

**PATIENT**

Annie Fetterolf

**SPECIES**

Canine

**BREED**

Foxhound mix

**SEX**

Female, spayed

**AGE**

10/19/2014

**WEIGHT**

54.6 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**

Sun Dog Cat Moon

**REFERRING VET**

Dr. Fetterolf

**INVOICE**

13711

**DATE**

5/12/26

**PRESENTING CLINICAL SIGNS**

8/29/25: Annie had a mass removed from her right rear distal leg. Dr. Fetterolf reports the mass had been present for years and was about 1cm. It recently became inflamed, alopecic and erythematous and grew in size 1.5cm.

Histopathology confirmed a malignant trichoepithelioma (MI=54, no lymphovascular invasion), narrowly excised (4mm peripheral; 2mm deep).

9/4/25: Thoracic radiographs and right popliteal lymph node aspiration performed. Radiographs showed no evidence of

metastatic disease, but LN cytology was non-diagnostic due to being hemodilute.

**ASSESSMENT:**

1. Malignant trichoepithelioma, MI=54, no lymphovascular invasion, narrowly excised from right medial tibial region (4mm lateral, 2mm lateral)

Her FidoCure report shows that she does have a mutation in a tumor suppressor gene called TSC1

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is mildly distended with anechoic urine. The wall is mildly thickened (up to 0.65 cm) with a slightly irregular mucosal surface. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 4 cm, are normal.

The left kidney is normal in size (5.98 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 (6.18 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 (0.63 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.

The right adrenal gland is normal in size (1.00 cm at cranial pole) (0.68 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 normal in size (2.49 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. A 0.64 x 0.63 cm ill-defined hypoechoic nodule is observed at the lateral aspect approximately mid-body. Splenic vasculature is normal.



**PATIENT**

Annie Fetterolf

**SPECIES**

Canine

**BREED**

Foxhound mix

**SEX**

Female, spayed

**AGE**

10/19/2014

**WEIGHT**

54.6 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**

Sun Dog Cat Moon

**REFERRING VET**

Dr. Fetterolf

**INVOICE**

13711

**DATE**

5/12/26

**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 portal vein to caudal vena cava ratio is approximately 1:1.

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 gastric lumen is mildly gas 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 ileocecolic junction and colonic wall are normal. The colonic lumen contains some shadowing fecal material. There is no obvious evidence of an obstructive pattern.

**Pancreas**

The base and limbs of the pancreas are normal in size with normal curvilinear peripheral contours. The parenchyma is largely isoechoic 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.

**Lymph nodes**

The abdominal lymph nodes are normal/not visible.

**Free Abdomen**

There is no obvious evidence of free fluid.

**Other**

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

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings:**

- The splenic parenchymal changes, including the small ill-defined hypoechoic nodule, are most consistent with a benign process (i.e., lymphoid hyperplasia or similar) with a lower possibility of emerging neoplasia.

**Secondary Findings:**

- Minor bilateral age-related renal changes
- Minor age-related pancreatic parenchymal remodeling
- The urinary bladder wall changes are likely artifactual due to lack of full repletion with a lower possibility of cystitis. Correlation with the patient's clinical history is recommended.

\*There is no obvious evidence of metastatic disease in the abdomen.



**PATIENT**

Annie Fetterolf

**SPECIES**

Canine

**BREED**

Foxhound mix

**SEX**

Female, spayed

**AGE**

10/19/2014

**WEIGHT**

54.6 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**

Sun Dog Cat Moon

**REFERRING VET**

Dr. Fetterolf

**INVOICE**

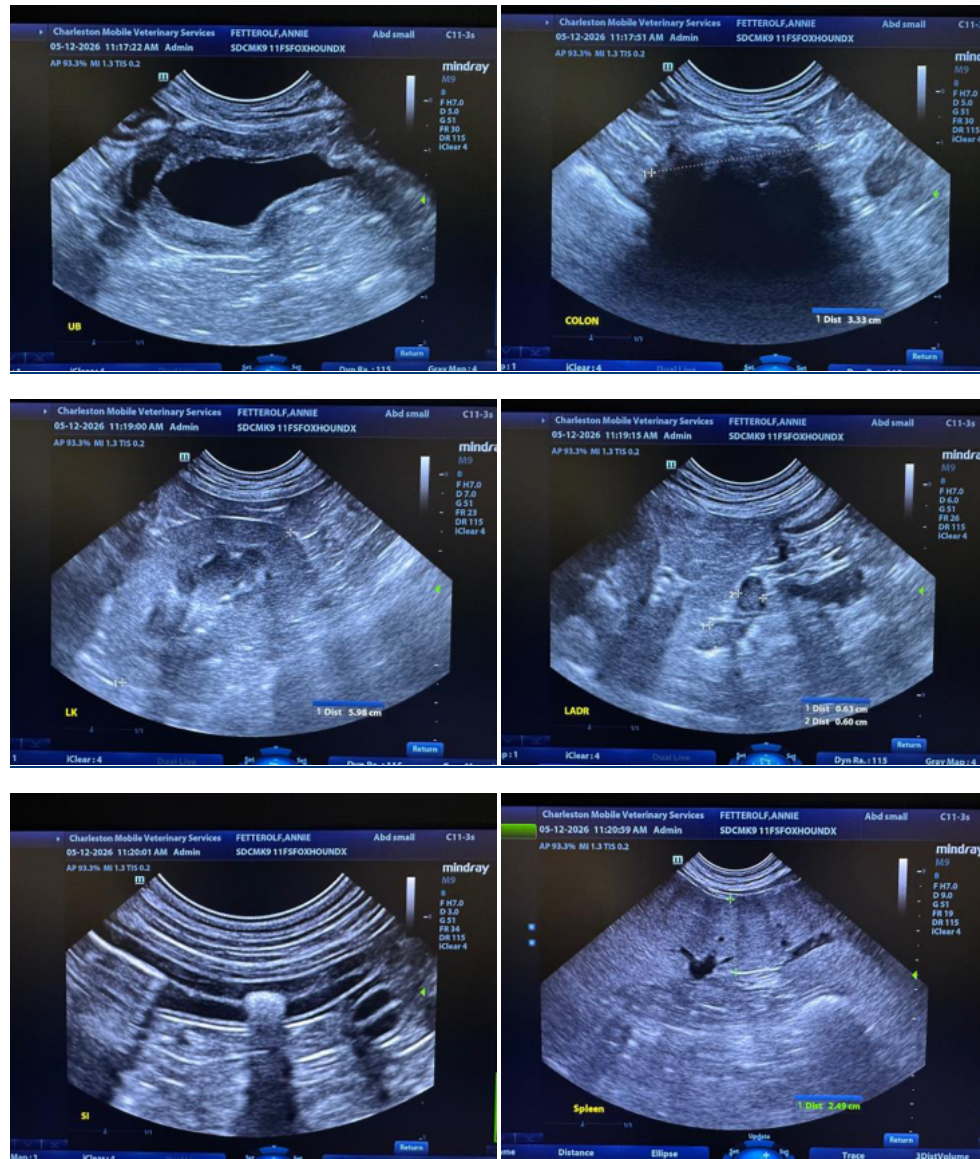
13711

**DATE**

5/12/26

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Periodic (i.e., every 6 months) of thoracic radiographs and abdominal sonography should be considered to assess for recurrence of disease.





**PATIENT**

Annie Fetterolf

**SPECIES**

Canine

**BREED**

Foxhound mix

**SEX**

Female, spayed

**AGE**

10/19/2014

**WEIGHT**

54.6 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**

Sun Dog Cat Moon

**REFERRING VET**

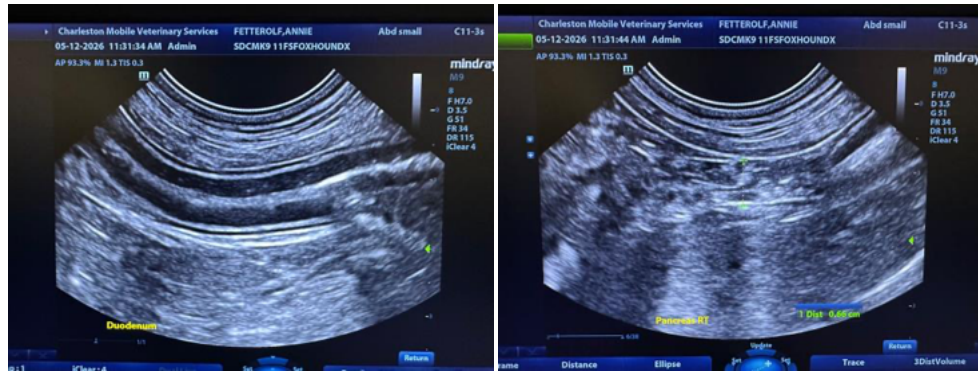
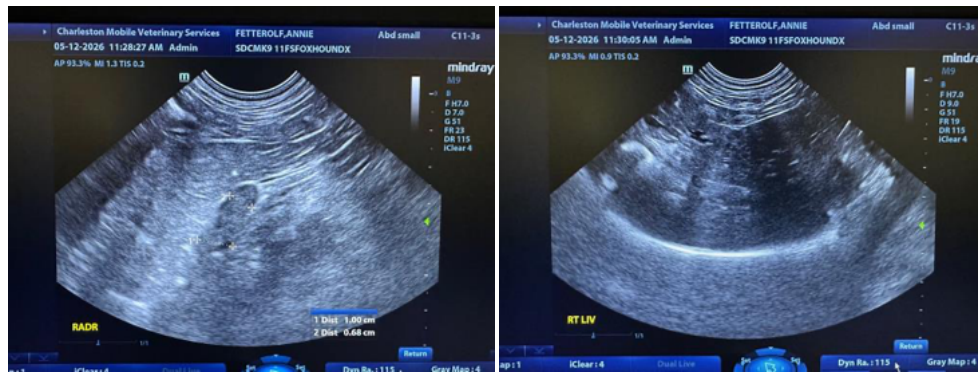
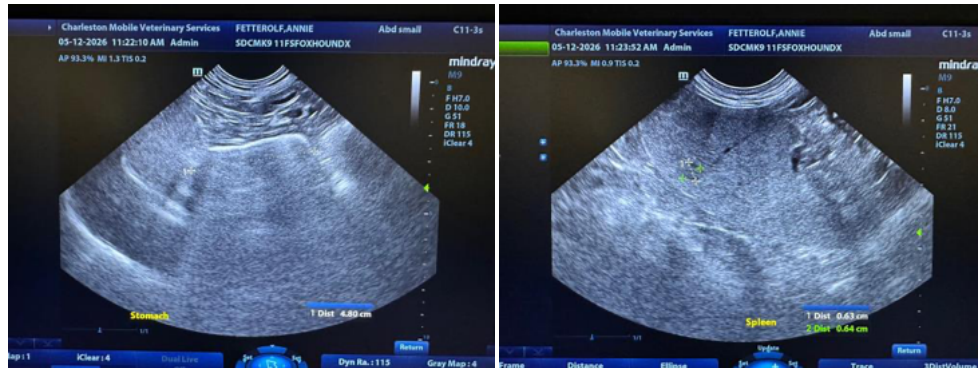
Dr. Fetterolf

**INVOICE**

13711

**DATE**

5/12/26





**PATIENT**

Annie Fetterolf

**SPECIES**

Canine

**BREED**

Foxhound mix

**SEX**

Female, spayed

**AGE**

10/19/2014

**WEIGHT**

54.6 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**

Sun Dog Cat Moon

**REFERRING VET**

Dr. Fetterolf

**INVOICE**

13711

**DATE**

5/12/26



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)