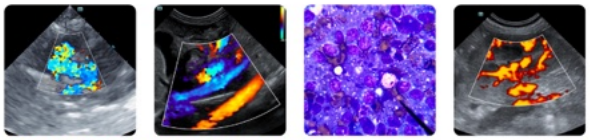


PATIENT

Teddy Esposito

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

6 years

WEIGHT

84 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

Animal Care Center of Flanders

REFERRING VET

Dr. Hargadon

INVOICE

70244

DATE

1/16/26

PRESENTING CLINICAL SIGNS

History: met check for mast cell tumor cyst-like growth aspirated as mast cell tumor

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is mildly underdistended. The urinary bladder wall measures approximately 2.29 mm and appears smooth and regular; due to mild underdistension, wall thickness may be overestimated. The bladder lumen contains predominantly anechoic urine with scant suspended echoes. The bladder neck and proximal urethra are unremarkable. There is no sonographic evidence of urolithiasis or inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 6.20×2.95 cm, with a cortical thickness of 0.51 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates normal renal perfusion.

The right kidney is normal in shape and size, measuring 6.38×2.99 cm, with a cortical thickness of 0.55 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates normal renal perfusion.

Adrenal Glands

The adrenal regions were evaluated; however, the adrenal glands could not be confidently identified or measured on the provided images, likely due to patient size and acoustic limitations. As such, adrenal morphology and dimensions cannot be reliably assessed in this examination.

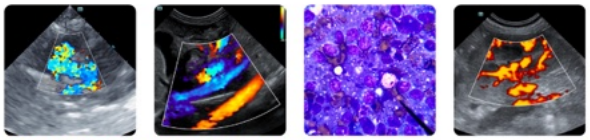
Spleen

The spleen measures approximately 2.45 cm in thickness. The splenic parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

Liver

The liver is subjectively normal in size, with sharp margins and a smooth contour. The hepatic parenchyma is uniform and isoechoic relative to the falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder is normally distended. The gallbladder wall is thin, and the lumen contains predominantly anechoic bile. There is no sonographic evidence of dilation of the cystic duct or common bile duct.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of approximately 2.60 mm and preserved wall layering. The pylorus measures approximately 4.56 mm.

The duodenum measures approximately 3.01 mm.
The jejunum measures approximately 2.24–2.56 mm, and the ileum measures approximately 1.54 mm, with preserved wall layering throughout. The ileocecal junction is not visualized. No sonographic evidence of obstruction, ileus, or intraluminal foreign material is identified.

The colon measures approximately 1.59 mm (transverse), with formed fecal material present.

Pancreas

The pancreatic regions evaluated do not demonstrate sonographic evidence of inflammation or peripancreatic change.

Peritoneal Cavity

No abdominal effusion or sonographic evidence of peritonitis is observed. Abdominal lymph nodes are not visualized, and the surrounding mesenteric regions appear unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

The abdominal ultrasound examination is unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In the context of a dog with a confirmed cutaneous mast cell tumor, there is no ultrasonographic evidence of abdominal involvement at this time. The spleen and liver appear sonographically normal, and no abnormal abdominal lymph nodes are identified.

The adrenal glands could not be reliably assessed due to technical limitations related to patient size; however, there are no indirect ultrasonographic findings to suggest adrenal disease.

Overall, the findings support no detectable abdominal metastasis on ultrasound at the time of this examination.

Recommendations

- Correlation with histopathologic grading of the mast cell tumor is recommended to guide staging and prognosis.
- Based on the current ultrasound, no abdominal infiltration is identified; continued staging should follow standard oncologic guidelines as clinically indicated.
- If future clinical concern for systemic involvement arises, repeat abdominal ultrasound may be considered for interval reassessment.

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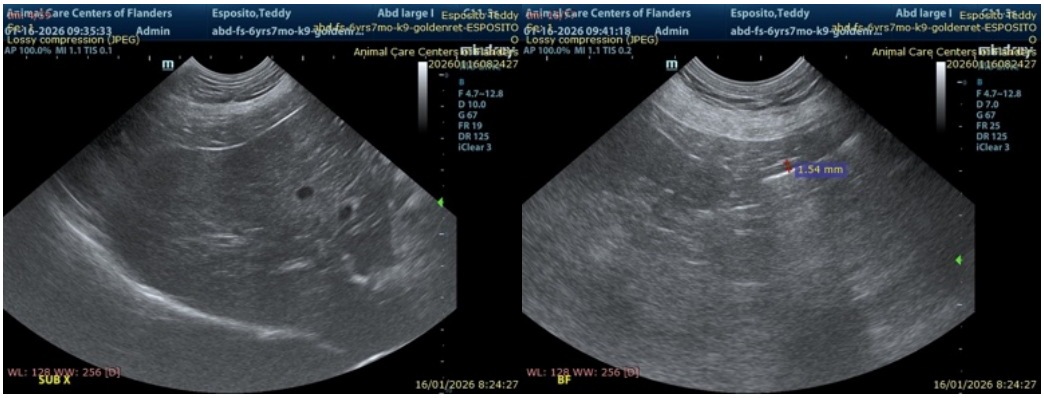

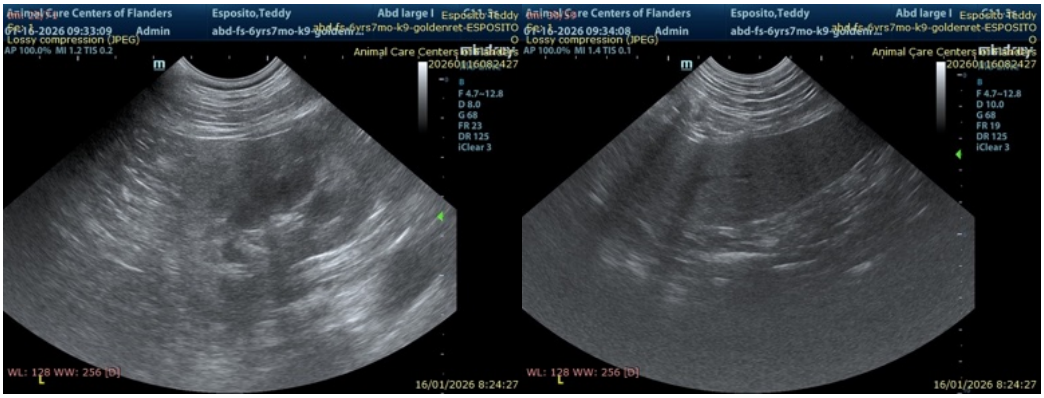

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

info@SonoPath.com