

PATIENT

Sadie Hillebrecht

SPECIES

Canine

BREED

Labradoodle

SEX

Female, spayed

AGE

10 Yrs.

WEIGHT

63.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson AC

REFERRING VET

Dr. Hovis

INVOICE

13398

DATE

12/2/25

PRESENTING CLINICAL SIGNS

History: abd mass and send out to see if it can be surgically removed A large mass was seen on radiographs. 2 months prior was seen for a wellness exam, with no palpable mass at that time. Abnormal PE/Chem/CBC/UA Results: AST (SGOT) 92 ALK PHOS 173 T. BILIRUBIN 0.5 NA/K RATIO 41 WBC 27.5 RBC 4.7 HGB 9.4 HCT 31

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of echogenic debris is suspended within the lumen. No cystic calculi are observed.

The left kidney is normal in size (8.07 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (7.50 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. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.64 cm at cranial pole) (0.66 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 caudal pole of the right adrenal gland is visualized and is normal in size (0.75 cm in width) with a normal shape, glandular echogenicity and detail. Surrounding vasculature appears normal.

Spleen

See *Other*.

Liver

The liver is subjectively normal to prominent in size with irregular peripheral contours. Several varying sized heterogeneous nodules/masses are observed throughout the organ, one of the largest measuring 5.1 cm (left lateral lobe). Vascular and biliary tracts are 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 visualized portion of the stomach is minimally distended with ingesta. The gastric wall is normal in thickness with a normal layering pattern. Some intestinal segments are segmentally dilated with chyme. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified.

Pancreas

The area of the pancreas is largely obscured by the abdominal mass. In the visualized portion, no obvious abnormalities are seen.



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Lymph nodes

See *Other*.

Free Abdomen

Trace free fluid is observed.

Other

A >13 cm irregular heterogeneous, cavitated, lobulated mass is occupying the majority of the abdominal cavity extending from the cranial aspect to the level of the urinary bladder. Surrounding mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

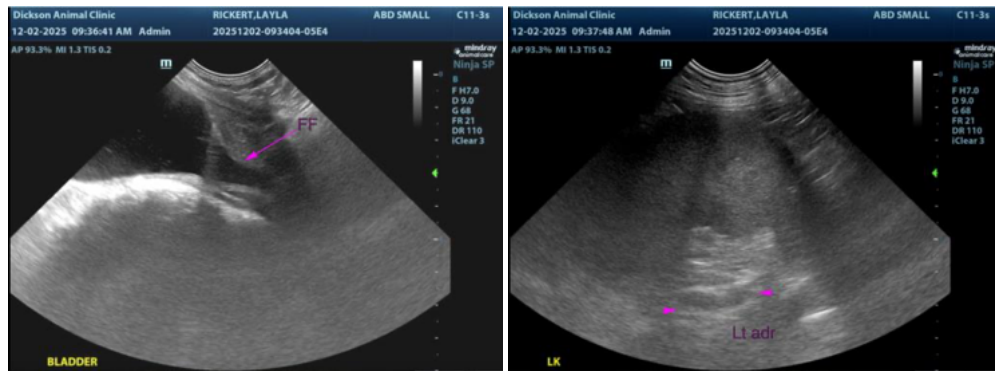
- Large abdominal mass, the origin of which is unclear. Top considerations include spleen, mesentery, lymph node, pancreas, other. Neoplasia (i.e., hemangiosarcoma or other sarcoma, round cell tumor, other) is suspected with a low possibility of a non-neoplastic process. Adjacent peritonitis is present.
- The hepatic nodules are most concerning for metastatic disease with a lower possibility of inflammatory foci, regenerative nodules, other.

Secondary Findings:

- Mild bilateral nonspecific, age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. To further evaluate the origin and extent of the abdominal mass, consider an abdominal CT scan. Depending on the results, consultation with a board-certified surgeon and/or oncologist may be indicated. If further diagnostics are not pursued, palliative care is recommended.





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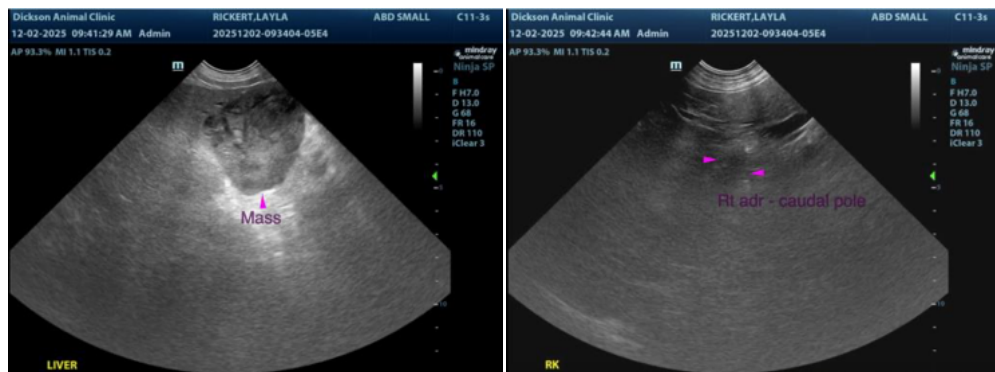
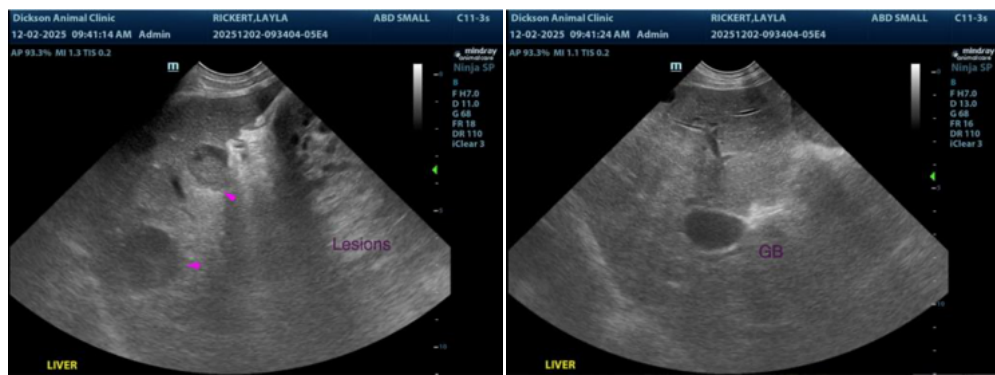
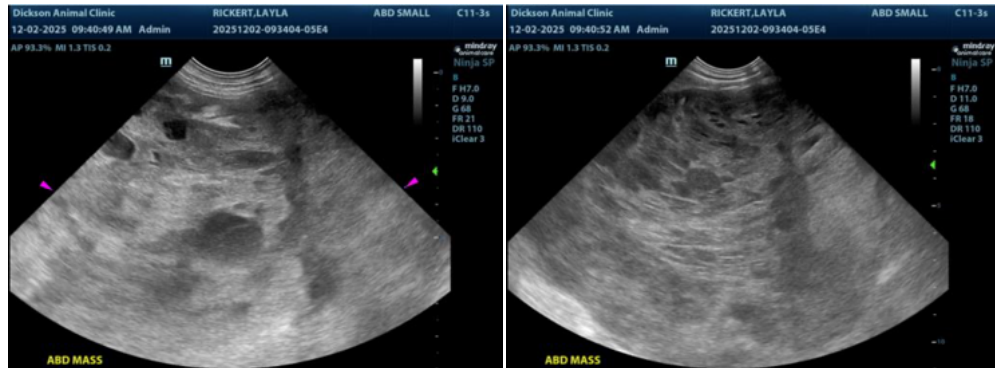
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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