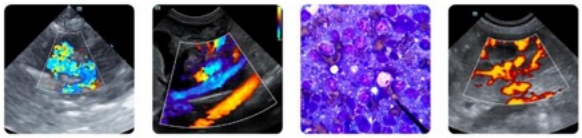


PATIENT

Samson Gygi

SPECIES

Canine

BREED

Mixed breed dog

SEX

Male, neutered

AGE

4/29/2016

WEIGHT

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

VCA Palmetto AH

REFERRING VET

Dr. Buerkle

INVOICE

13693

DATE

4/29/26

PRESENTING CLINICAL SIGNS

Pt had a splenectomy last year which came back as a meylolipoma. Recently developed inappetence. A liver mass was seen on a FAST scan.

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. A small amount of echogenic debris is suspended within the lumen. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 3 cm, are normal.

The prostate is normal in size (0.69 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 (6.84 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 (6.77 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 (0.72 cm at cranial pole) (0.68 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 (1.46 cm at cranial pole) (0.74 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

Previously splenectomized.

Liver

The liver is subjectively enlarged with slightly swollen peripheral contours. A 5.99 x 4.06 cm multi-septated cystic mass is observed deep on the right side adjacent to the diaphragm. In addition, a 1.9 x 1.5 cm multi-septated cystic nodule is observed in the right lateral lobe. The remaining parenchyma is subtly heterogeneous in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion. See also *Other.*

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. At least one polypoid like lesion is arising from the mucosal surface. No choleliths are observed. The cystic and common bile ducts are normal.

Gastrointestinal

PATIENT

Samson Gygi

SPECIES

Canine

BREED

Mixed breed dog

SEX

Male, neutered

AGE

4/29/2016

WEIGHT

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

VCA Palmetto AH

REFERRING VET

Dr. Buerkle

INVOICE

13693

DATE
4/29/26

The gastric lumen is mildly fluid distended and hypomotile. 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 left limb of the pancreas is enlarged with irregular peripheral contours. The parenchyma is hypoechoic relative to surrounding omental fat with a 1.22 x 0.87 cm swelling/nodule arising from the parenchyma. The pancreatic duct is not overtly dilated. Surrounding mesentery is hyperechoic. The region of the right is largely obscured by the mass effect in the cranial abdomen.

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

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.

In the cranial to mid-abdominal region, a >12 cm ill-defined hyperechoic attenuating mass effect is visualized. Within the mass effect, at least one fluid pocket is observed measuring 4.9 x 3.0 cm.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Deep right cystic/cavitated hepatic mass. Differentials include neoplasia (i.e., hemangiosarcoma, biliary cystadenoma, biliary cystadenocarcinoma), septated abscess, other. The smaller cystic nodule may represent a metastatic lesion or a benign cyst.
- Large hyperechoic attenuating mass in the cranial to mid-abdomen, the origin of which is unclear. It may be arising from liver, extra-splenic tissue, other. The fluid pocket within this lesion may represent a necrotic center/abscess, other. Differentials for the mass include meylolipoma, meyloliposarcoma, other.

Secondary Findings:

- Mild gastric ileus
- The pancreatic changes are suggestive of chronic active pancreatitis with mild adjacent peritonitis. Pancreatic neoplasia is also a consideration given the presence of the swelling/nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If an aggressive approach is desired, consider consultation with a board-certified surgeon to discuss removal of the abdominal masses with submission for histopathology +/- cultures. An

PATIENT

Samson Gygi

SPECIES

Canine

BREED

Mixed breed dog

SEX

Male, neutered

AGE

4/29/2016

WEIGHT

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

VCA Palmetto AH

REFERRING VET

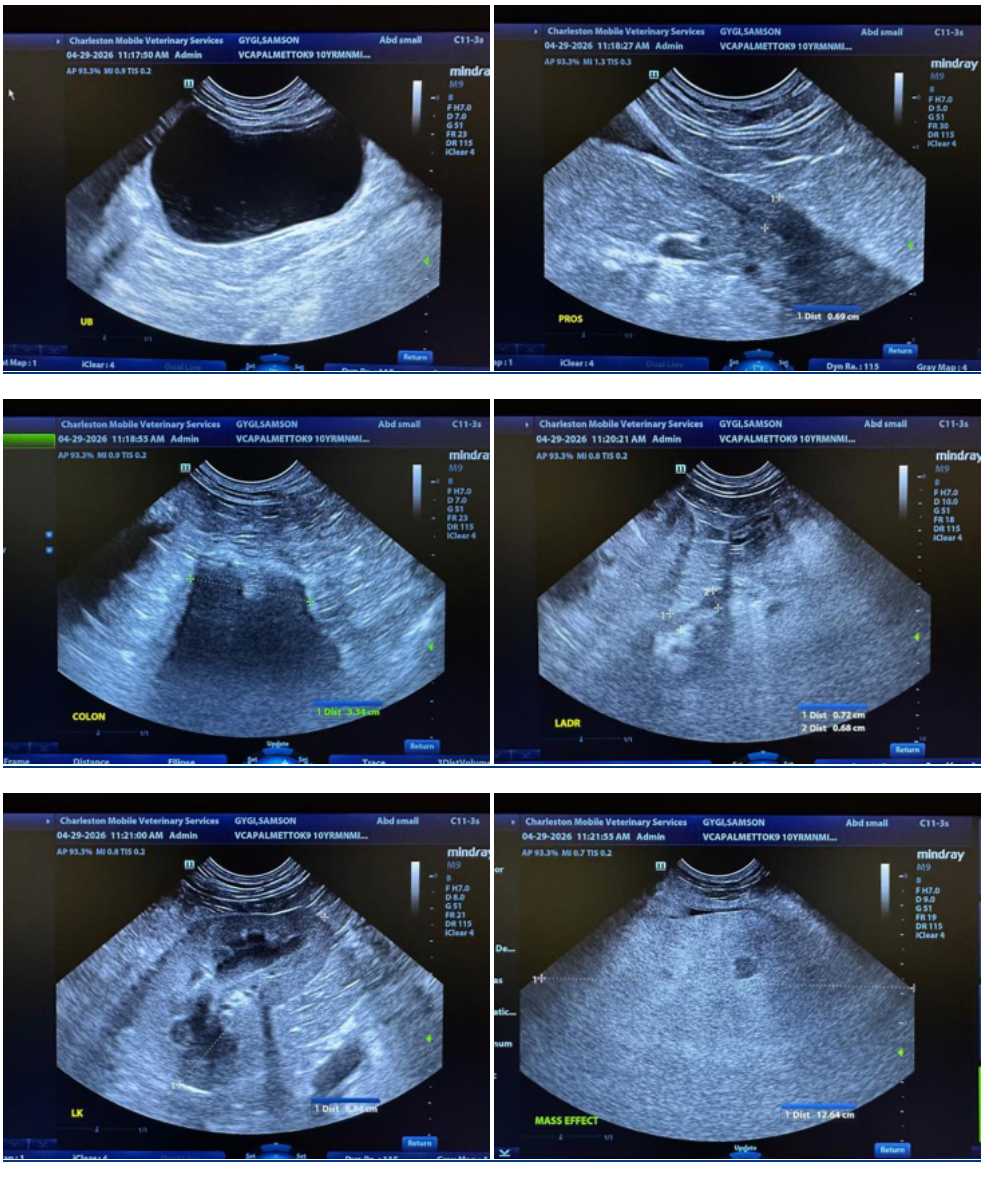
Dr. Buerkle

INVOICE

13693

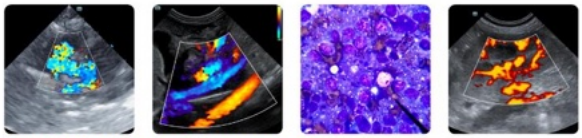
DATE
4/29/26

abdominal CT scan would be useful in pre-surgical planning. If surgery is not pursued, palliative care (i.e., appetite stimulants, pain medication as needed) is recommended.



Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™
www.charlestonmobile.net
info@charlestonmobile.net
800.403.5408



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Samson Gygi

SPECIES

Canine

BREED

Mixed breed dog

SEX

Male, neutered

AGE

4/29/2016

WEIGHT

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

VCA Palmetto AH

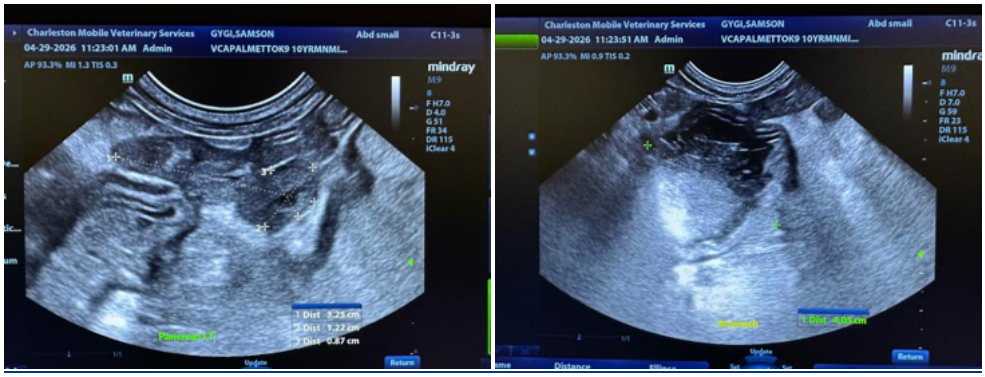
REFERRING VET

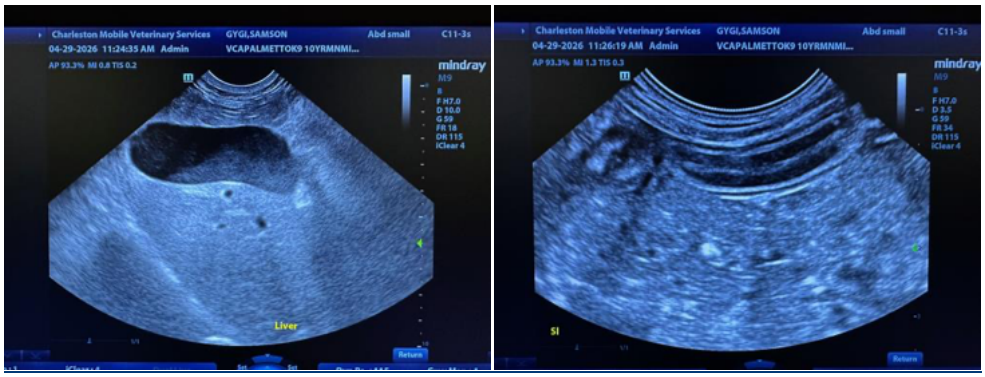
Dr. Buerkle

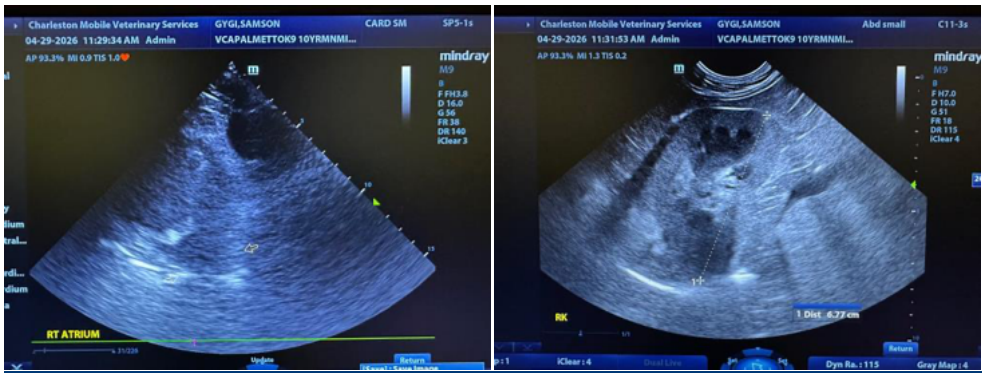
INVOICE

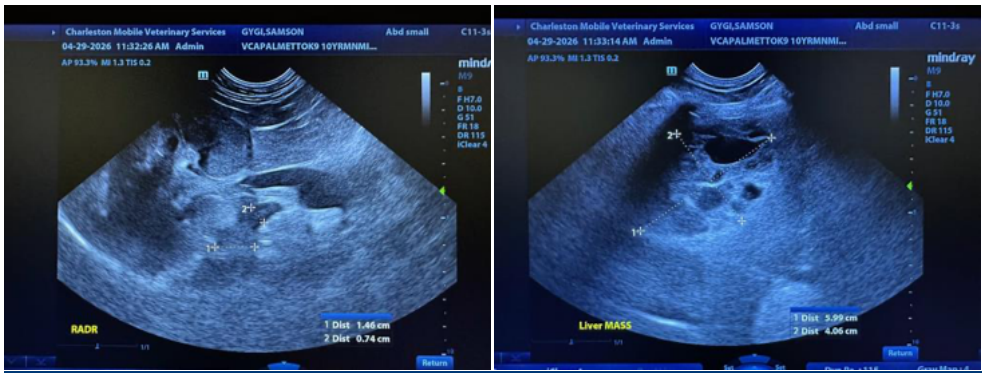
13693

DATE
4/29/26



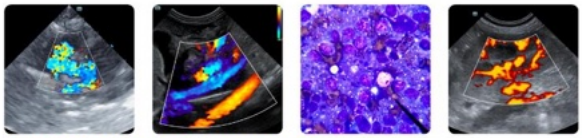






Charleston Mobile Veterinary Services
IN PARTNERSHIP WITH SONOPATH VETERINARY ULTRASOUND

SonoPath FOSTERING THE ART OF VETERINARY MEDICINE™
www.charlestonmobile.net
info@charlestonmobile.net
800.403.5408



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Samson Gygi

SPECIES

Canine

BREED

Mixed breed dog

SEX

Male, neutered

AGE

4/29/2016

WEIGHT

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

VCA Palmetto AH

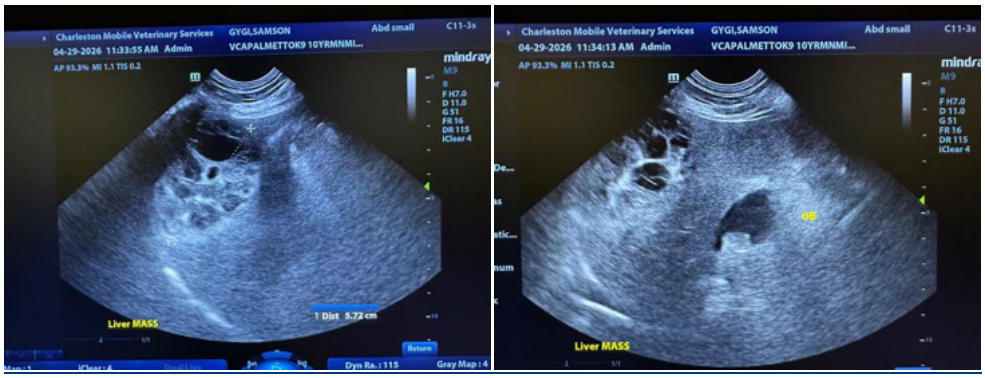
REFERRING VET

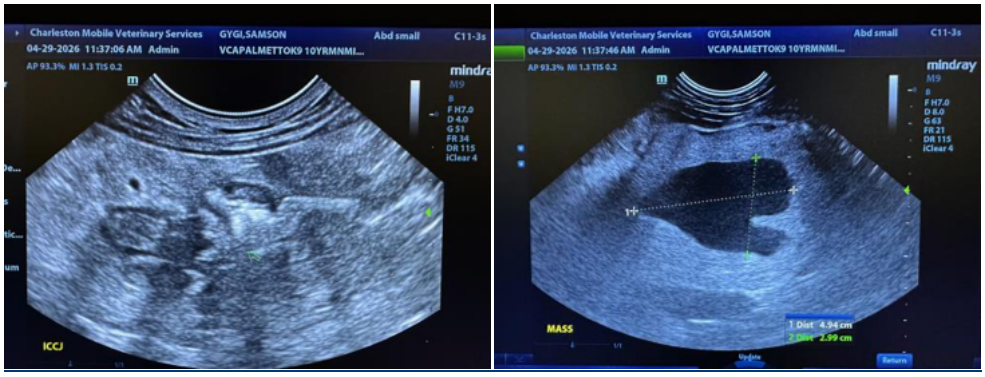
Dr. Buerkle

INVOICE

13693

DATE
4/29/26





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