



PATIENT

Kona Gouger

SPECIES

Canine

BREED

Mixed breed

SEX

Female, spayed

AGE

11/13/2013

WEIGHT

57 lbs.

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

AH South Carolina

REFERRING VET

Dr. Stone

INVOICE

13499

DATE

2/24/26

PRESENTING CLINICAL SIGNS

Reoccurring urinary issues. nsf with culture

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 (6.93 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (7.43 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal 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 (0.49 cm at cranial pole) (0.53 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 (1.25 cm at cranial pole) (0.52 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 overall enlarged with irregular peripheral contour. A 4.1 x 3.3 cm hypoechoic expansile mass is observed within the parenchyma approximately mid-body. In addition, a 2.8 x 2.4 cm hypoechoic expansile mass is seen. The remaining parenchyma is relatively homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

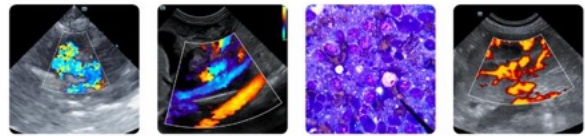
Liver

The liver is normal to prominent in size with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen. A 2.0 x 1.3 cm hypoechoic macronodule is observed on the left side at the cauda aspect. In addition, a 1.1 x 1.1 cm hypoechoic nodule is seen in the deep mid to left liver. The remaining parenchyma is subtly mottled in appearance. Hepatic vasculature and intrahepatic 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 gravity-dependent hyperechoic debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly fluid distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. A few small intestinal segments are mildly



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fluid distended. 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 is normal. The wall of the descending colon is normal to moderately thickened (up to 0.83 cm) with retention of the normal layering pattern. Some liquid appearing fecal material is observed within the lumen. There is no obvious 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

A 1.22 x 0.77 cm cystic lymph node is observed in the right cranial quadrant.

Free Abdomen

There is no obvious evidence of free fluid.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Splenic masses. Neoplasia (i.e., round cell tumor, sarcoma) is suspected with a lower possibility of a non-neoplastic process (i.e., lymphoid hyperplasia or similar).
- The hepatic nodules are also concerning for neoplasia, particularly in light of the splenic findings. metastatic disease is possible. Emerging primary hepatic neoplasia is also a consideration. Non-neoplastic considerations include inflammatory foci, regenerative nodules, granulomas, other.

Secondary Findings:

- The colonic wall changes are suggestive of colitis with a lower possibility of emerging neoplasia. Correlation with the patient's clinical history is recommended.
- The cystic lymph nodes seen in the right cranial quadrant may represent reactive change or less likely, emerging neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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



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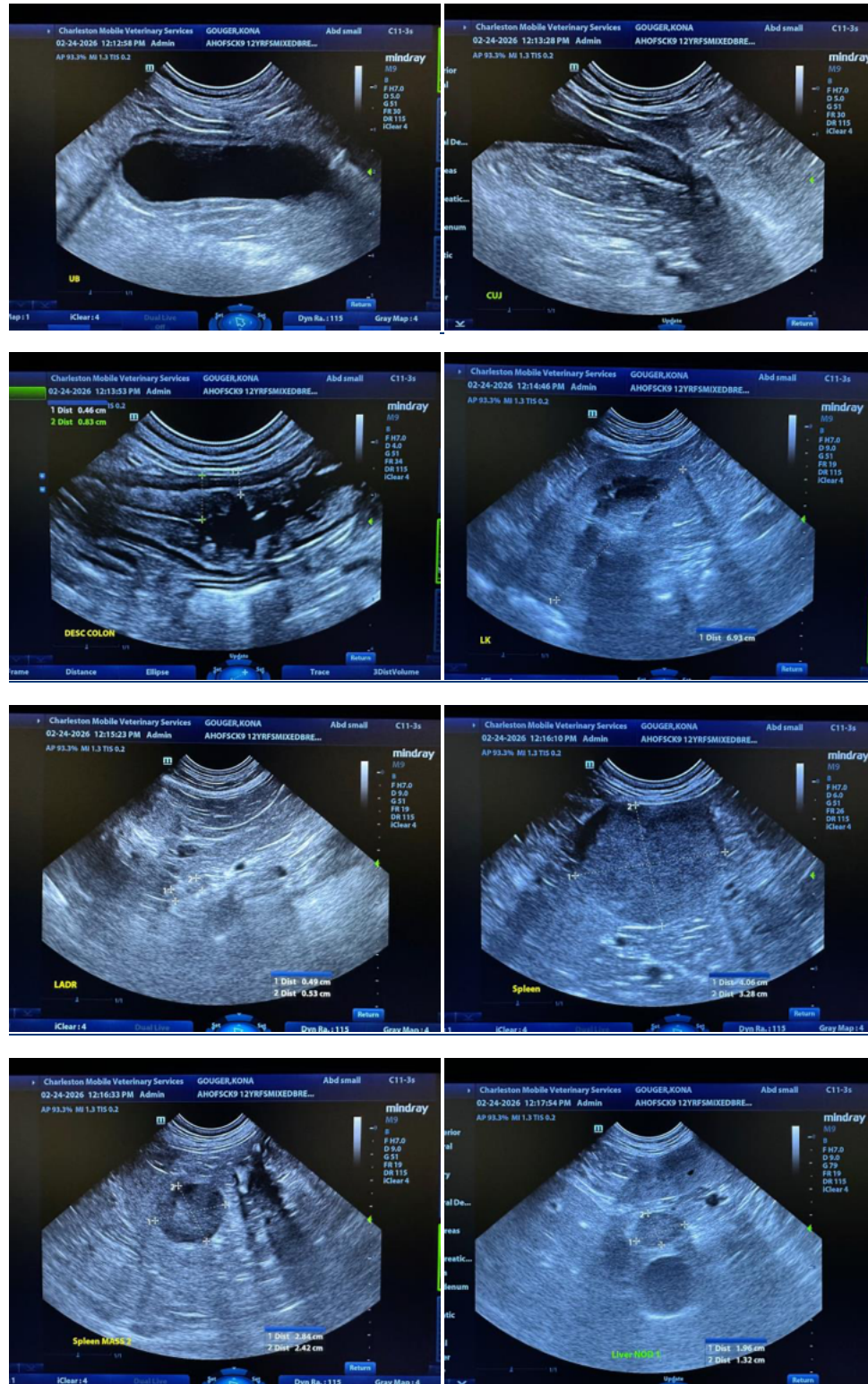
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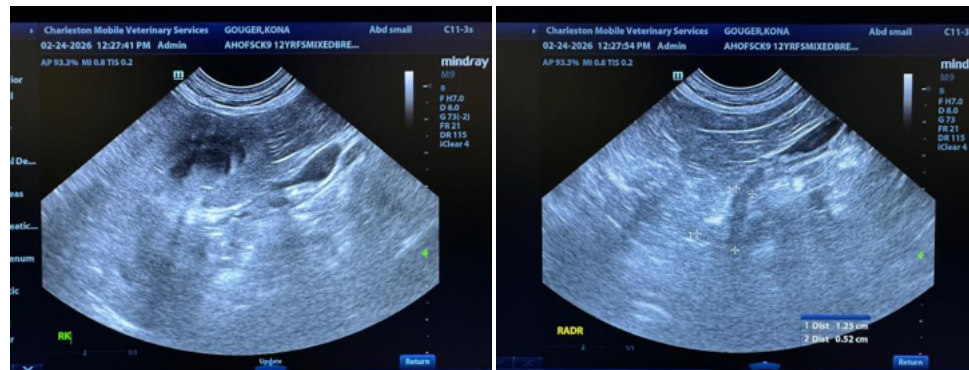
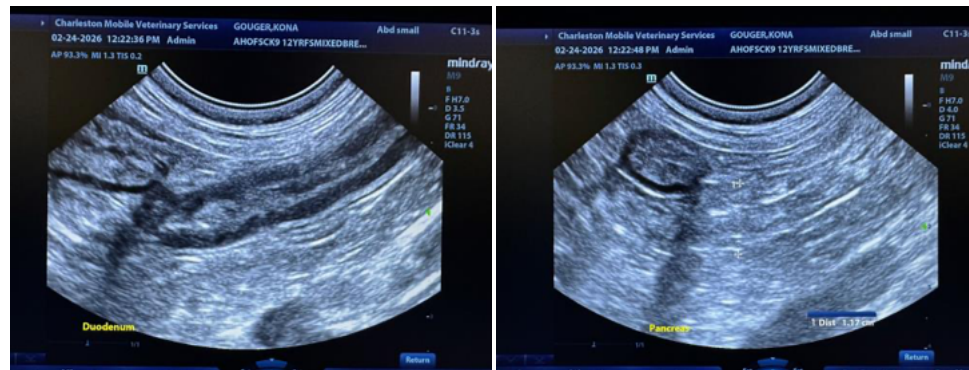
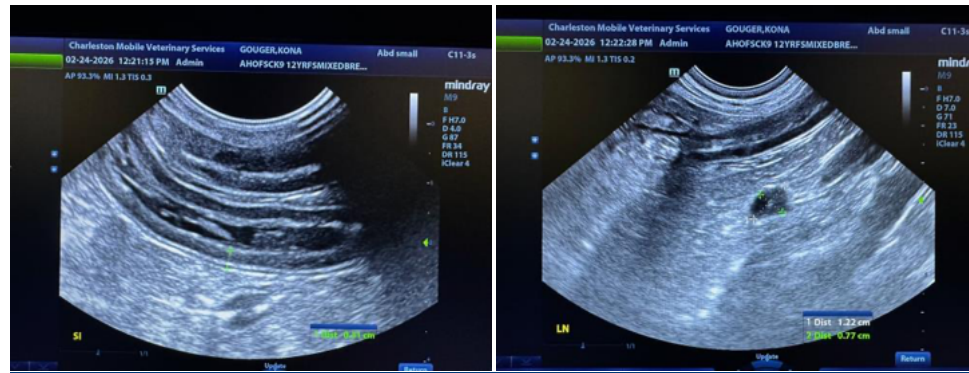
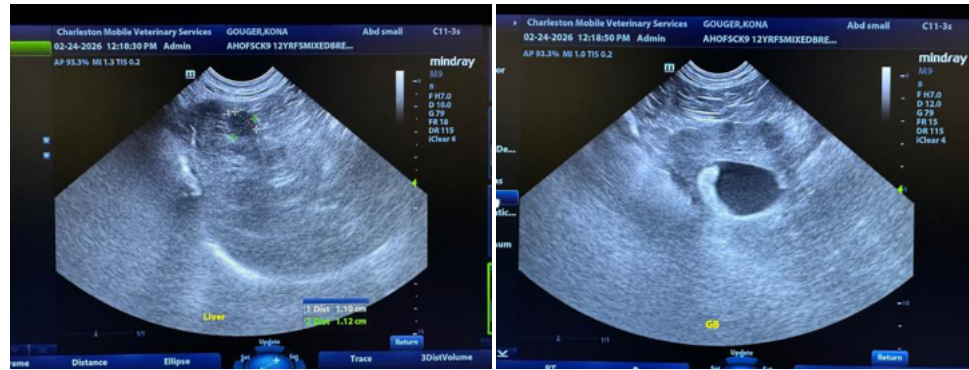
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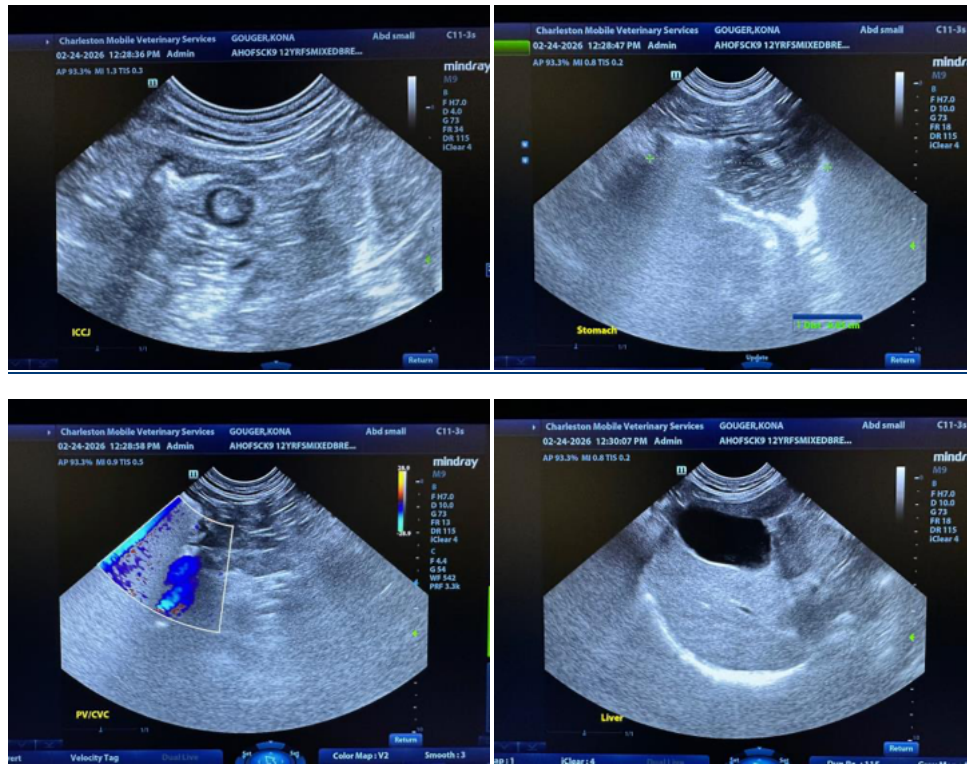
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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