



**PATIENT**

Finnegan Stevens

**SPECIES**

Canine

**BREED**

Yorkshire terrier

**SEX**

Male, neutered

**AGE**

8/25/2009

**WEIGHT**

10 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Andrea Nicastro, DVM,  
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(Small Animal Internal  
Medicine)

**HOSPITAL NAME**

VC of Myrtle Beach

**REFERRING VET**

Dr. Boland

**INVOICE**

13616

**DATE**

3/18/26

**PRESENTING CLINICAL SIGNS**

- Presented for diarrhea, acute and inappetence
- Abdomen soft, nonpainful. No abnormalities on rectal exam
- Improved on probiotics
- H/o elevated liver values - on Denamarin

H/o elevated liver values (on Denamarin)

- 02-12-26: Labs: Glob = 4.1 (on 9/18/25 = 3.8, on 8/2/25 = 4.1)

ALT = 285 (9/18/25 = 221, 8/2/25 = 260, 6/4/25 = 180)

ALKP = 419 (9/18/25 = 396, 8/2/25 = 352, 6/4/25 = 206)

- r/o primary liver (infectious vs. inflammatory vs. neoplastic) vs. hepatobiliary vs. endocrine (Cushings).
- All other chems and cbc wnl.

**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 mostly 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 (0.73 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 (2.93 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. Mild pyelectasia is present (0.25 cm in the longitudinal plane). Hyperechoic shadowing diverticular foci are visualized. There is no evidence of hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (3.39 cm in length) with a normal shape and architecture and smooth peripheral contours. There is a normal 1:3 cortex to medulla ratio with moderate to severe loss of corticomedullary distinction. Mild pyelectasia is present (0.24 cm in the longitudinal plane). Hyperechoic shadowing diverticular foci are visualized. There is no evidence of infarcts or hydronephrosis. Renal vasculature is normal.

**Adrenal Glands**

The left adrenal gland is mildly enlarged (0.64 cm at cranial pole) (0.61 cm at caudal pole) with a normal shape. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

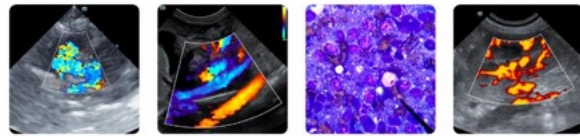
The right adrenal gland is mildly enlarged (0.69 cm at cranial pole) (0.61 cm at caudal pole) with a normal shape. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

**Spleen**

The spleen is normal in size (0.92 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 enlarged with swollen/irregular peripheral contours. A >6.4 cm irregular heterogeneous cavitated mass is arising from the parenchyma left to mid-liver. In the remainder of the liver, the parenchyma is isoechoic relative to the spleen and slightly mottled in appearance with at least



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one small hypoechoic nodule. 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.

**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. There is evidence of mucosal speckling in some segments. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

**Pancreas**

The right limb of the pancreas is visible with normal curvilinear peripheral contours. The parenchyma is largely hyperechoic 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**

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

**Other**

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

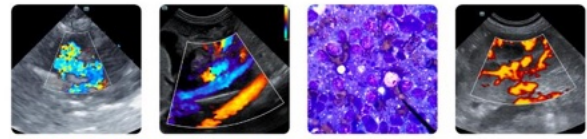
**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- Large cavitated hepatic mass left to mid-liver. Neoplasia (i.e., biliary cystadenoma, biliary cystadenocarcinoma, hemangiosarcoma, adenocarcinoma, other) is suspected with a low possibility of a non-neoplastic process. The diffuse hepatic changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), Leptospirosis, hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.
- Gallbladder debris, non-mucocele
- Mild bilateral adrenomegaly

**Secondary Findings:**

- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral nonspecific, age-related renal changes with dystrophic mineralization and pyelectasia. The pyelectasia may be secondary to pyelonephritis, parenchymal remodeling, PU/PD (if applicable) or some combination thereof.



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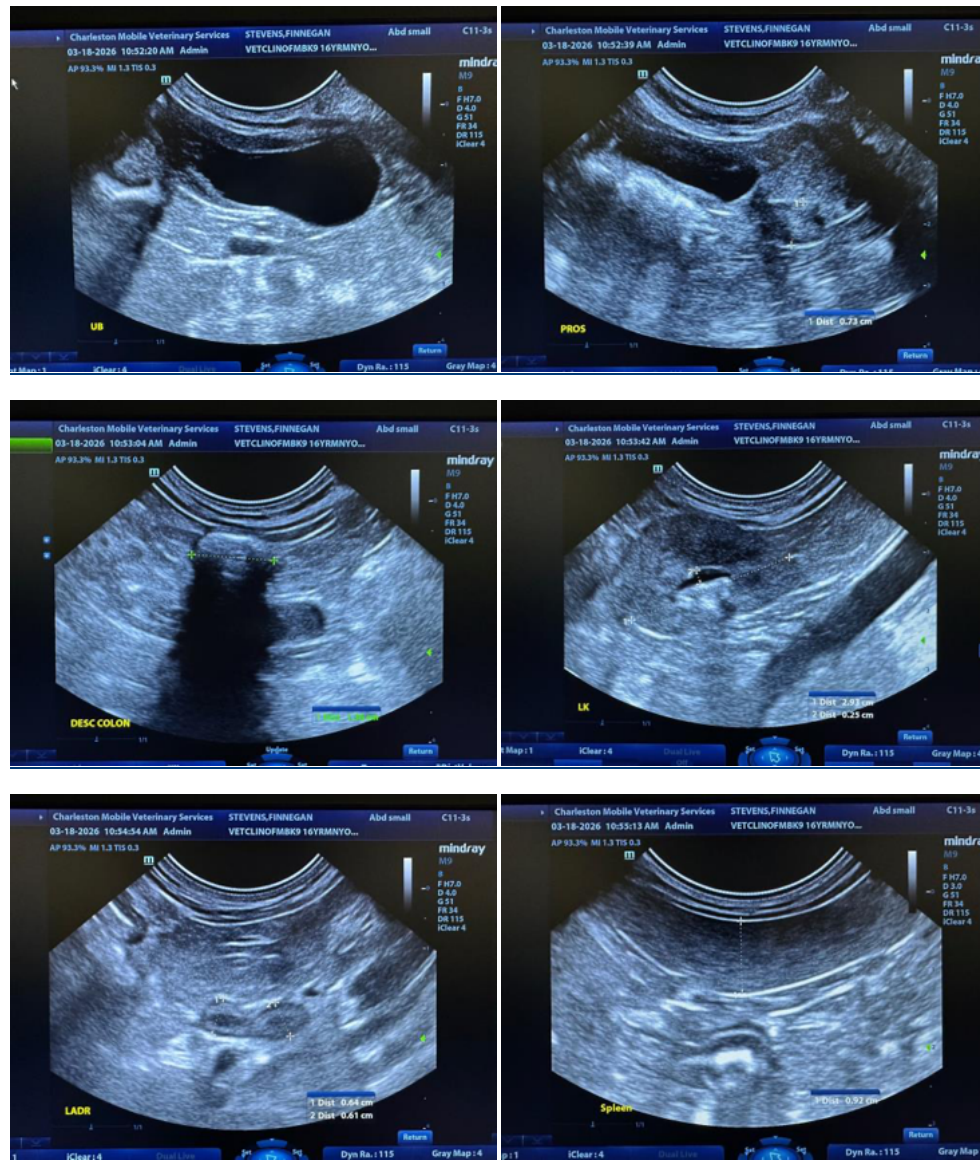
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- The small intestinal mucosal speckling is suggestive of enteritis but may be a normal variant for this patient.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the liver mass, three-view thoracic radiographs are recommended to assess for pulmonary metastatic disease. If an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss hepatic mass removal or debulking. An abdominal CT scan would be useful in pre-surgical planning. If further testing is not pursued, palliative care is recommended.





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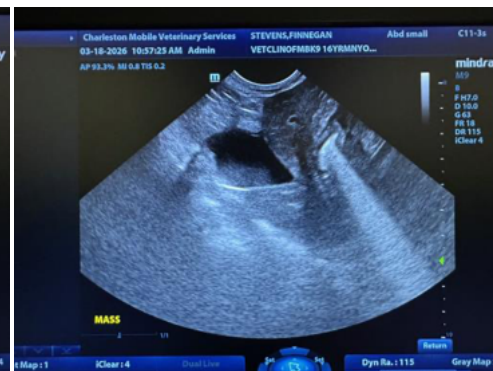
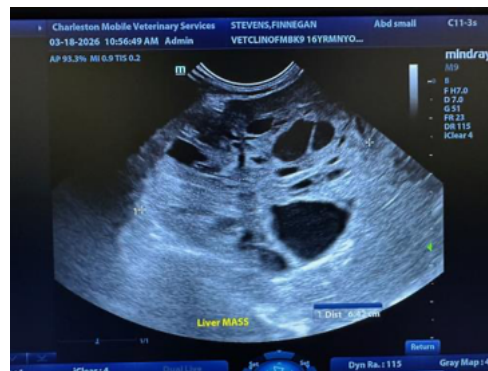
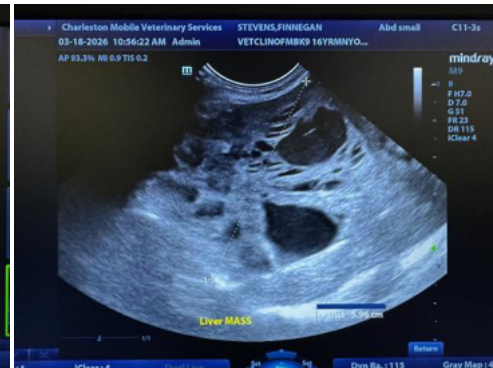
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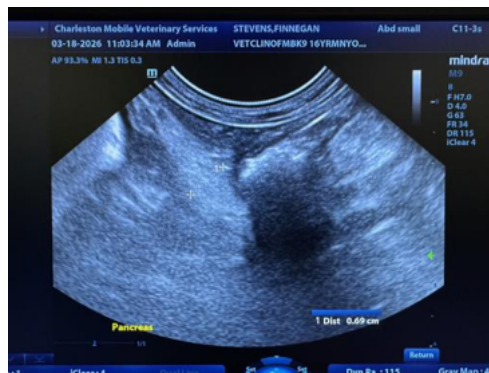
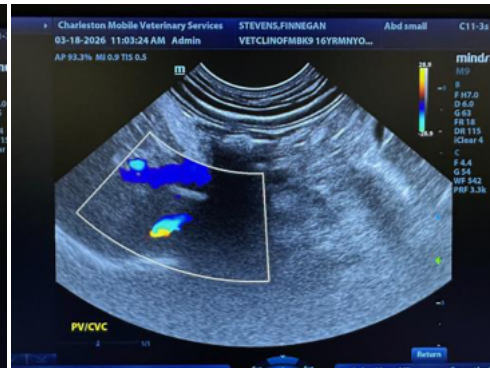
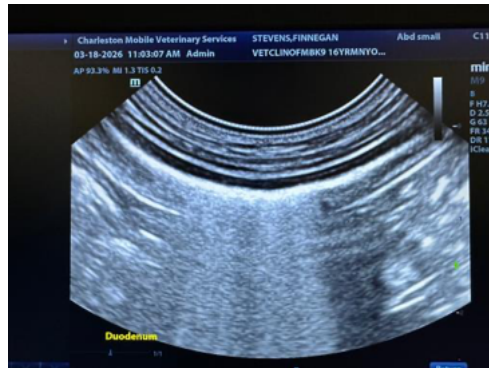
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)