

**DATE**

4-27-26

**PRESENTING CLINICAL SIGNS**

**Patient History:** Maisy, a 12yo female spayed, mixed breed dog, presented for lethargy and inappetence over the last 3 days. At presentation, P was quiet, alert, and responsive.

**PATIENT**

Maisy Ferro

**Current Medications:** None listed.

**Labwork Results:** Not attached, reported as: Loss of serosal detail and suspected splenic mass on radiograph.

**SPECIES**

Canine

Unable to determine organ of origin on US, suspect large, cavitated splenic mass.

**Date of Previous IntraPet Ultrasound:** No previous.

**Sedation:** Not required to complete full diagnostic ultrasound.

**Stat Report:** Approved. Heart screen declined.

**Imaging Performed by:** Stephanie Warga RDCS, RVT.

**BREED**

Mixed Breed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Female Spayed

The urinary bladder wall is normal in thickness. 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 and the proximal urethra, visible to a depth of 2 cm, are normal.

**AGE**

12/7/2013

The left kidney is normal in size (5.42 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 hydroureter. Renal vasculature is normal.

**WEIGHT**

48.8lbs

The right kidney is normal in size (5.42 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.

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**Adrenal Glands**

The left adrenal gland is normal in size (0.53 cm at cranial pole) (0.48 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.

**HOSPITAL NAME**

Timonium  
Animal Hospital

The right adrenal gland is normal in size (0.82 cm at cranial pole) (0.63 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.

**REFERRING VET**

Dr. Dmiszewicki

**Spleen**

A 6.9 x 5.9 cm heterogenous cavitated mass is arising from the parenchyma. Adjacent mesentery is hyperechoic. In the remainder of the spleen, the peripheral margins are mildly undulating. The parenchyma is subtly mottled in appearance. Splenic vasculature appears normal with no evidence of thrombosis.

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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 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.



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**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 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 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**

At least one prominent mesenteric lymph node is visualized (one measuring 3.93 x 0.39 cm).

**Free Abdomen**

The mesentery in the cranial- to mid-abdomen is mildly hyperechoic. A moderate amount of echogenic free fluid is visualized.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Cavitated splenic mass. Neoplasia (i.e., hemangioma, hemangiosarcoma) is suspected, with a low possibility of a non-neoplastic process. The diffuse splenic parenchymal changes could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, splenitis, antigenic stimulation, or infiltrative neoplasia.
- The ascites may be secondary to hemorrhage, neoplastic effusion, other.
- Cranial- to midabdominal peritonitis, likely secondary to the splenic mass

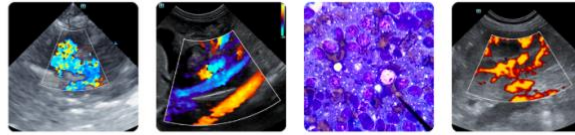
**Secondary Findings**

- Minor bilateral age-related renal changes
- The prominent mesenteric lymph node is likely reactive, with a lower possibility of early metastatic disease.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Three-view thoracic radiographs are recommended to assess for pulmonary metastases. 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 micro-metastatic disease. Evaluation of the right atrium and right auricle are recommended prior to surgery to assess for neoplasia/pericardial effusion.

Imaging performed by



Clinical Sonography & Telecytology  
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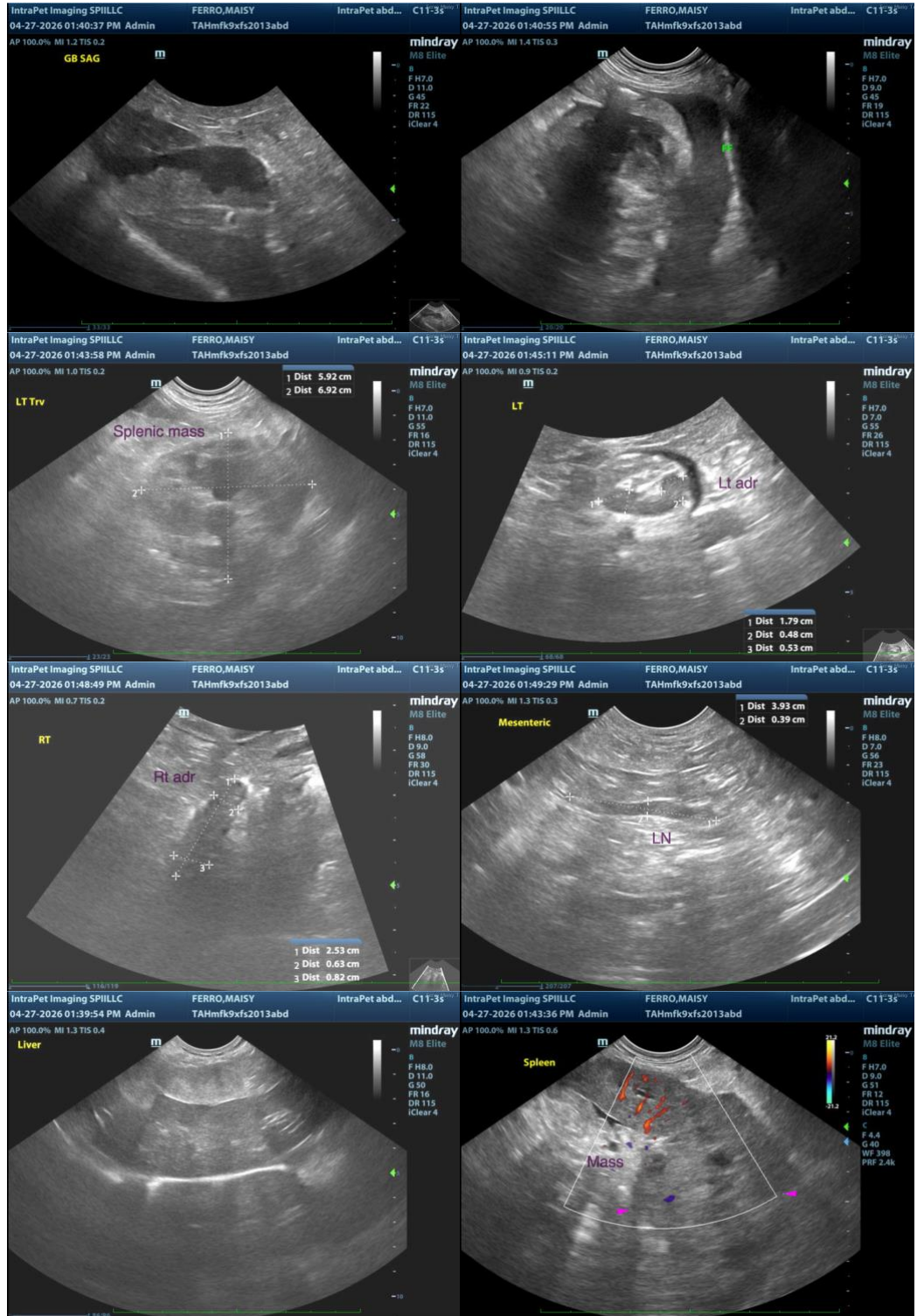
Timonium  
Animal Hospital

### REFERRING VET

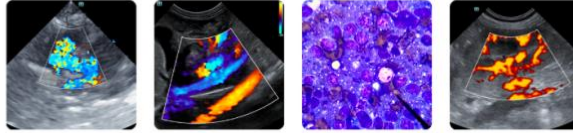
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)