



PATIENT

Sophie Prunty

SPECIES

Canine

BREED

Maltese/Yorkie mix

SEX

Female, spayed

AGE

7/21/2012

WEIGHT

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Meadowlawn

REFERRING VET

Dr. Clemons

INVOICE

13428

DATE

12/10/25

PRESENTING CLINICAL SIGNS

Radiographs taken to evaluate right hind limb lameness. An abdomen was also obtained as a screening and hepatomegaly was noted. Otherwise, asymptomatic from an abdominal standpoint. Has a II/VI murmur. Mild ALP elevation on most recent bloodwork.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is mildly distended. Luminal contents are 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 (3.88 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 hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.52 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild to moderate 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 enlarged (0.49 cm at cranial pole) (0.69 cm at caudal pole) with swollen peripheral contours. The glandular echogenicity and detail are unremarkable. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is mildly enlarged (0.91 cm at cranial pole) (0.54 cm at caudal pole) with swollen peripheral contours. 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 (0.93 cm in width at the level of the hilus) with a normal capsular contour. There is appropriate echogenicity and echotexture. A 0.74 x 0.45 cm hypoechoic to heterogeneous nodule is observed at the medial aspect approximately mid-spleen. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and subtly heterogeneous in appearance. A 6.4 x 2.5 cm swelling is observed approximately mid-liver. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of suspended echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal in size (0.35 cm in width).

Gastrointestinal

The gastric lumen is mildly distended with ingesta. 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



PATIENT

Sophie Prunty

SPECIES

Canine

BREED

Maltese/Yorkie mix

SEX

Female, spayed

AGE

7/21/2012

WEIGHT

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Meadowlawn

REFERRING VET

Dr. Clemons

INVOICE

13428

DATE

12/10/25

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 obvious evidence of an obstructive pattern.

Pancreas

The base and limbs of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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:

- The diffuse hepatic parenchymal changes are non-specific and could be secondary to regenerative nodular hyperplasia, vacuolar hepatopathy, parenchymal remodeling or some combination thereof with a lower possibility of infiltrative neoplasia or inflammatory disease. The mid-hepatic swelling could be consistent with a focal benign process (i.e., regenerative nodule, vacuolar hepatopathy). Alternatively, an emerging tumor (i.e., adenoma, adenocarcinoma) is possible.
- Bilateral adrenomegaly

Secondary Findings:

- Bilateral nonspecific, age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- The splenic nodule trends toward the benign (i.e., focus of lymphoid hyperplasia or similar) with a lower possibility of emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Serial monitoring (i.e., every 3-4 months) of the patient's liver values is recommended. If liver values continue to increase, a repeat abdominal ultrasound +/- hepatic tissue sampling may be warranted.
2. Consider testing for hyperadrenocorticism with a low-dose dexamethasone suppression test or ACTH stimulation test if clinical signs (i.e., PU/PD) develop in the future.
3. Regarding the hepatic swelling, consider a recheck ultrasound in 2-3 months to assess for growth/change. Hepatic tissue sampling (i.e., aspirates or biopsies) is also a consideration.



PATIENT

Sophie Prunty

SPECIES

Canine

BREED

Maltese/Yorkie mix

SEX

Female, spayed

AGE

7/21/2012

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Meadowlawn

REFERRING VET

Dr. Clemons

INVOICE

13428

DATE

12/10/25





PATIENT

Sophie Prunty

SPECIES

Canine

BREED

Maltese/Yorkie mix

SEX

Female, spayed

AGE

7/21/2012

WEIGHT

INTERPRETED BY

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

IMAGING PERFORMED BY

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

HOSPITAL NAME

Meadowlawn

REFERRING VET

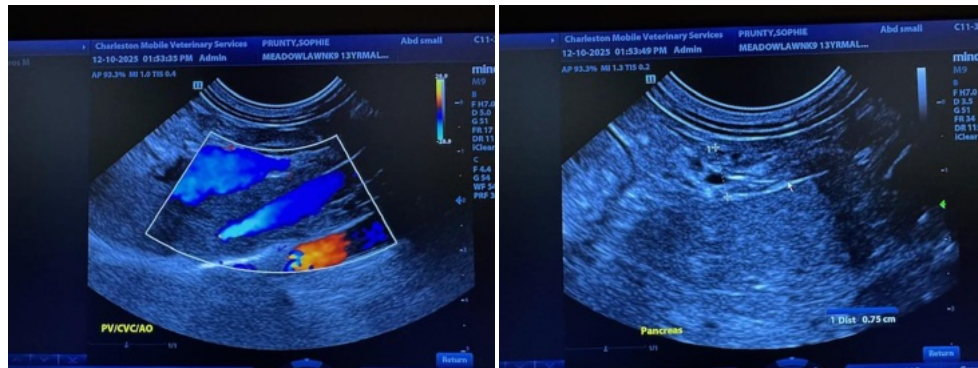
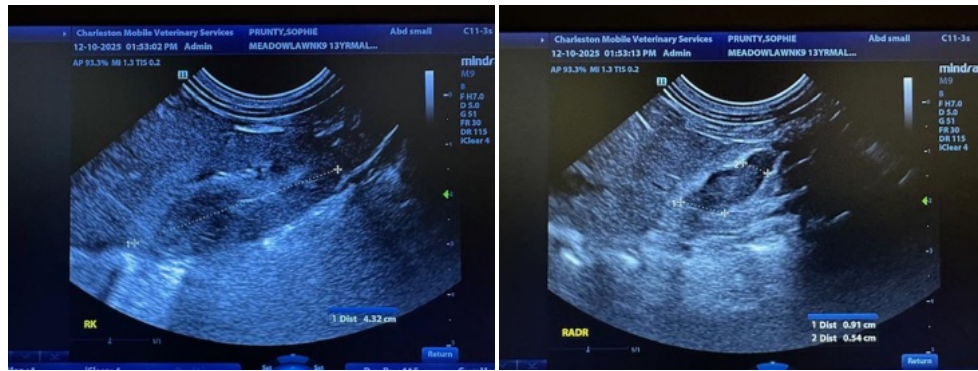
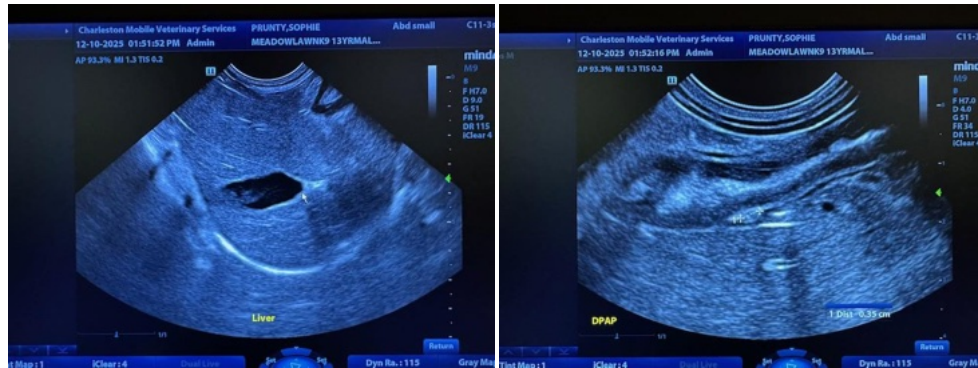
Dr. Clemons

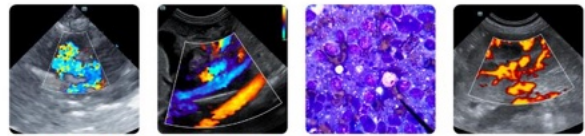
INVOICE

13428

DATE

12/10/25





PATIENT

Sophie Prunty

SPECIES

Canine

BREED

Maltese/Yorkie mix

SEX

Female, spayed

AGE

7/21/2012

WEIGHT

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

Meadowlawn

REFERRING VET

Dr. Clemons

INVOICE

13428

DATE

12/10/25

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