

PATIENT

Sophie Hay

SPECIES

Canine

BREED

Golden Retriever

SEX

Female, spayed

AGE

12 Yrs.

WEIGHT

52 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Echo Hollow VH

REFERRING VET

Dr. Srch-Thaden

INVOICE

13300

DATE

11/3/25

PRESENTING CLINICAL SIGNS

History: Clinical Exam Findings: Soft sq mass ventral thorax 15 mm x 20 mm - Lipid/Adipocyte's Suspect Lipoma ABNORMAL Labwork Values Markedly elevated ALT 1448 U/L Mild hyperglycemia 125 mg/dL T4 high 6.1 ug/dL Hct 53% Current Medications FortiFlora K9 PRO, Clavamox CHEW tab 375mg, Denamarin Advanced Large K9. Radiographic Findings Splenic/hepatic appears large Fecal material in colon Abdominal ultrasound recommended

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 left kidney is normal in size (6.50 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.

The right kidney is normal in size (6.76 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 mildly enlarged (0.80 cm at cranial pole) (0.76 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 normal in size (1.49 cm at cranial pole) (0.65 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

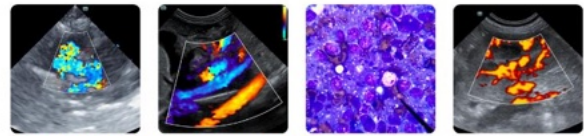
The spleen is normal in size (SplAN cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively prominent in size with smooth peripheral contours. The parenchyma is hypoechoic relative to the spleen. 1-2 small ill-defined hypoechoic nodules are observed approximately mid-liver, one of the nodules measuring 1.1 cm in its longest dimension. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thickened (up to 0.36 cm), irregular and hyperechoic. A small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 segmentally dilated with gas. The small intestinal wall thickness is normal 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

The peritoneal cavity is normal. There is no evidence of inflammation or effusion.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

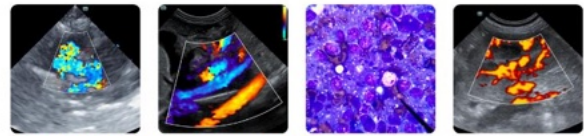
- The gallbladder wall changes are most consistent with cholecystitis.
- Given the severe elevation in ALT, a microscopic hepatopathy (i.e., bacterial cholangiohepatitis, Leptospirosis, chronic active hepatitis, copper-associated hepatotoxicity, infiltrative neoplasia (less likely)) is also suspected. The hypoechoic hepatic nodules trend toward the benign (i.e., regenerative nodules, inflammatory foci) with a lower possibility of emerging neoplasia.

Secondary Findings:

- Minor bilateral age-related renal changes
- Mild left adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Leptospirosis testing (i.e., blood and urine, PCR, serology) is recommended.
2. Consider hepatic tissue sampling (i.e., aspirates or biopsies) assuming normal clotting status. If biopsies are pursued, aerobic and anaerobic bile cultures should be obtained along with acquisition of additional hepatic tissue samples for copper quantitation.
3. If a conservative approach is desired, consider empirical treatment for bacterial cholangiohepatitis/cholecystitis/Leptospirosis (amoxicillin-clavulanic acid, Denamarin). If no improvement in the liver values is seen within 7-10 days of initiating therapy, antibiotics should be discontinued, and hepatic tissue sampling reconsidered. If liver values improve, continue therapy for at least 4-6 weeks and 1 week beyond normalization of the liver values.
4. Regarding the elevated total T4, thorough evaluation of the cervical area for a thyroid mass is strongly recommended (unless the patient is currently receiving an excessive dose of thyroid supplementation).



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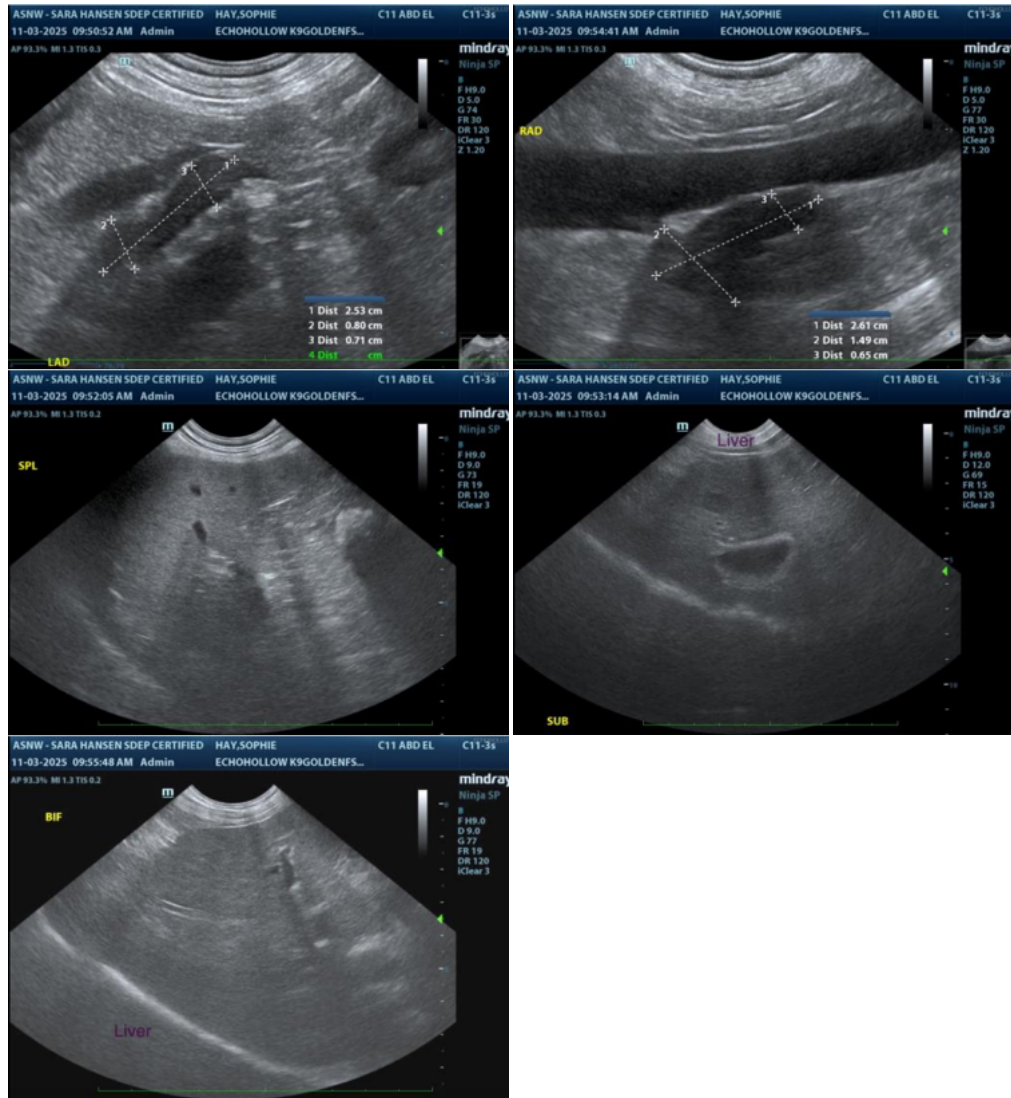
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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