

**PATIENT**

Millie Lane

**SPECIES**

Canine

**BREED**

Yorkie-Poo

**SEX**

Female Spayed

**AGE**

8/16/16

**WEIGHT**

16.30

**INTERPRETED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**IMAGING  
PERFORMED BY**

Andrea Nicastro DVM  
Diplomate ACVIM  
(Sm Animal Internal Med)

**HOSPITAL NAME**

Waterway AH

**REFERRING VET**

Dr Amy McCalla

**INVOICE**

23076

**DATE**

5-29-26

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings:

Concerns: Lump on left side. Does not seem to bother her but does occasionally lick at it. Did cytology on it before and was Epithelial and spindle cell proliferation. O reports that it has gotten bigger.

1. Vomiting/ Diarrhea: Threw up 4 times in one day last week. Kibble and Bile. Seems fine since. O gave I/D food and has not had any vomiting since.

2. Coughing /Sneezing: wnl

3. Weight Gain or Loss: wnl

4. Behavior: wnl

5. Urination/Defecation: wnl

6. Drinking habits: wnl

7. Appetite: wnl

8. Current Diet:

9. Current Meds: ^

10. Heartworm and Flea Prevention: Has not been on it in a few months.

General Appearance: Bright, alert and responsive

Behavior: Friendly and sweet; FAS 1

Body Condition Score: BCS 5/9, Acceptable body weight; Muscle mass normal.

Hydration: Euhydrated

Ocular: OU: Corneas clear, pupil normal size, symmetrical, sclera white, no ocular discharge. Mild lenticular sclerosis. No cataracts.

Otic: Ears: No exudate observed, no redness present

Oral Cavity: Teeth have moderate calculus and gingivitis present. Gingival hyperplasia. Dental Disease

Grade: 2/4. Palate is normal and there are no obvious foreign bodies.

Nasal Cavity: no obvious foreign bodies, clear nasal discharge - no mucus, blood or discoloration. Videos mom provided show audible stertor and reverse sneezing.

Cardiovascular: Regular rhythm; no murmur detected, femoral pulses strong and regular

Respiratory: Lungs auscultate clear; trachea clear, no evidence of sinus or upper respiratory disease

Abdomen: Abdomen palpates normally/No pain, tenderness or masses on palpation

Musculoskeletal: Normal ambulation, No pain on palpation of spine,

Integument: Normal amount of shedding; skin looks normal; hair coat in good condition. TWO INCH

DIAMETER FREELY MOVABLE MULTILOBULATED SUBCUTANEOUS MASS LEFT CAUDAL ABDOMEN - SECRETORY EPITHELIAL TUMOR / SUSPECT MAMMARY TUMOR

Lymph Nodes: Lymph nodes are all normal in size

Urogenital: Owner reports normal eliminations; external genitalia appear normal; bladder palpates normally

Neurologic: No apparent abnormalities/Ambulatory x 4 with no apparent lameness

Millie did great for her exam today and overall is in good health. The primary concern is a very suspicious mass on her abdomen that has grown significantly over the past 6 months. On cytology, this mass is an epithelial population with sebaceous cell differentiation and highly suspicious of a mammary gland tumor.

Advise at this time is surgical excision.

Procedures: Physical examination. Nails trimmed.

Treatments: Convenia antibiotic given

Bravecto quantum yearly flea and tick preventative

Proheart yearly heartworm preventative

Vaccines: Rabies 3 year. DAP 3 year. Bordetella 1 year.

Tests: Senior wellness panel. In house FNA was evaluated - findings are similar to report given last fall - epithelial population with sebaceous differentiation (suspect mammary tumor)

Sent home: None

Recommendations: Surgical excision of chest mass

Amy McCalla, DVM, PhD



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Abnormal lab-work values: Platelet Count- 448, Absolute Monocytes- 882, Ph- 8.0, Alt (SGPT) 222, ALK PHOS 725, TRIGLYERIDE- 482, Microalbuminuria- 18.3  
Current Medications: None  
Radiographic Findings: None

**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 visible portion of the proximal urethra are normal.

The left kidney is normal in size (4.71 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate 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 (5.03 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with mild- to moderate 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 (0.44 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.

The right adrenal gland is normal in size (0.75 cm at cranial pole) (0.60 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 prominent-in-size with irregular peripheral contours. A 3.9 x 2.8 cm irregular, hypoechoic- to heterogenous, expansile mass is observed at the caudal aspect. The mesentery effacing the serosal surface of the mass is hyperechoic. In addition, a 3.7 x 1.8 cm well-demarcated, avascular hypoechoic area is observed at the mid- caudal aspect. Adjacent to mesentery is hyperechoic. The remaining parenchyma is slightly mottled in appearance. Splenic vasculature apps normal with no evidence of thrombosis.

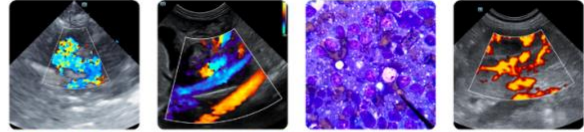
**Liver**

The liver is subjectively enlarged, with swollen peripheral contours. The parenchyma is isoechoic relative to the spleen and diffusely heterogenous in appearance, with a few, ill-defined hypoechoic nodules throughout the organ (one measuring 1.6 x 1.23 cm). 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 aggregated, echogenic, gravity-dependent debris/sludge is observed within the lumen. The cystic and common bile ducts are normal/not seen. The duodenal papilla is normal-in-size (0.41 cm in width).

**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



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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 base and limbs of the pancreas are visible with normal curvilinear peripheral contours. The parenchyma is largely slightly hyperechoic 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**

Trace free fluid is observed adjacent to the spleen.

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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**

- Splenic mass at the caudal pole. Neoplasia (i.e., sarcoma, round cell tumor) is suspected, with a lower possibility of non-neoplastic process (i.e., focus of lymphoid hyperplasia or similar). The well-demarcated hypoechoic area in the spleen could be consistent with a splenic infarction, mass, other.
- Focal peritonitis adjacent to the spleen, likely secondary to splenic pathology
- The hepatic nodules could be consistent with metastatic disease or benign lesions (i.e., regenerative nodule, inflammatory foci, other). The diffuse hepatic parenchymal changes are nonspecific and could be secondary to inflammatory disease (i.e., cholangiohepatitis, chronic hepatitis), hepatotoxicosis, infiltrative neoplasia (i.e., lymphoma), vacuolar hepatopathy, regenerative nodular hyperplasia, other hepatopathy, or some combination thereof.

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**Secondary Findings**

- Mild bilateral nonspecific age-related renal changes
- The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Gallbladder debris/sludge, non-mucocele

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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- Three-view thoracic radiographs are recommended to assess for pulmonary metastases. If there is no evidence of pulmonary metastatic disease and an aggressive approach is desired, consider a splenectomy with submission of the spleen for histopathology, along with removal of the mammary mass. Liver biopsies, with particular attention to the hepatic nodules, should also be performed at the time of surgery. An abdominal CT scan would be useful in pre-surgical planning.
- In the meantime, symptomatic care is recommended



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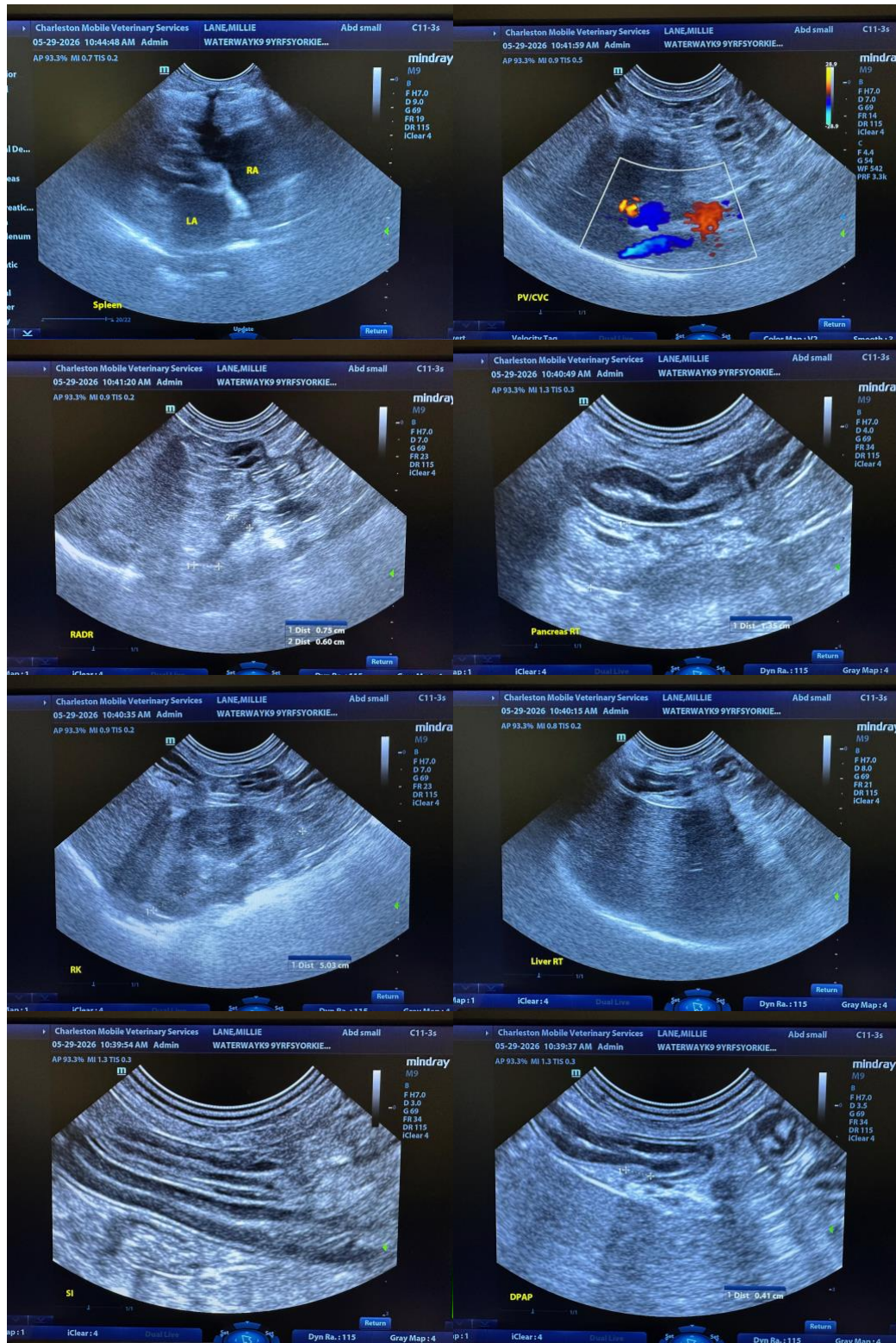
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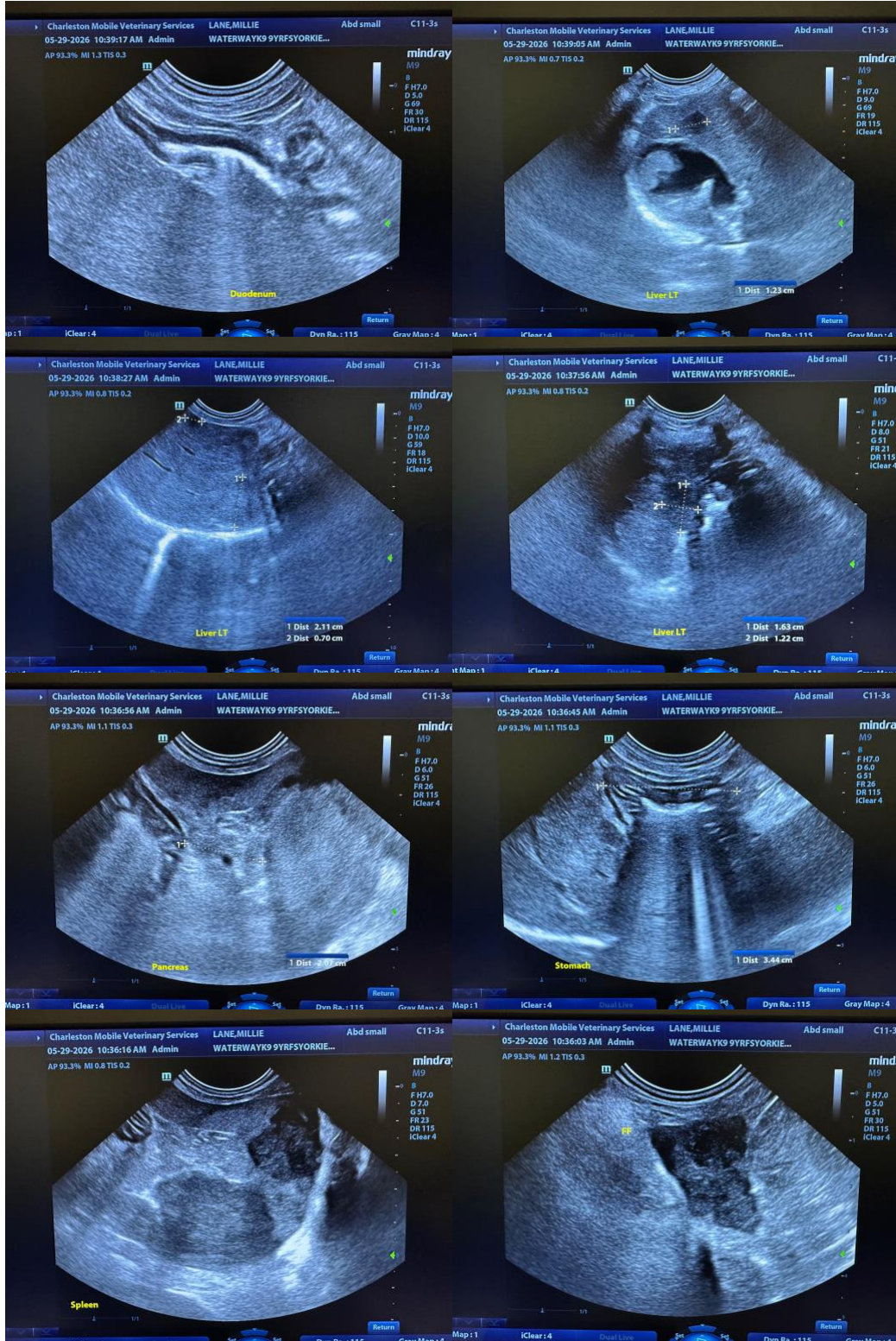
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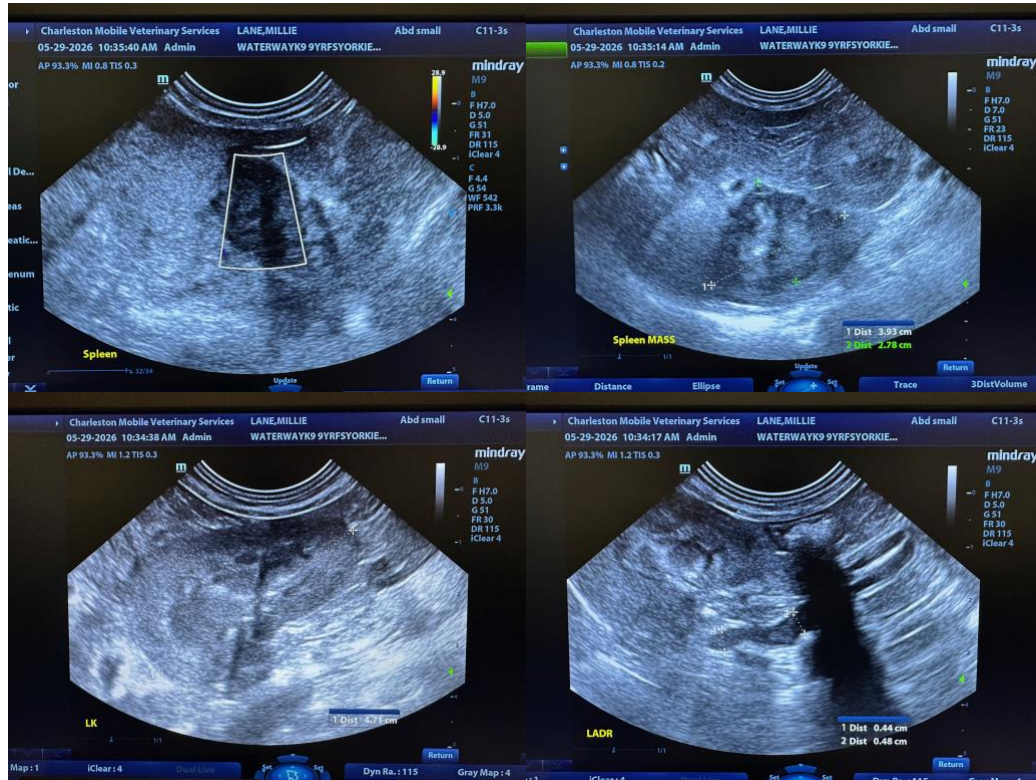
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)**  
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