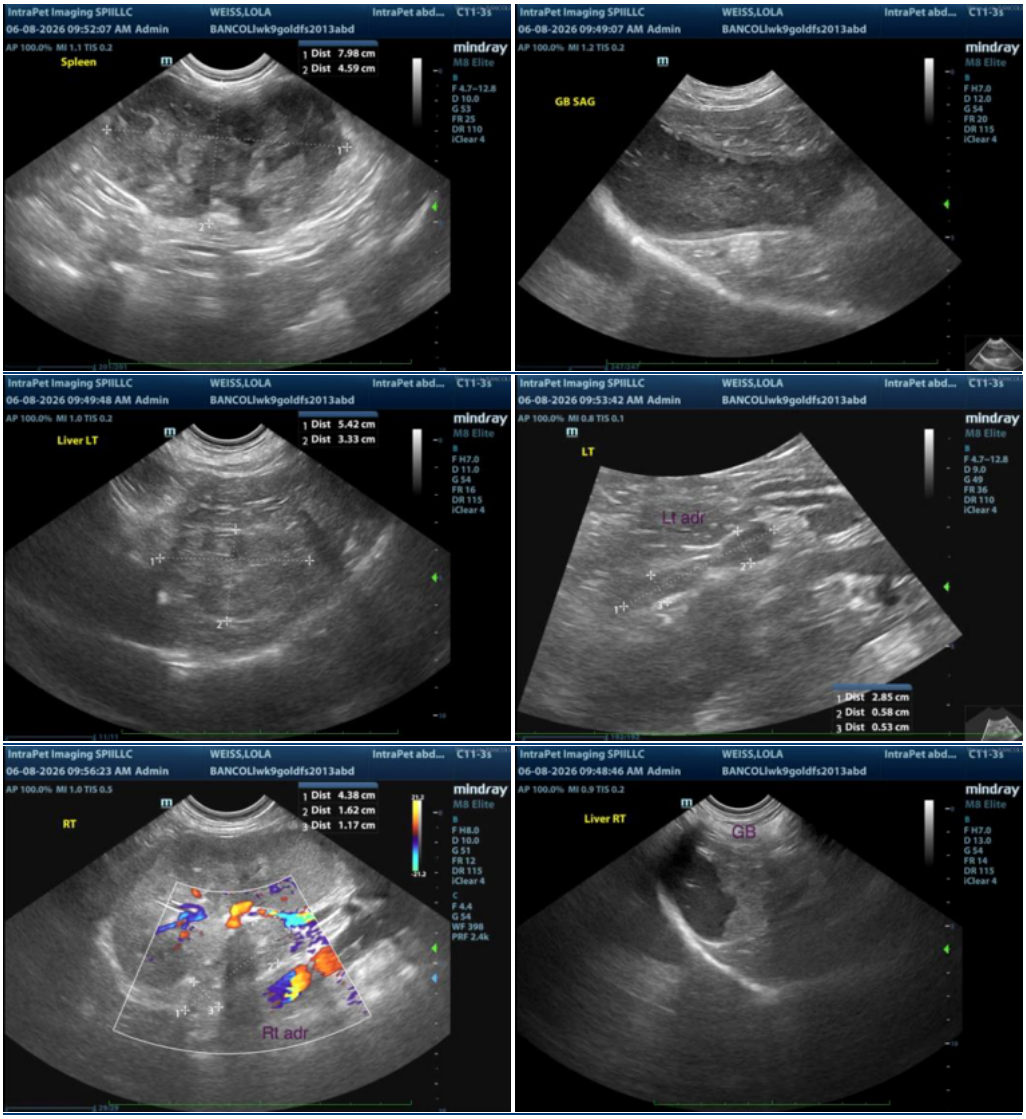
- Mild bilateral nonspecific, age-related renal changes with subtle left dystrophic mineralization
- Gallbladder debris/sludge, non-mucocele

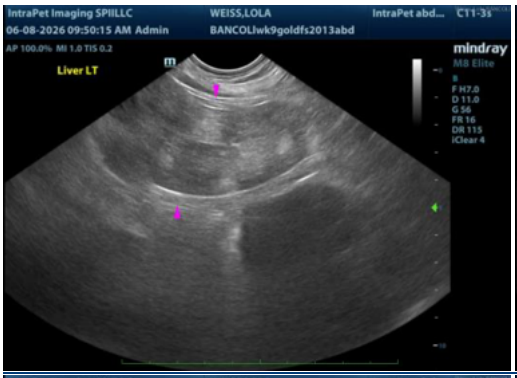
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Three-view thoracic radiographs are recommended to assess for pulmonary metastases.

If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider a splenectomy with submission of the spleen for histopathology along with biopsies of the hepatic lesions. An abdominal CT scan would be useful in presurgical planning.

If further testing is not pursued, palliative care is recommended.

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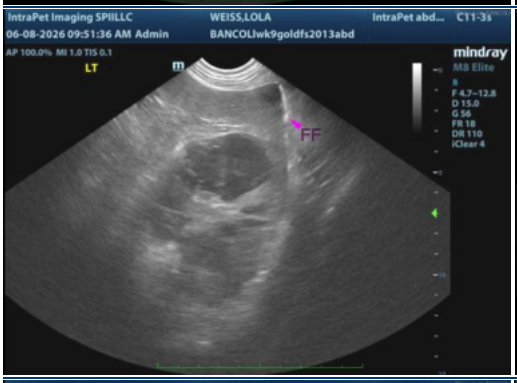
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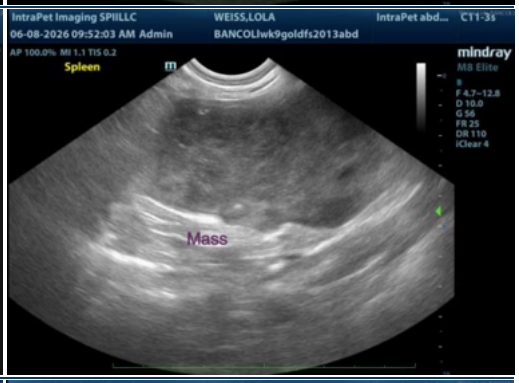
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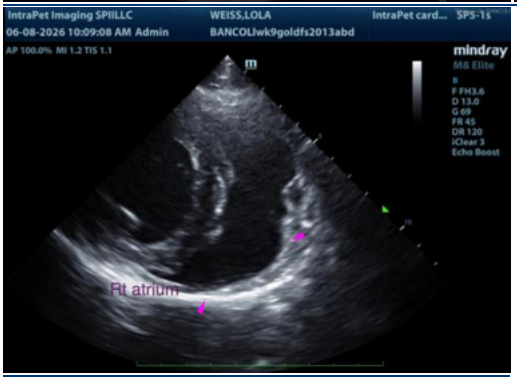
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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