



PATIENT PRESENTING CLINICAL SIGNS

Malia Marquez

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

History: Present for acute onset of lethargy, vomiting, difficulty walking. Straining to have a bowel movement but no diarrhea noted. Client believes she may have eaten her leftovers from her supper the night before, then vomited a large amount of food about 3 am. History of a suborbital OS eye mass that has been drained (dark fluid), arthritis, clogged nasolacrimal ducts, on Meloxicam 25mg, Eye drops, Regensa and a CBD supplement.

Abnormal PE/Chem/CBC/UA Results: PE: sternally recumbent, generalized weakness, tense abdomen, dermatitis on inguinal regions, perivulvar area and medial thighs, tachypneic on presentation-improved this morning, tachycardic. Mass under left eye 6/7/26: CBC: WBC 20K, Neut 18.9K, Lympho 0.64K. Chem: SDMA 18, Creat 2.6, BUN 52, ALP 420, Amylase THTR, Lipase 4337, TT4 0.8 UA: SG 1.022, pH 7, Pro 500, Blood 3/hpf, WBC 1/hpf, no bacteria, crystals, casts XR Consult: loss of serosal detail mid cranial abdomen, possible mural disease vs pancreatitis, chronic degeneration, noted spondylosis and shoulder OA. 6/8/26 am: Chem: SDMA 26, Creat 2.9, BUN 57

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

12

WEIGHT

53.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chrissy Krell, DVM

HOSPITAL NAME

Taylor Vet EH

REFERRING VET

Chrissy Krell, DVM

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6-8-26

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. At least two, small, cystic calculi are observed within the lumen. The remaining luminal contents are mostly anechoic. The region of the trigone and visible portion of the proximal urethra are normal.

The left kidney measures 6.97 cm in length, with an irregular shape. A 3.5 x 3.0 cm heterogenous, expansile mass is arising from the cranial aspect. In the remainder of the kidney, the cortex is variably thickened, with severe loss of corticomedullary distinction. Moderate pyelectasia is present (0.44 cm in the longitudinal plane). Nonobstructive mineralized foci are visualized. There is no evidence of hydronephrosis. Renal vasculature is normal. Perirenal fat is hyperechoic.

The right kidney is normal in size (8.71 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with moderate loss of corticomedullary distinction. Several, small, nonobstructive nephroliths are visualized. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

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) (0.79 cm at caudal pole). A 0.6 x 0.4 cm ill-defined, hyperechoic- to heterogenous nodule is observed at the caudal aspect. Glandular echogenicity and detail at the cranial aspect are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (0.82 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.

Spleen

The spleen is subjectively normal-in-size with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is normal- to prominent-in-size. The parenchyma is hypoechoic relative to the spleen and mottled in appearance. A 1.8 x 1.1 cm isoechoic- to- to hypoechoic, slightly expansile nodule is observed on the left



PATIENT

side at the caudal aspect. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

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

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Gastrointestinal

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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. In at least one small intestinal segment, the wall is thickened (up to 0.55 cm) with slight disruption in the normal 1:3 muscularis: mucosal ratio. The remaining small intestinal segments are 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 obvious evidence of an obstructive pattern.

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Pancreas

Female Spayed

The pancreas is diffusely prominent- to enlarged, with slightly irregular peripheral contours. The parenchyma is isoechoic relative to surrounding omental fat and mottled in appearance. No distinct focal lesions are observed. The pancreatic duct is mildly dilated (0.28 cm in width). Surrounding mesentery is hyperechoic.

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Lymph Nodes

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A 1.27 x 0.52 cm medial iliac lymph node is visualized.

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Free Abdomen

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

The mesentery throughout the abdomen is hyperechoic and slightly irregular. A small- to moderate amount of free fluid is present.

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Primary Findings

Chrissy Krell, DVM

- Left renal mass. Neoplasia (i.e., adenocarcinoma, round cell tumor, sarcoma) is suspected, with a lower possibility of a non-neoplastic process (i.e., inflammatory focus, other). Adjacent to retroperitonitis is present. Bilateral nonspecific age-related renal changes are also present, with nephrocalcinosis and left pyelectasia.
- The pancreatic changes are most consistent with moderate pancreatitis, with adjacent peritonitis. Some parenchyma remodeling is also seen.
- The left caudal hepatic nodule could be consistent with a metastatic lesion, emerging primary hepatic tumor or a benign focus (i.e., regenerative nodule, inflammatory lesion, other). The diffuse hepatic parenchymal changes are nonspecific and could be secondary to age-related parenchymal remodeling, regenerative nodular hyperplasia, inflammatory disease, hepatotoxicosis (i.e., copper), infiltrative neoplasia, and/or other hepatopathy.
- Focal small intestinal wall thickening. Considerations include inflammatory disease, or less likely, infiltrative neoplasia.

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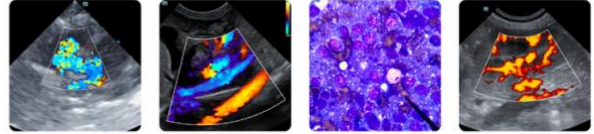
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PATIENT Secondary Findings

Malia Marquez • Gallbladder debris/sand, non-mucocele

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Canine • The prominent medial iliac lymph node is likely reactive, with a lower possibility of emerging neoplasia.

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Golden Retriever

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX • Regarding the left renal mass, consider the following:

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1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Fine-needle aspiration (assuming normal clotting status and blood pressure measurement). A 25-gauge needle should be used.
3. Depending on the results, consultation with a board-certified oncologist and/or surgeon may be indicated.

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- Supportive care for pancreatitis is recommended including IV fluid therapy, gastric protectants, antiemetics, pain medication as needed, +/- fresh frozen plasma.

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- Other diagnostics considerations include the following:
 1. Urinalysis with culture and sensitivity
 2. UPC if proteinuria is present in the absence of infection
 3. Baseline blood pressure measurement
 4. Submission of the abdominal fluid for cytologic evaluation

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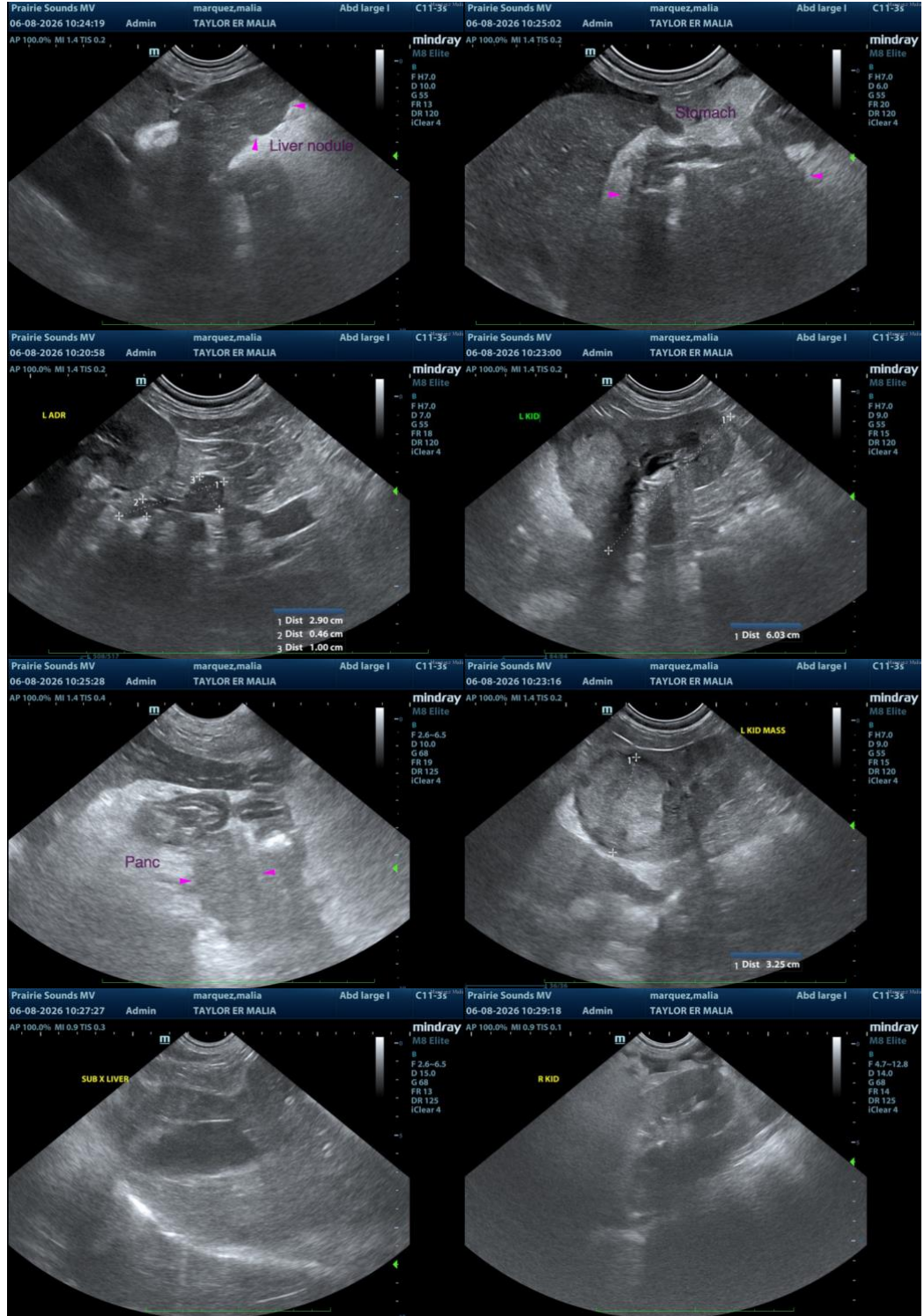
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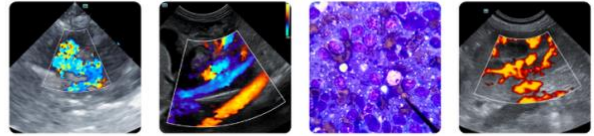
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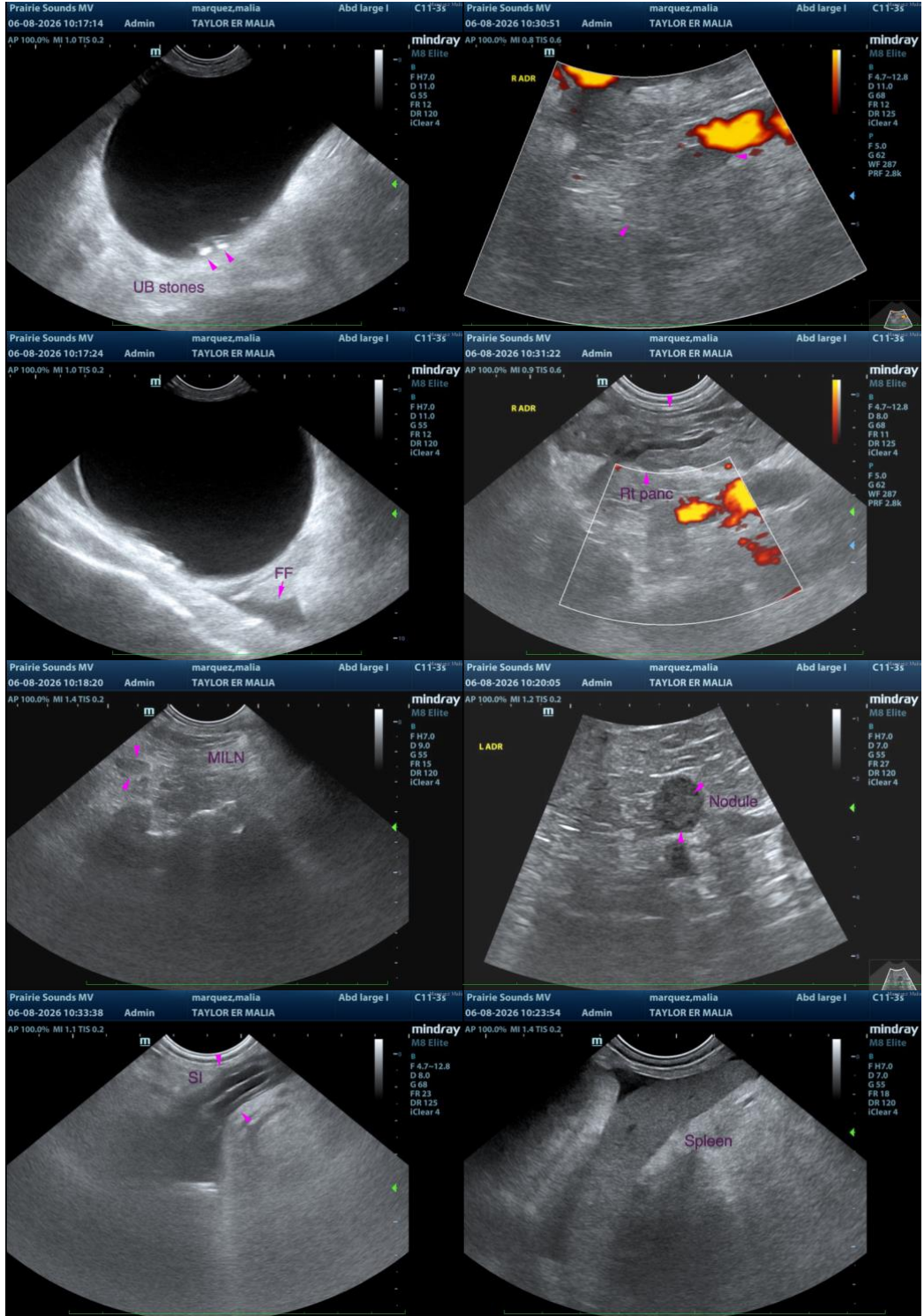
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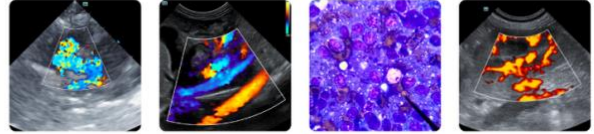
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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