



PATIENT

Ireland Dean

SPECIES

Canine

BREED

Golden Retriever

SEX

Female, spayed

AGE

3/9/2015

WEIGHT

83.2 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

Waterway

REFERRING VET

Dr. Roland

INVOICE

13600

DATE

3/11/2026

PRESENTING CLINICAL SIGNS

Pt was diagnosed with a bleeding rectal mass in December which was surgically removed and diagnosed as an adenocarcinoma. An ultrasound performed prior to surgery revealed hepatic nodules and a hyperechoic liver. Pt is currently undergoing chemotherapy.

Medications: Vetoryl, Benazepril, Heska drops.
Vitamins: Glycoflex, SamE & Milk Thistle.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder and visible portion of the pelvic urethra are normal for the degree of luminal distension. The urine is anechoic with no evidence of debris. Cystic calculi and discrete masses are not observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The left kidney is normal in size (7.31 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 (7.25 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 (0.52 cm at cranial pole) (0.71 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 (0.64 cm at cranial pole) (0.56 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 (1.18 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 normal to prominent in size with smooth peripheral contours. The parenchyma is hyperechoic relative to the spleen. A few varying sized hypoechoic nodules are observed, the largest measuring 3.0 x 2.5 cm (mid-liver). The remaining parenchyma is relatively homogeneous. 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 gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.



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Gastrointestinal

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 is normal. The colonic lumen contains shadowing fecal material. There is no obvious evidence of an obstructive pattern.

Pancreas

The pancreas is normal in size with normal peripheral contours. The pancreatic duct is normal. The base and limbs of the pancreas are isoechoic to surrounding omental fat. No focal lesions are observed. There is no evidence of peripancreatic inflammation or effusion.

Lymph nodes

A 0.75 x 0.42 cm mesenteric lymph node is visible.

Free Abdomen

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

Other

A uterine stump is visible measuring 0.47 cm in width. No obvious pathology is seen.

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

ULTRASONOGRAPHIC FINDINGS

- There is no obvious evidence of colonic wall masses or medial iliac or sublumbal lymphadenopathy.
- Hepatic nodules, previously observed. However, one of the nodules seen today is measuring larger than at the time of the previous sonogram. These nodules could be consistent with benign regenerative nodules, inflammatory foci, metastatic disease, other. The diffuse hepatic parenchymal changes could be consistent with vacuolar hepatopathy (i.e., idiopathic, endocrine), inflammatory disease, infiltrative neoplasia (less likely) and/or other hepatopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Fine needle aspiration of the hepatic nodules can be considered (assuming normal clotting status). 25-gauge needles should be used.
3. For further recommendations, consider consultation with the patient's oncologist.



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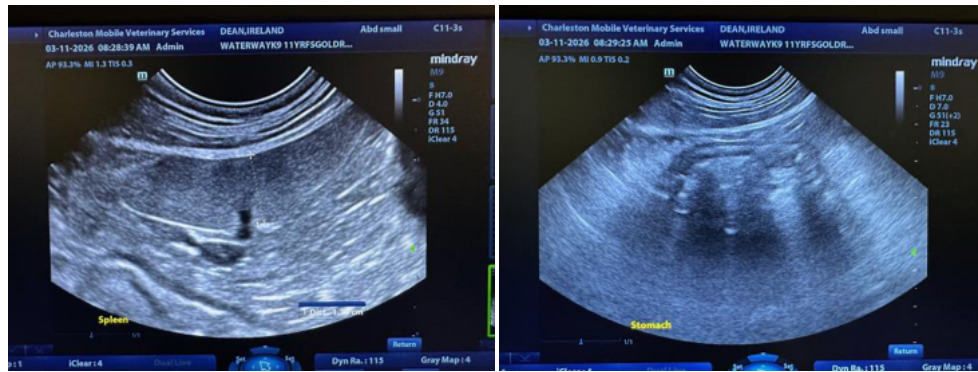
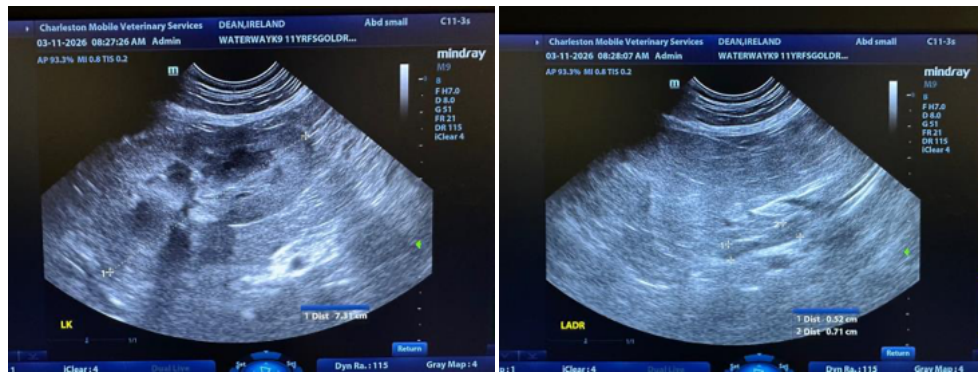
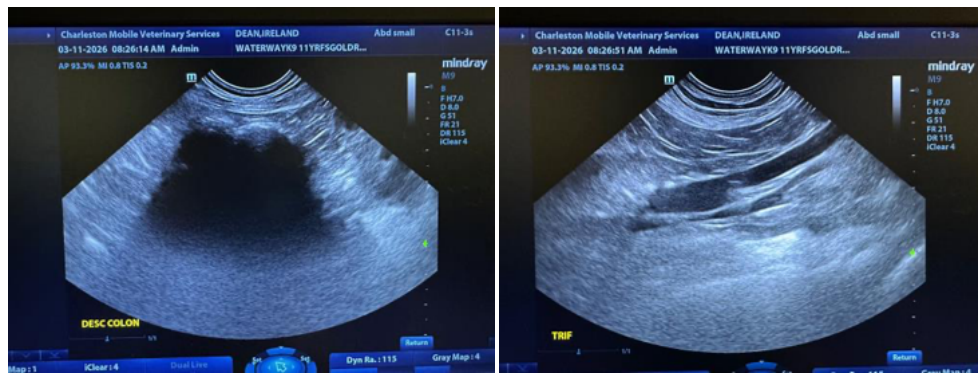
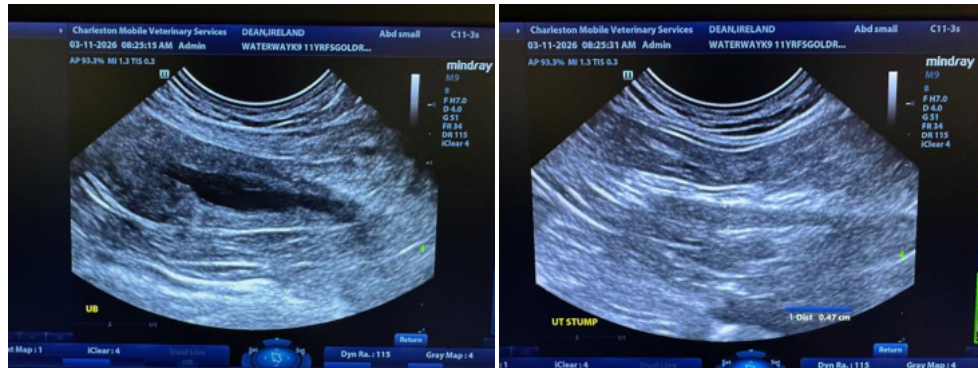
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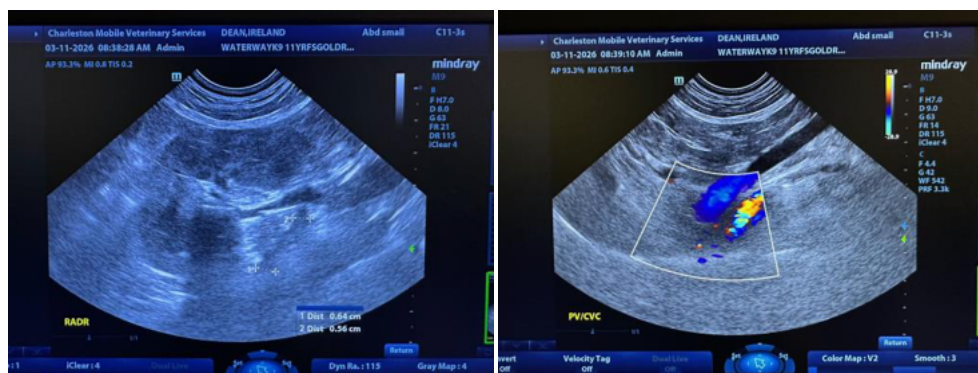
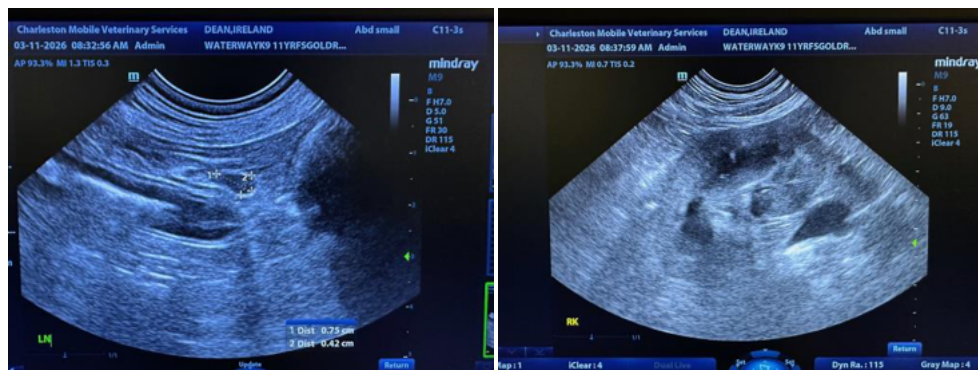
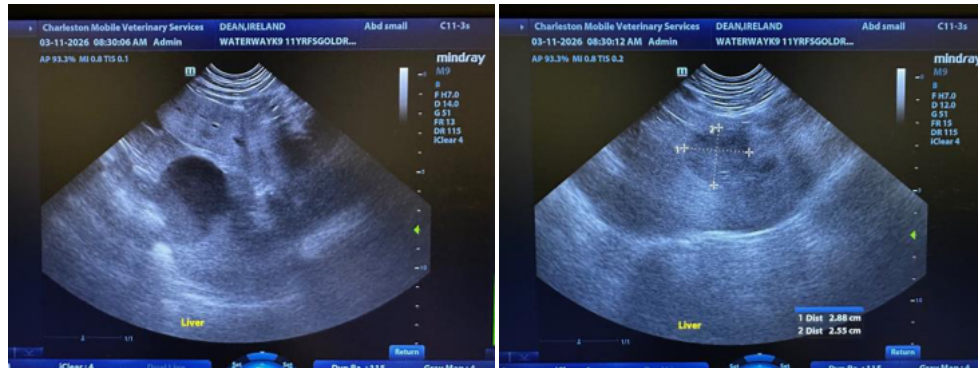
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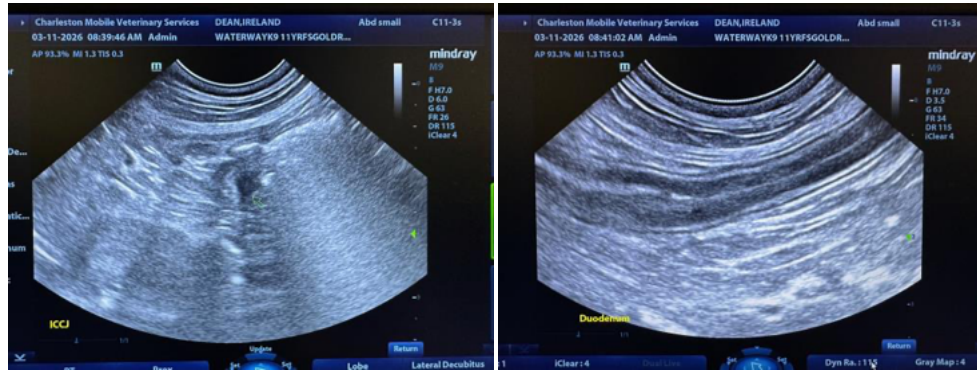
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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