



PATIENT

Baxter Lail

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Male Neutered

AGE

01-02-2017

WEIGHT

6.2 kg

INTERPRETED BY

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

**IMAGING
PERFORMED BY**

Andrea Nicastrò DVM
Diplomate ACVIM
(Sm Animal Internal Med)

HOSPITAL NAME

BluePearl MP ER

REFERRING VET

Dr Alexis Starr

INVOICE

22366

DATE

1-3-2026

PRESENTING CLINICAL SIGNS

Baxter is a 9-year-old male neutered canine presenting today for a possible splenic mass that was just diagnosed at the rDVM via X-ray and BW. P was also treated with SQ fluids and Cerenia. After p was discharged the owners decided to take the 2.5-hour drive here for hospitalization and sx. P's symptoms began as inappetence and vomiting. p has not eaten in two days. P vomited yesterday at 6pm x2 and again at 10pm small amount and nauseas. p did drink a small amount of water. no diarrhea, p is given gaba PRN for rear end nerve pain. UTD on SimpTrio and vaccines. Patient is anemic and thrombocytopenic. Thoracic radiographs unremarkable.

Abnormal lab-work values: PCT 28, RBC 4.94, HCT 35.5, Lymph 0.92, PLT 31, TP 9.3, Glob 5.3, ALT 389, ALP 508, GGT 59, Tbili 2.4

Current Medications: Cerenia, ondansetron, methadone, gabapentin, trazodone

Radiographic Findings: 3V TXR: Capsular deforming splenic mass may represent hematoma or hemangiosarcoma. No associated peritoneal fluid is demonstrated. Normal thorax without evidence of thoracic neoplasia, cardiovascular disease or pneumonia.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness. 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 proximal urethra, visible to a depth of 3 cm, are normal.

The prostate is normal in size (0.98 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 (4.10 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (4.48 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Several mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.47 cm at cranial pole) (0.49 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 (0.53 cm at cranial pole) (0.41 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 enlarged with irregular peripheral contours. A 2.4 x 2.4 heterogenous slightly vascular, expansile mass is observed at the medial aspect near the hilus. In addition, a second heterogenous, slightly cavitated expansile mass is observed (measuring 3.7 x 2.5 cm). The remaining parenchyma is heterogenous in appearance. Splenic vasculature appears normal with no evidence of thrombosis. The mesentery surrounding the spleen is hyperechoic.



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Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. 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 lumen is moderately distended. The wall is thin and smooth. A moderate amount of aggregated, echogenic, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen.

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 segmentally dilated with chyme (mild). The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileoceocolic junction and colonic wall are normal. There is no 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

The abdominal lymph nodes are normal/not visible.

Free Abdomen

Trace free fluid is observed.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Splenic masses with diffuse parenchymal changes. Neoplasia (i.e., round cell tumor, hemangiosarcoma) is suspected, with a lower possibility of a benign process (i.e., lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, other).

Secondary Findings

- Mild bilateral nonspecific age-related renal changes with nonobstructive nephrocalcinosis
- Gallbladder debris/sludge, non-mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient's clotting status can be stabilized, consider fine-needle aspiration of the spleen. A 25-gauge needle should be used. The patient should be monitored sonographically for at least 5-10 minutes post-



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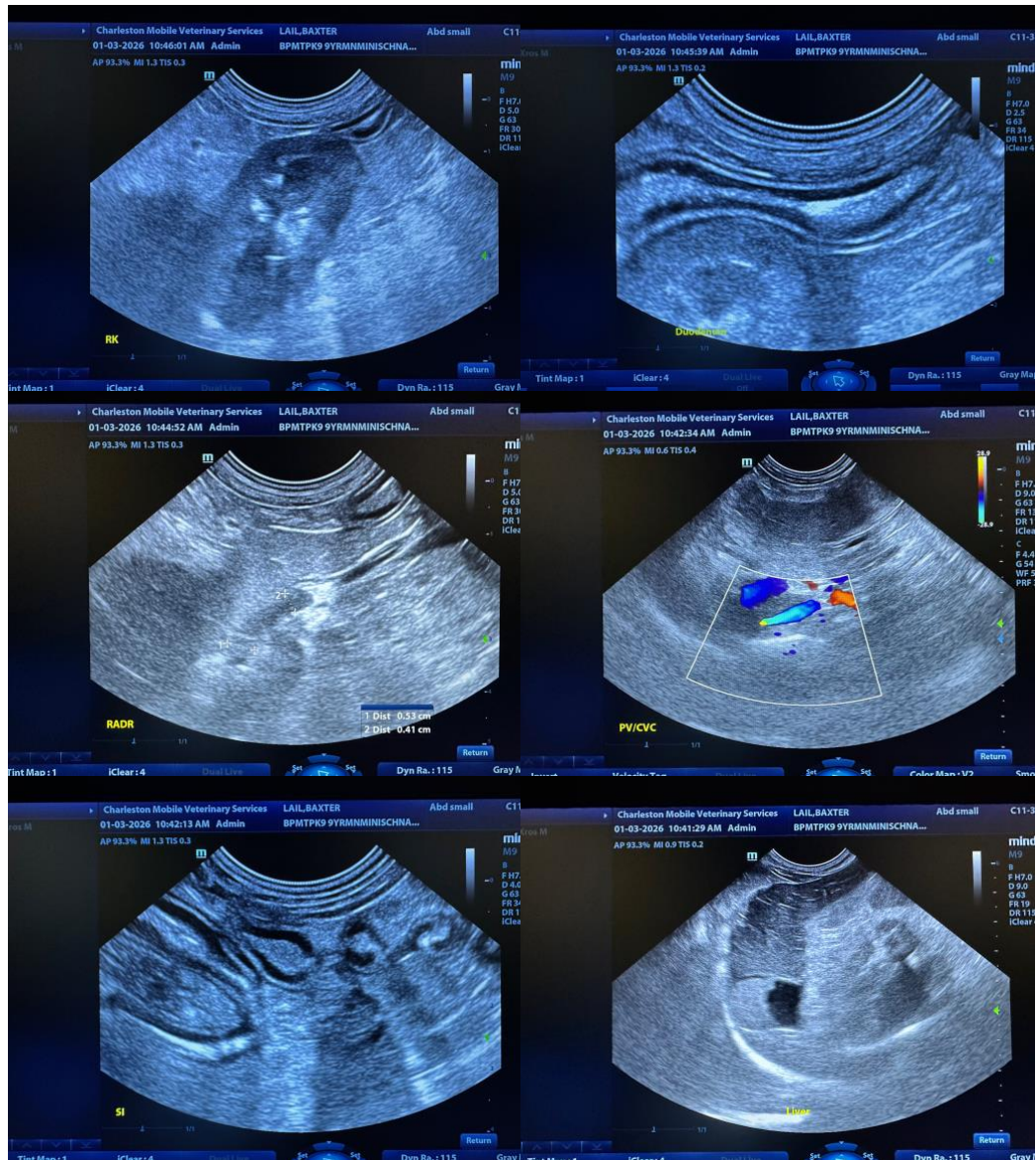
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aspiration to assess for iatrogenic hemorrhage. Alternatively, a splenectomy with submission of the spleen for histopathology can be considered, along with liver biopsies to assess for micrometastatic disease.





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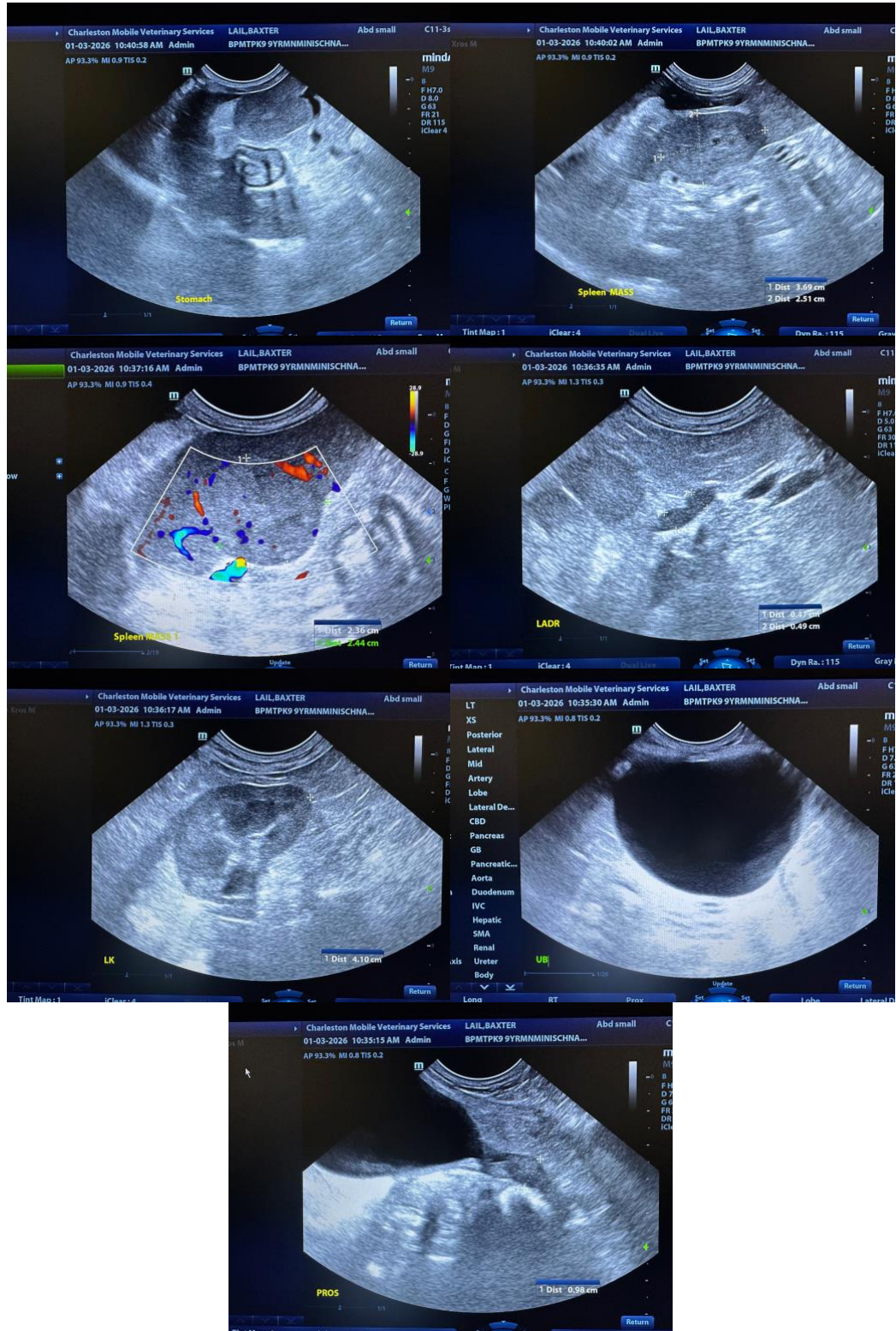
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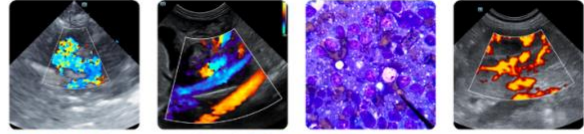
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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