SonoPath
www.charlestonmobile.net
info@charlestonmobile.net
800.403.5408

PATIENT

Roxie Smith

SPECIES

Canine

BREED

Labradoodle

SEX

Female, spayed

AGE

10/10/18

WEIGHT

92.5 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. Lemme

INVOICE

13676

DATE
4/22/26

PRESENTING CLINICAL SIGNS

Pt had acute onset of lethargy and diarrhea starting 3-4 days ago. On physical exam, patient is pale and icteric. Pt is weak.

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 mostly anechoic. No cystic calculi are observed. The region of the trigone is normal.

The left kidney is normal in size (7.24 cm in length) with a slightly irregular shape. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. A 2.0 x 1.4 cm hypoechoic slightly expansile nodule is observed within the parenchyma. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.15 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 (0.53 cm at cranial pole) (0.59cm 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 (0.99 cm at cranial pole) (0.79 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 (1.47 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 0.92 cm irregular hyperechoic meylolipoma is observed in the region of the hilus. Splenic vasculature is normal.

Liver

The liver is enlarged with irregular peripheral contours. Numerous varying sized hypoechoic to heterogeneous expansile nodules/masses are observed throughout the organ, one of the largest measuring >8 cm. At least one cavitated mass measuring 4 cm in its longest dimension is also seen. There is minimal normal appearing hepatic parenchymal tissue. Vascular is of normal volume with no evidence of congestion.

The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is mildly distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal 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.

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Pancreas
A portion of the pancreas is obscured by the hepatic pathology. In the visualized portions, no obvious abnormalities are seen.

Lymph nodes
The abdominal lymph nodes are normal/not visible.

Free Abdomen
The mesentery throughout the abdomen, particularly surrounding the liver is hyperechoic. A large amount of echogenic free fluid is observed.

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Numerous hepatic masses, at least one of which is cavitated. Neoplasia (i.e., hemangiosarcoma, sarcoma, round cell tumor) is strongly suspected with a low possibility of a non-neoplastic process (i.e., inflammatory).
- The nodule in the left kidney is concerning for a metastatic lesion with a lower possibility of a benign process (i.e., inflammatory/granuloma).
- A large amount of ascites is present. This is suspected to be secondary to hemorrhage from the hepatic masses although other factors (i.e., portal hypertension, increased vascular permeability) are possible.

Secondary Findings:

- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. Given the high likelihood of diffuse hepatic neoplasia, palliative care or humane euthanasia should be considered in lieu of aggressive diagnostics/treatments.

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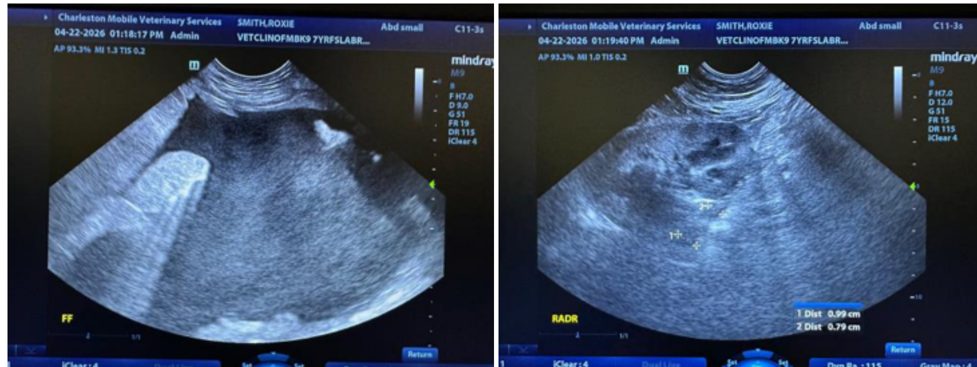

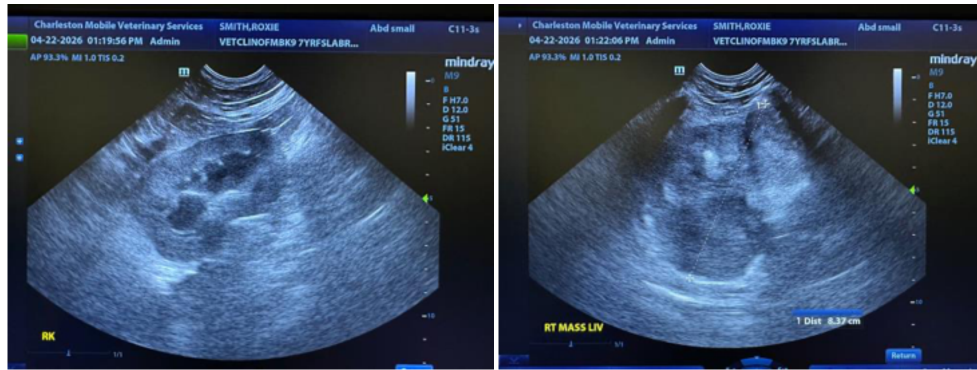

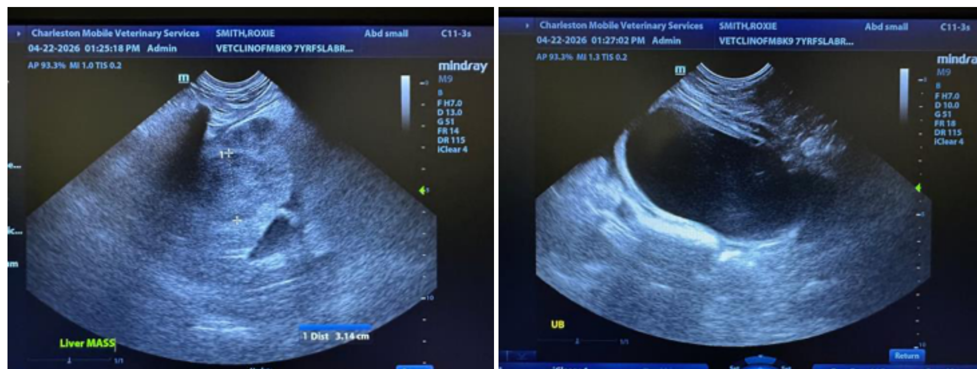

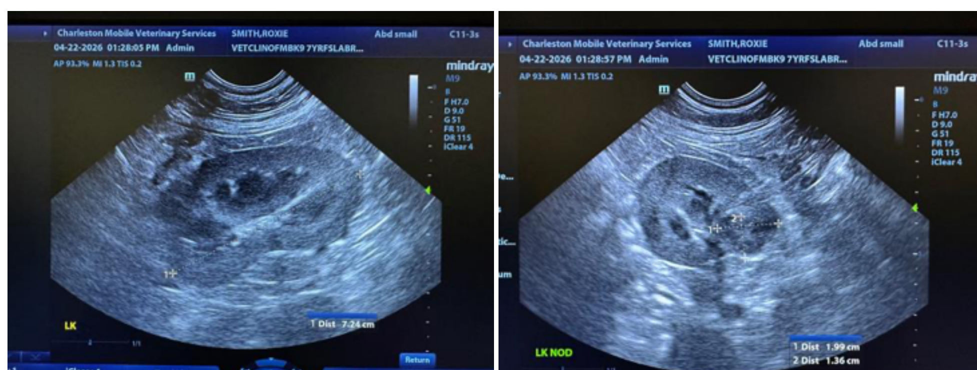

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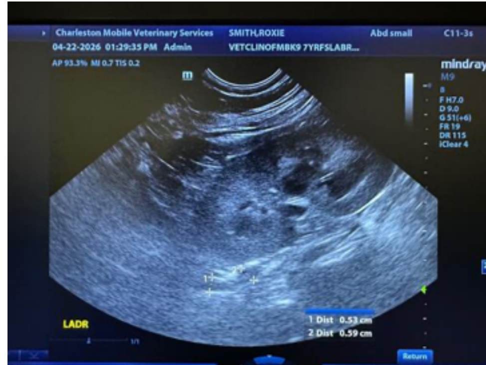

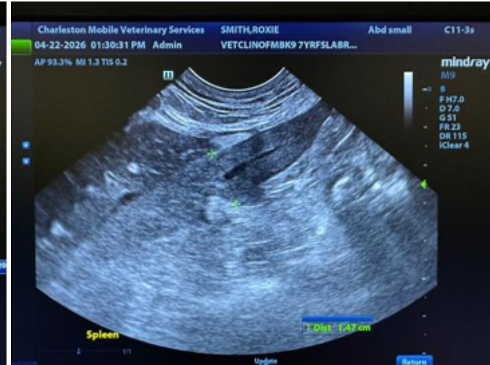

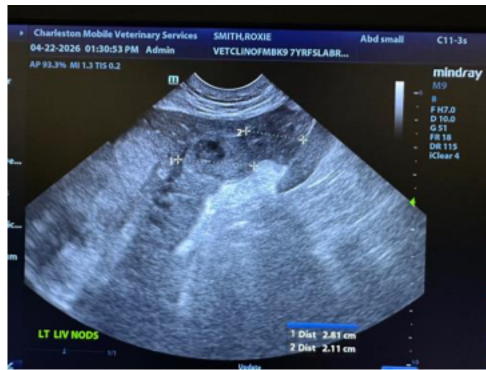

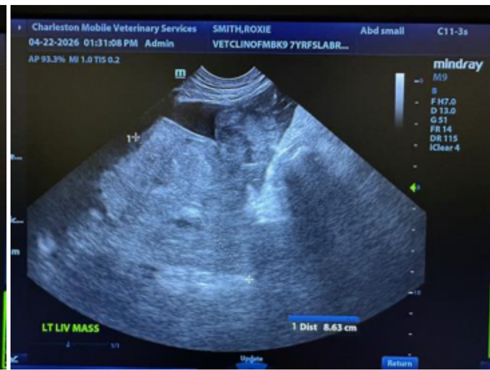

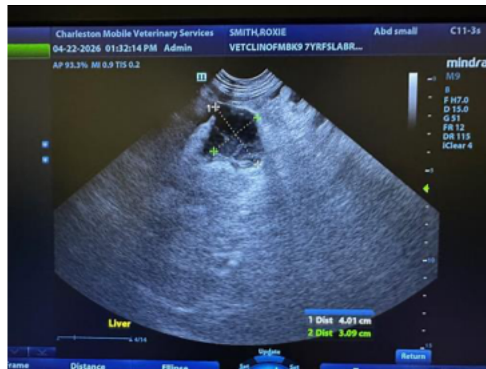

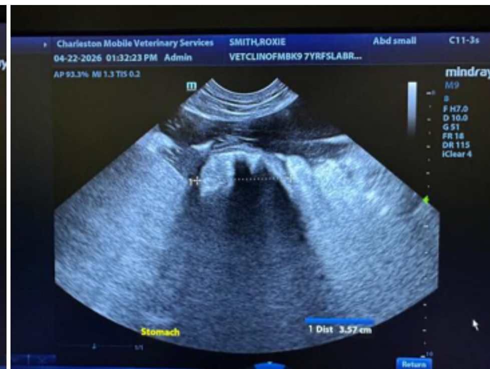

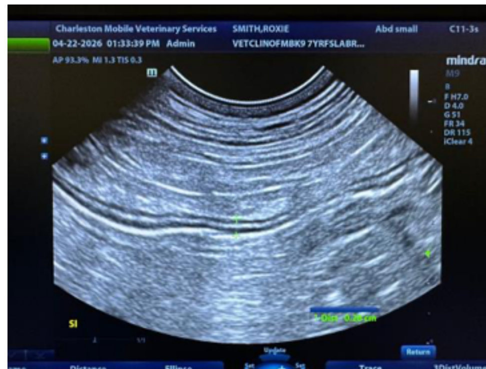

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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