



PATIENT

Lil Bits Novicki

SPECIES

Canine

BREED

Chihuahua

SEX

Male, neutered

AGE

3/29/2011

WEIGHT

12.5 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

VC of Myrtle Beach

REFERRING VET

Dr. Rodger

INVOICE

13658

DATE

4/15/26

PRESENTING CLINICAL SIGNS

3/25 - pt evaluated for dental discomfort and soft stool - PE revealed a firm cranial abdomen. BW showed elevated liver enzymes (first set of BW, unsure of chronicity)

ALT 320 (H)

ALP 1324 (H)

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 visible portion of the proximal urethra are normal.

The prostate is normal in size (0.84 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 (4.38 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. A few small cortical cysts are seen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (4.39 cm in length) with a normal shape, smooth peripheral margins and normal internal architecture. There is mild to moderate loss of corticomedullary distinction. A few small cortical cysts are seen. Several hyperechoic shadowing diverticular foci are observed. There is no evidence of pyelectasia, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.49 cm at cranial pole) (0.50 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 (0.60 cm at cranial pole) (0.34 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 (1.38 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

A >8 cm multi-septated, cavitated expansile mass is arising from the caudal aspect, mid to right liver. In the remainder of the liver, the parenchyma is isoechoic relative to the spleen and diffusely heterogeneous in appearance. 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 mobile echogenic debris is observed within the lumen. The cystic and common bile ducts are normal. The duodenal papilla is normal in size (0.21 cm in width).



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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 colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The majority of the pancreas is obscured by the large hepatic mass. In the visualized portion, no obvious abnormalities are seen.

Lymph nodes

1-2 prominent to enlarged multi-septated cystic periportal lymph nodes are visualized, one of the nodes measuring 2.38 x 1.22 cm.

Free Abdomen

Trace free fluid is observed.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large multi-septated, cavitated hepatic mass at the caudal aspect, mid to right liver. Neoplasia (i.e., biliary cystadenoma, biliary cystadenocarcinoma, hemangiosarcoma, other) is suspected with a lower possibility of a non-neoplastic process. The diffuse hepatic parenchymal changes are non-specific and could be secondary to an inflammatory hepatopathy, regenerative nodular hyperplasia, vacuolar hepatopathy, infiltrative neoplasia, hepatotoxicosis (i.e., copper), fibrosis and/or other hepatopathy.
- The prominent periportal lymph nodes could be consistent with metastatic disease or reactive change.
- Trace ascites

Secondary Findings:

- Bilateral nonspecific, age-related renal changes with dystrophic mineralization.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss hepatic mass removal or debulking. Biopsies of the other liver lobes should also be performed. 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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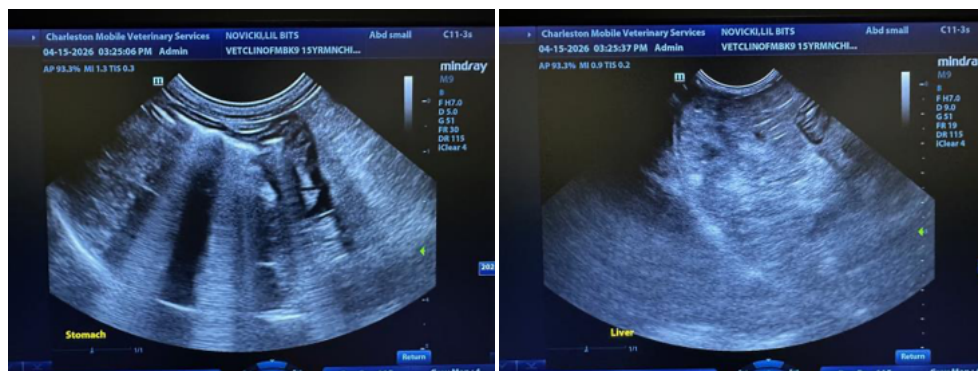
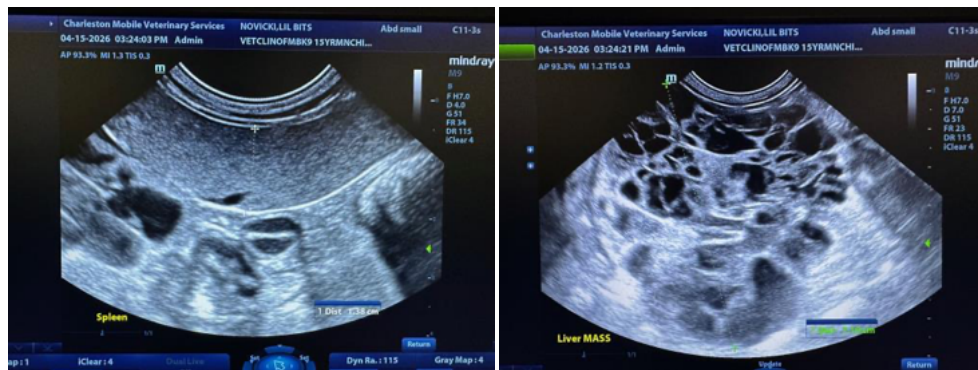
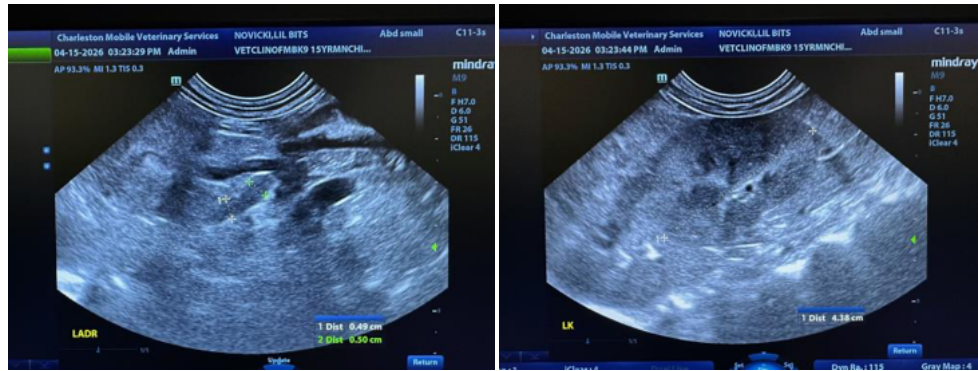
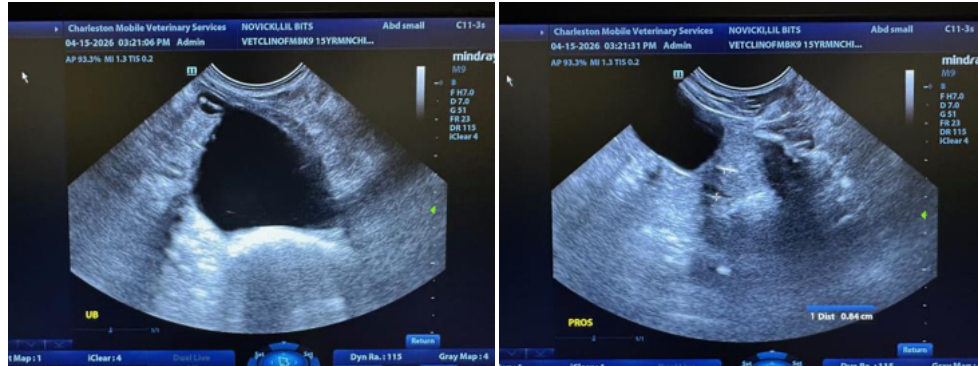
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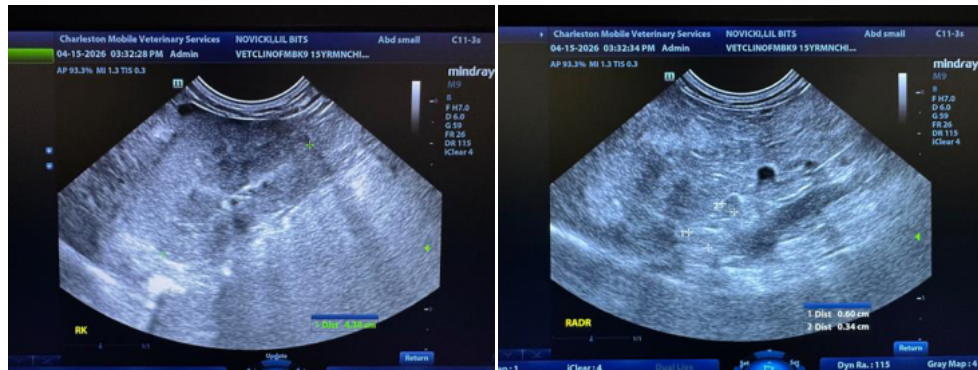
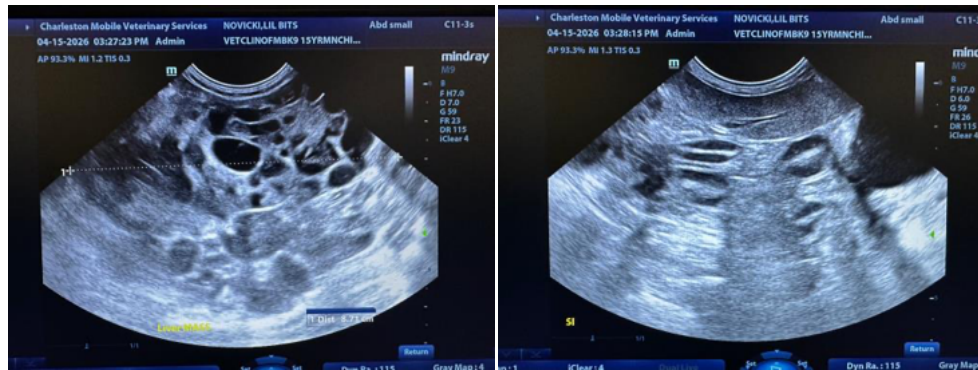
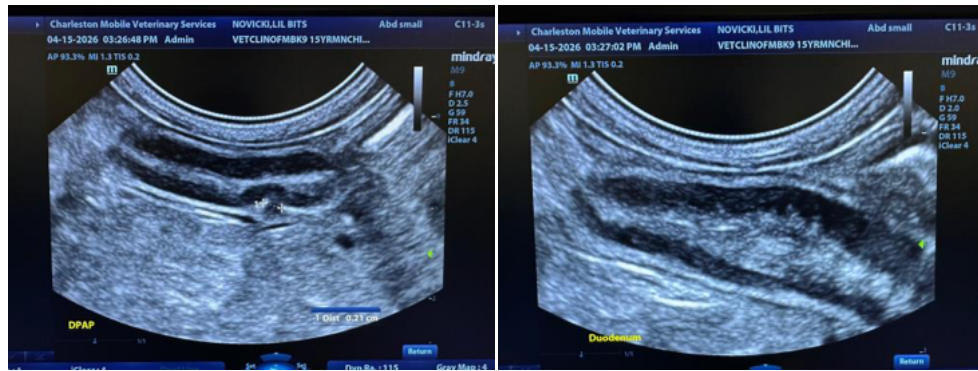
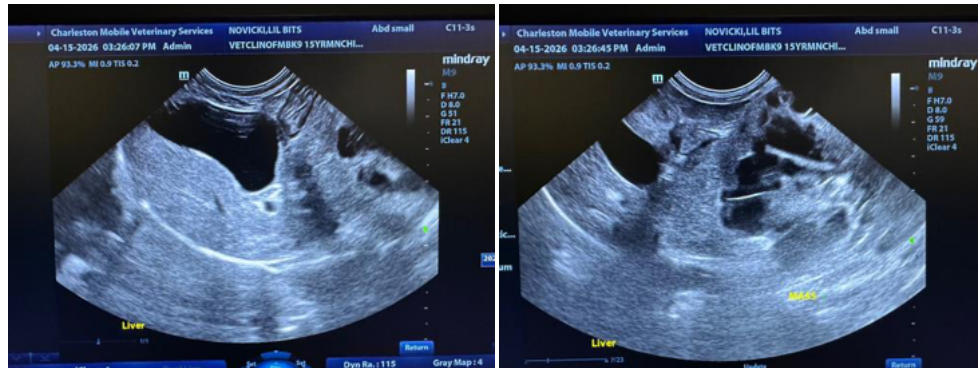
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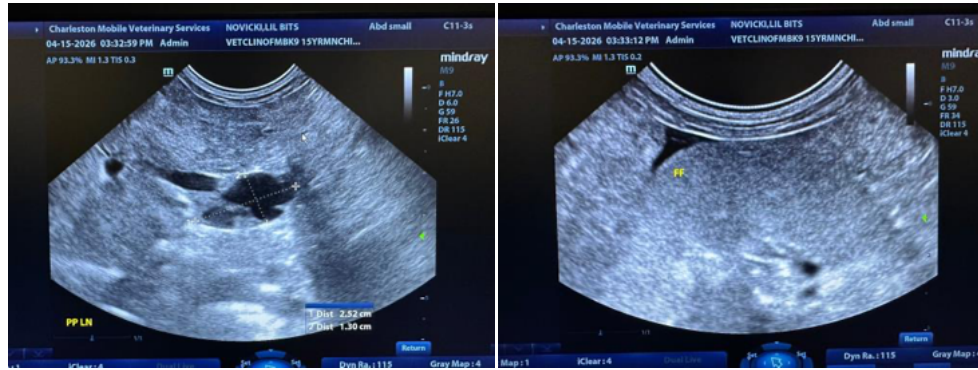
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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