



**PATIENT PRESENTING CLINICAL SIGNS**

**Mocha Moroney**  
History: Reason for Ultrasound: Anorexia; elevated liver and pancreatic values  
Current Meds: Gabapentin 200mg BID, Amoxicillin 500mg BID, ID Low Fat diet

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results  
AST= 1258; ALT= 316; ALP= 886; GGTP= 32; Panc. S Lipase= 614

**BREED**

Labrador Retr Mix

**SEX**

Neutered Male

**AGE**

9 years

**WEIGHT**

49 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Carlos Abdul-Chani

**HOSPITAL NAME**

Byram AH

**REFERRING VET**

Dr. Carlos Abdul-Chani

**INVOICE**

14191

**DATE**

8.21.23

**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 anechoic. 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 (1.24 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 (6.53 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 (6.36 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with 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 mildly enlarged in size (0.45 cm at cranial pole) (0.74 cm at caudal pole) (2.44 cm in length) 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 in normal size (0.58 cm at cranial pole) (0.79 cm at caudal pole) (2.01 cm in length) 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 (1.40 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

**Liver**

The liver is subjectively enlarged with irregular peripheral contours. On the left side, a >10.00 cm hypoechoic, nodular mass effect with small, cavitated areas is visualized. In the remainder of the liver the margins are curvilinear, and the parenchyma is relatively homogenous. Hepatic vasculature and intrahepatic biliary tracts are of normal volume with no evidence of congestion.

The gall bladder is of normal contours and contains some dependent echogenic-to-mineralized debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal/not seen.


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**Gastrointestinal**

The stomach and intestine are free of stasis and exhibit normal peristaltic activity. 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 ileocecolic junction and colonic wall are normal. The colonic lumen contains shadowing fecal material. 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.

**Free Abdomen**

The mesentery in the cranial abdomen is hyperechoic. Trace free fluid is observed. Several prominent-to-enlarged, mildly hypoechoic lymph nodes are observed at the aortic trifurcation (the largest measuring 3.19 x 0.82 cm). A 2.46 x 1.01 cm mesenteric lymph node is also seen.

**ULTRASONOGRAPHIC FINDINGS**
**Primary Findings**

- Left hepatic mass effect. Differentials include neoplasia (i.e., round cell tumor, adenoma, adenocarcinoma) versus a non-neoplastic process (i.e., inflammatory, other). Cranial peritonitis is present, likely secondary to hepatic pathology.
- The abdominal lymphadenopathy could be consistent with infiltrative neoplasia or reactive change.

**Secondary Findings**

- Minor bilateral chronic renal changes
- Mild bilateral adrenomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

- Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
- Consider fine-needle aspirates of the left hepatic mass effect and the prominent abdominal lymph nodes, if clotting status is appropriate. Twenty-five gauge-needles should be used. If the cytology results are inconclusive, surgical biopsies may be necessary to get a definitive diagnosis. Depending on results, consultation with a board-certified oncologist may be warranted.



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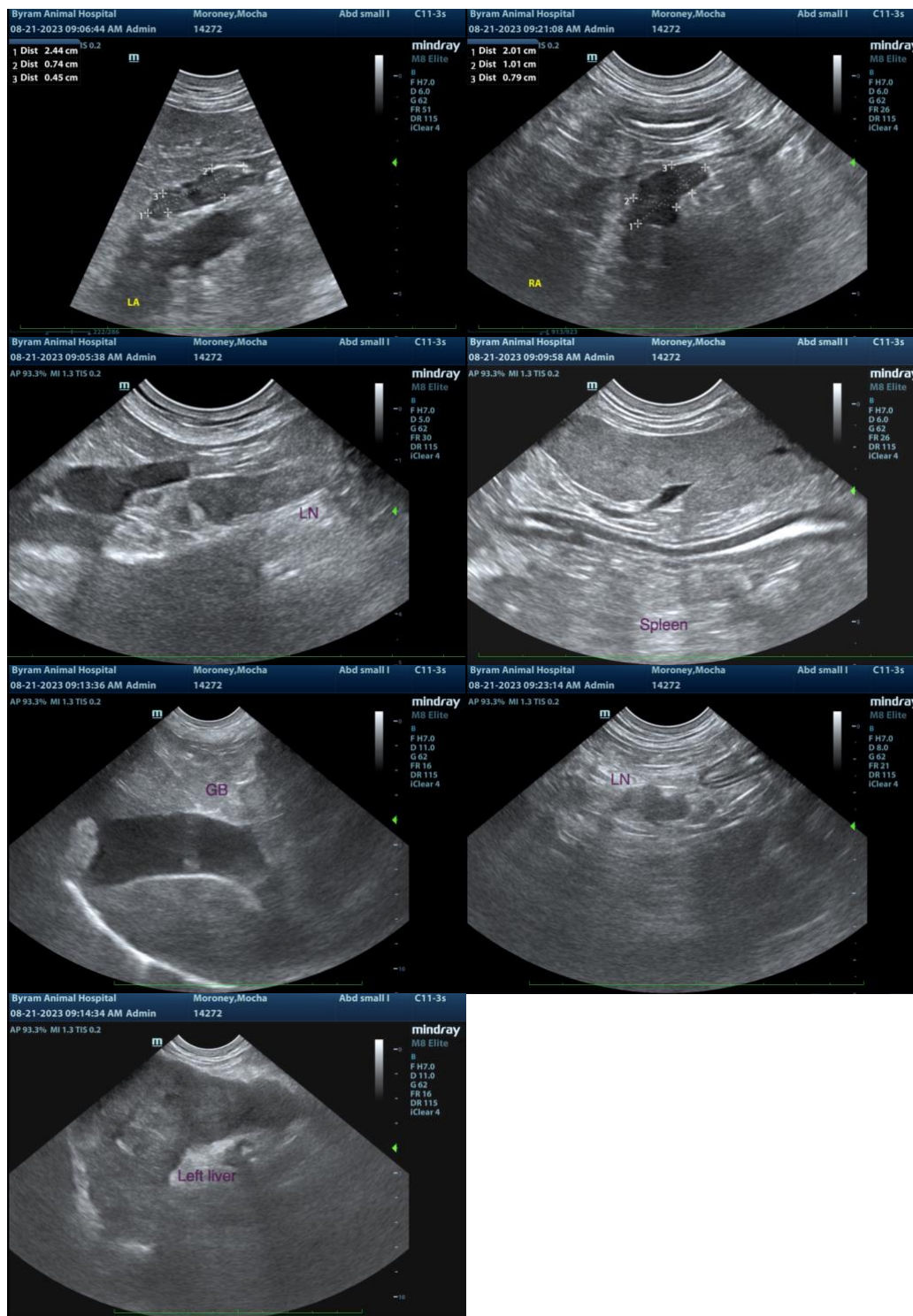
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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