



PATIENT

Tico Steele

SPECIES

Canine

BREED

Pitbull mix

SEX

Male, neutered

AGE

2/2/2013

WEIGHT

85.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

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

HOSPITAL NAME

VC of Myrtle Beach

REFERRING VET

Dr. Dickens

INVOICE

13351

DATE

12/17/25

PRESENTING CLINICAL SIGNS

Presented for abdominal distention. Unsure how long it has been going on as owner has been overseas for the past 4 months but likely gradual per caretakers. No other clinical signs. Patient maintains a normal appetite, no vomiting or diarrhea noted and has normal energy levels. On physical exam, patient was mildly uncomfortable on abdominal palpation but normal overall. Radiographs were performed and an abdominal mass was noted on the left side displacing organs to the right and ventrally.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the visible portion of the proximal urethra are normal.

The prostate is normal in size (1.37 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 (7.26 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 (8.28 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 cortical infarct is suspected at the caudal pole. There is no evidence of pyelectasia, nephroliths or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is enlarged (0.94 cm at cranial pole) (1.41 cm at caudal pole) with swollen peripheral contours. The parenchyma is slightly heterogeneous with some loss of glandular detail. The phrenicoabdominal vein and surrounding vasculature are normal.

The right adrenal gland is borderline enlarged (1.28 cm at cranial pole) (0.83 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 contour. A >12 cm heterogeneous cavitated mass is arising from the parenchyma. Surrounding mesentery is hyperechoic. In the remainder of the spleen, the parenchyma appears relatively homogeneous. Splenic vasculature is normal with no evidence of thrombosis.

Liver

The liver is subjectively enlarged with swollen peripheral contours. A 6.2 x 4.2 cm heterogeneous swelling/mass is observed mid to right liver. In addition, a 1.9 cm hyperechoic nodule is seen approximately mid-liver at the caudal aspect. The remaining parenchyma is isoechoic relative to the spleen and slightly mottled in appearance. Vascular and biliary tracts are of normal volume with no evidence of congestion.

The gallbladder is of normal contours and contains some dependent echogenic debris. The wall is normal in thickness. No choleliths are observed. The cystic and common bile ducts are normal.



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Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The ileocecolic 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

2-3 prominent mesenteric lymph nodes are visualized, one of the nodes measuring 1.89 x 0.63 cm.

Free Abdomen

Trace free fluid is suspected.

Other

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

- Large cavitated splenic mass. Neoplasia (i.e., hemangiosarcoma, hemangioma) is suspected with a low possibility of a non-neoplastic process. Mild adjacent peritonitis is present.
- Mid to right hepatic swelling/mass. Considerations include neoplasia (i.e., metastatic lesion, primary hepatic tumor) vs a benign process (i.e., large regenerative nodule, focus of vacuolar hepatopathy, inflammatory lesion, other). The diffuse hepatic parenchymal changes are non-specific and could be secondary to age-related parenchymal remodeling, vacuolar hepatopathy, inflammatory disease, infiltrative neoplasia, hepatotoxicosis (i.e., copper), fibrosis and/or other hepatopathy. The hyperechoic hepatic nodule trends toward the benign (i.e., regenerative nodule, meylolipoma) with a lower possibility of neoplasia or other pathology.
- Suspected trace ascites.

Secondary Findings:

- Mild bilateral nonspecific, age-related renal changes with a suspected right cortical infarct.
- The prominent mesenteric lymph nodes could be consistent with lymphoid hyperplasia, lymphadenitis or metastatic disease.
- Bilateral adrenomegaly more pronounced in the left adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.
2. If an aggressive approach is desired, consider splenectomy with submission of the spleen for histopathology along with excisional biopsy of the hepatic swelling/mass. An abdominal CT scan would be useful in pre-surgical planning. Clients should be warned of the possibility of metastatic



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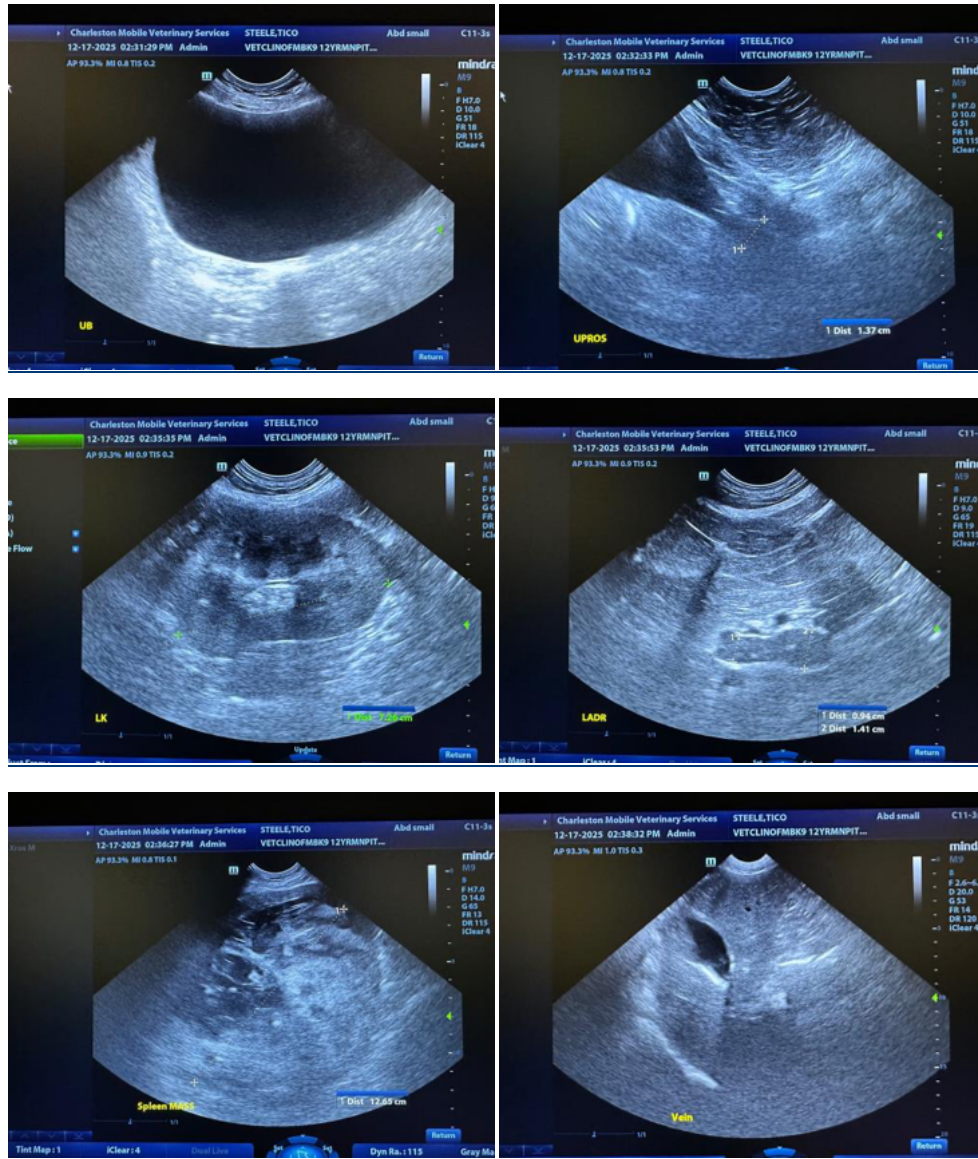
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disease prior to surgery. If surgery is not pursued, palliative care (i.e., Yunnan Baiyao, pain medication (as needed)) is recommended.





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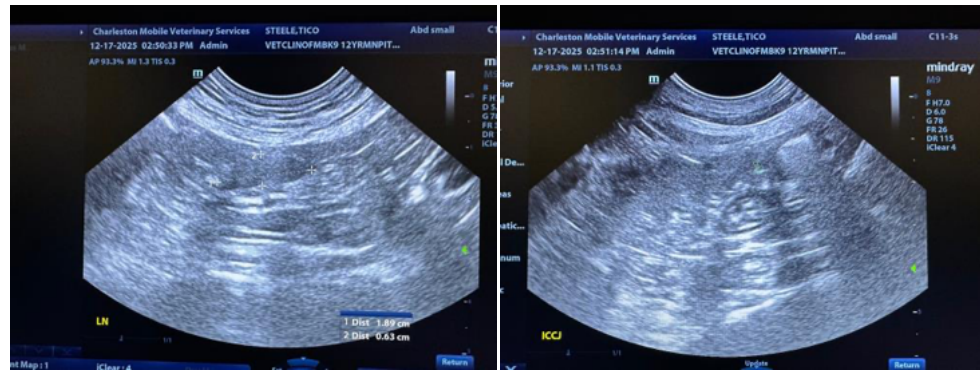
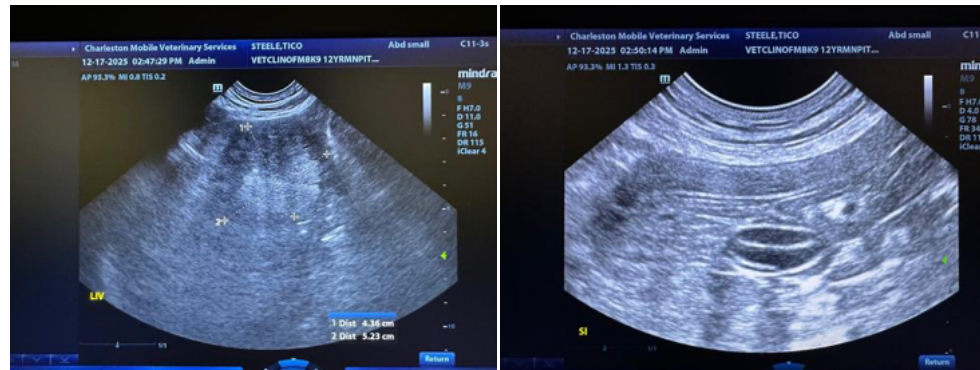
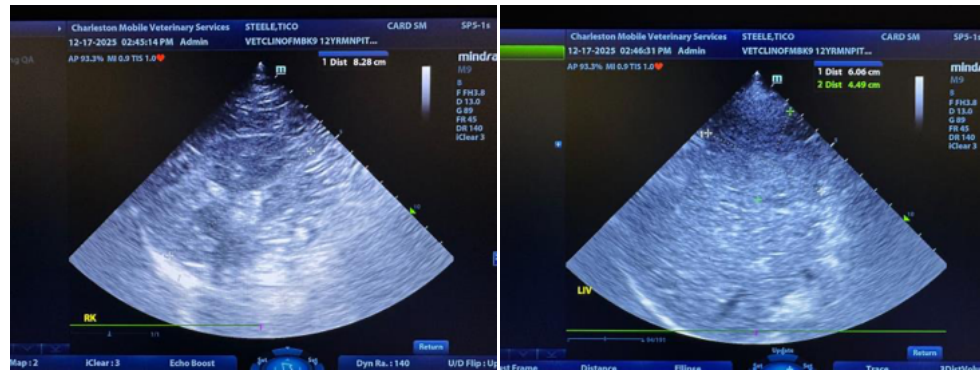
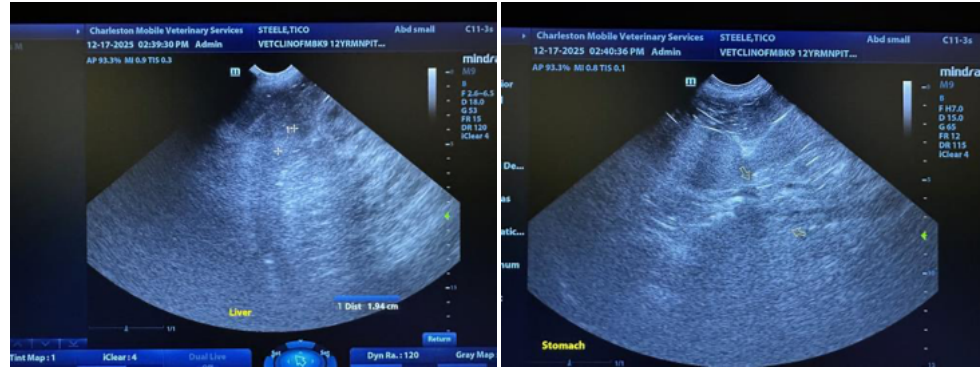
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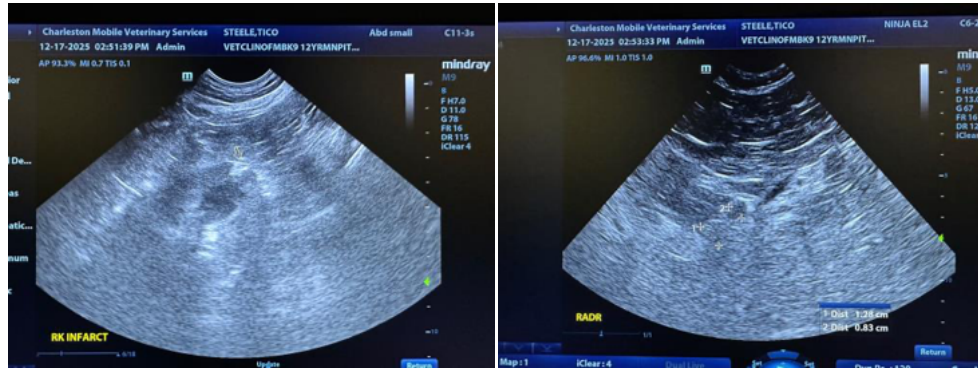
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com