



PATIENT

Siren Hopper

SPECIES

Canine

BREED

Lab Mix

SEX

Female Spayed

AGE

11 years

WEIGHT

30.4 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

LowCountry VNS

REFERRING VET

Courtenay Freeman

INVOICE

22595

DATE

2-23-26

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: employee pet (Lori Hopper) - ADR last 24 hours, dehydrated, pancreatic lipase is high; radiology report of chest/abdomen XR recommend emergency US +/- exploratory SX

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 2 cm, are normal.

The left kidney is normal in size (7.39 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. A few, small, cortical cysts are seen. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

The right kidney is normal in size (7.37 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydronephrosis. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is mildly enlarged (1.02 cm at cranial pole) (0.85 cm at caudal pole) with a normal shape. A 1.74 x 1.02 cm ill-defined, slightly hyperechoic nodule is observed at the cranial pole. Glandular echogenicity and detail. Glandular echogenicity and detail at the caudal pole are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is normal in size (1.26 cm at cranial pole) (0.78 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 >8.0 cm irregular, heterogenous, cavitated mass is arising from the parenchyma. The mesentery effacing the serosal surface of the mass is hyperechoic. In addition, a 1.32 cm hypoechoic nodule is observed. The remaining parenchyma is slightly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

Liver

The liver is normal to prominent-in-size, with slightly irregular peripheral contours. The parenchyma is isoechoic relative to the spleen, and diffusely heterogenous, bordering on nodular in appearance. At least two cystic calculi are observed (one on the left side measuring 1.43 cm in diameter / one on the right side measuring 1.30 cm in its longest dimension). In addition, a hyperechoic nodule is seen (1.0 cm in its longest dimension). Hepatic vasculature and intrahepatic 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 small amount of echogenic debris is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is minimally distended with ingesta and some shadowing material. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The



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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 ileoceocolic junction and colonic wall are normal. There is no evidence of an obstructive pattern.

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Pancreas

The right limb of the pancreas is prominent to enlarged, with normal curvilinear peripheral contours. The parenchyma is slightly hypoechoic relative to surrounding omental fat and slightly mottled in appearance. The pancreatic duct is visible but not overtly dilated. There is no evidence of peripancreatic inflammation or effusion.

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Lymph Nodes

The abdominal lymph nodes are normal/not visible.

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Free Abdomen

A small-to-moderate amount of echogenic free fluid is observed.

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Other

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

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Cavitated splenic mass. Neoplasia (i.e., hemangioma, hemangiosarcoma) is suspected, with a low possibility of a non-neoplastic process. Adjacent peritonitis is present. Some degree of rupture is suspected, given the presence of free fluid.
- The hepatic parenchymal changes are nonspecific and could be secondary to a chronic hepatopathy (i.e., chronic hepatitis, copper hepatotoxicosis, fibrosis). Alternatively, metastatic disease cannot be excluded.

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Secondary Findings

- Mild left adrenomegaly. The left adrenal nodule could be consistent with focal nodular hyperplasia, adenoma, or less likely emerging adenocarcinoma, pheochromocytoma, other.
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Bilateral nonspecific age-related renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If there is no evidence of pulmonary metastatic disease, consider a splenectomy with submission of the spleen for histopathology. Liver biopsies should also be obtained at the time of surgery to assess for metastatic disease. Aerobic and anaerobic bile cultures and hepatic copper quantitation should also be performed. If surgery is not pursued, palliative care (i.e., Yunnan Bayaio, pain medication (as needed)) are recommended.

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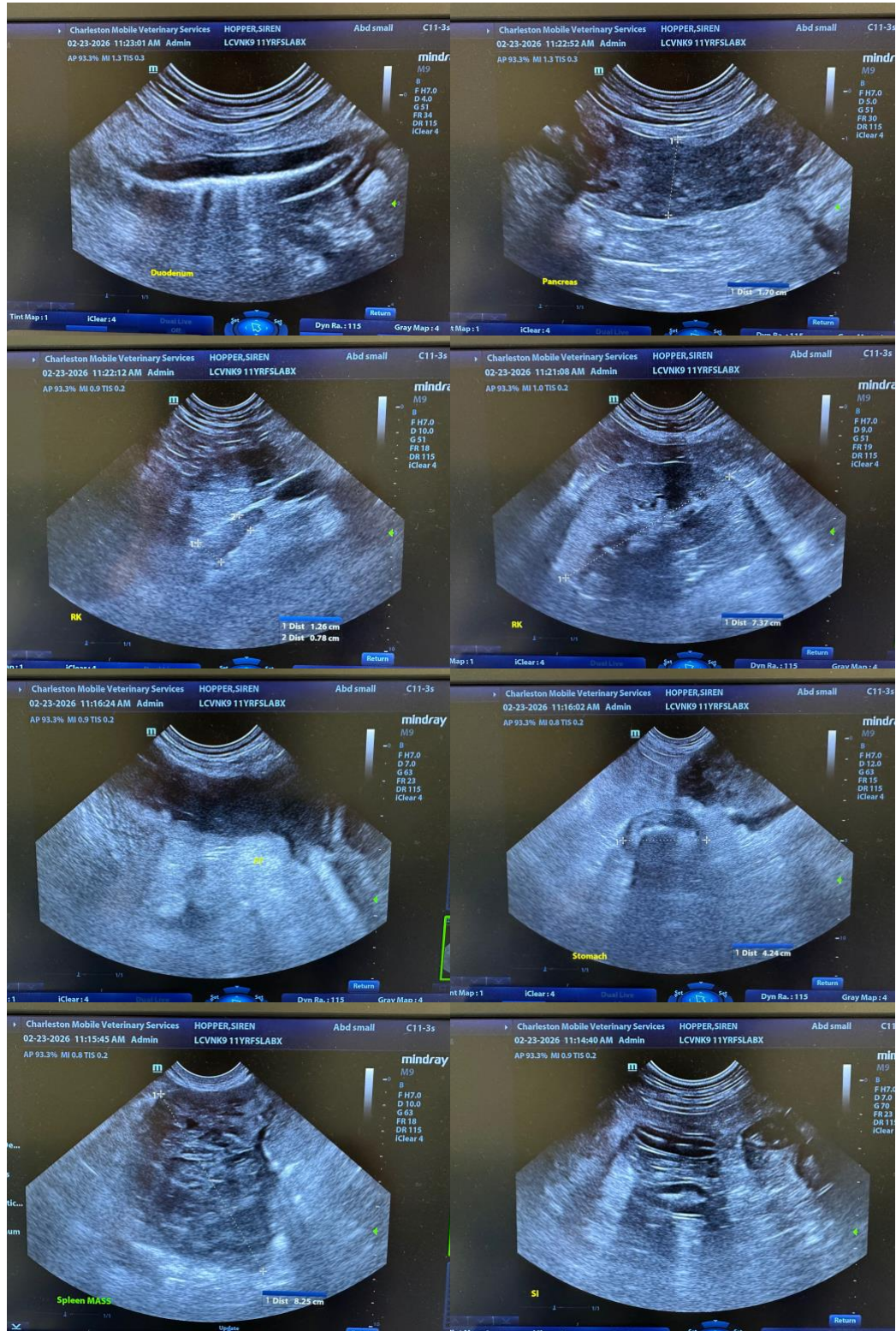
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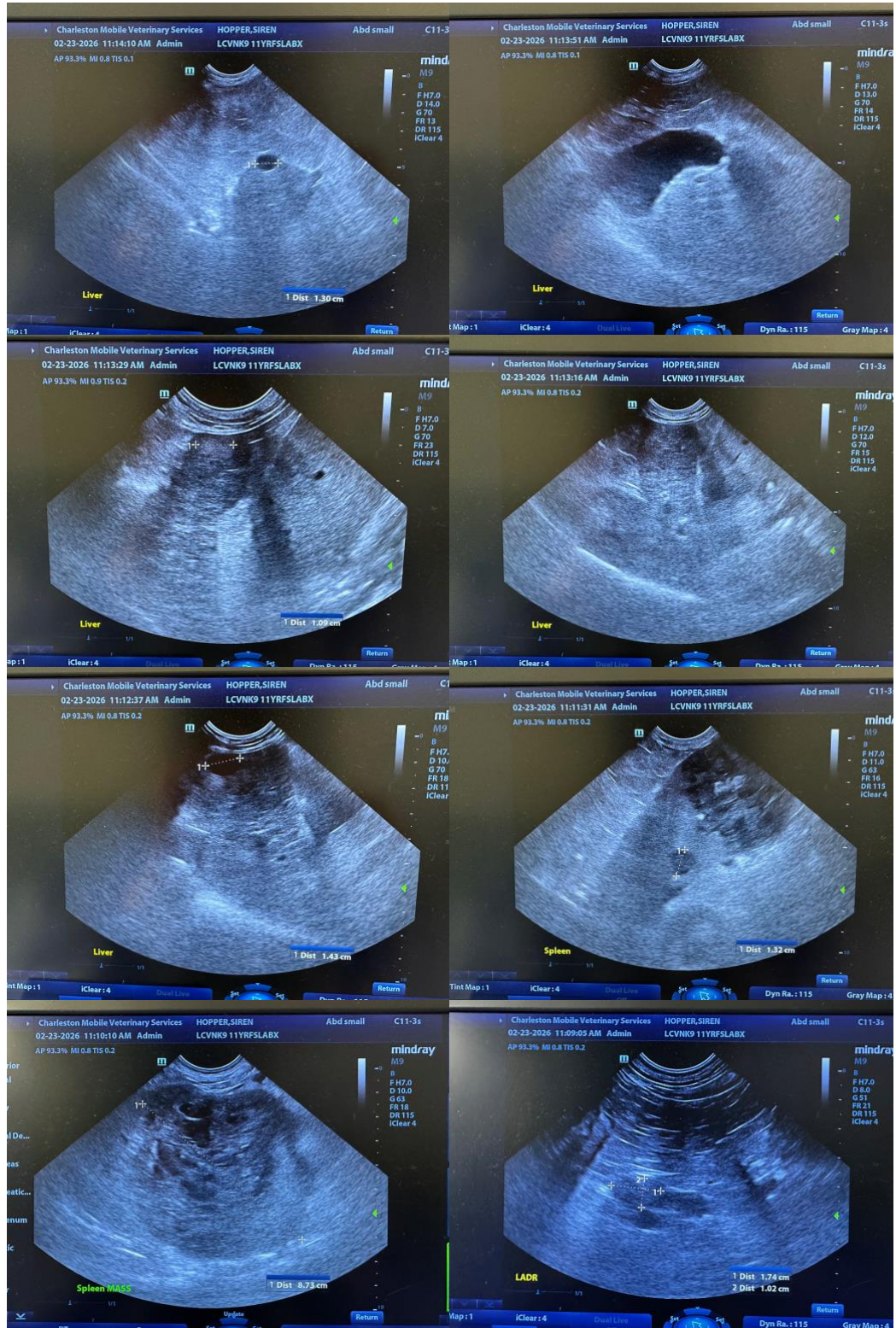
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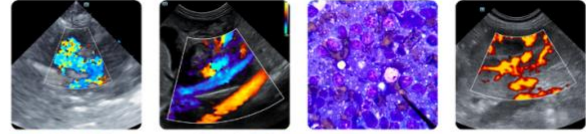
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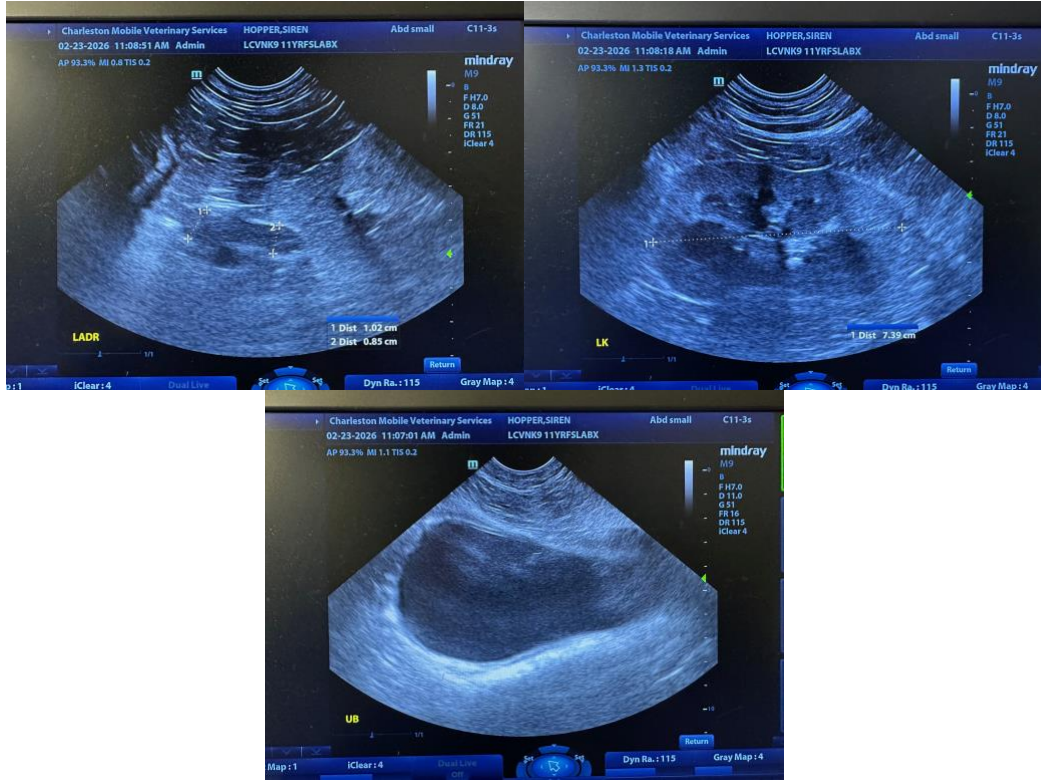
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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