



PATIENT

Maggie Pedersen

SPECIES

Canine

BREED

Collie Mix

SEX

Spayed female

AGE

6 years

WEIGHT

55.6 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Emilia Monachino

HOSPITAL NAME

Finger Lakes AH

REFERRING VET

Dr. Kurtz

INVOICE

70346

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Subcutaneous mast cell tumor of the dorsal left front foot, growing since noticed 5 weeks ago. No lymph node enlargement evident.
- Owner interested in Stelfonta injection for treatment
- Tumor staging being performed prior to scheduling the injection
- Previous history of intermittent soft stools, vomiting, and inappetence but patient is currently doing well
- Not on any medication other than Benadryl and Famotidine
- CBC - WNL; Coag panel PT/PTT = WNL; Chemistry - inc ALP 3,237 (5 - 160) U/L, rest of chemistry is WNL; T4 - WNL; Thoracic and abdominal radiographs were normal today. Left prescapular lymph node cytology is pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended. The bladder wall is thin and smooth, and the urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic changes.

Left kidney: Normal in shape and size, measuring 4.95×2.94 cm. Cortical thickness is 0.41 cm in the sagittal plane. The renal cortex is isoechogenic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Right kidney: Normal in shape and size, measuring 4.82×2.89 cm. Cortical thickness is 0.43 cm in the sagittal plane. The renal cortex is isoechogenic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephroliths, or hydronephrosis are identified.

Adrenal Glands

Both adrenal glands have normal shape and echogenicity.

- Left adrenal gland measures 0.41 cm at the cranial pole and 0.48 cm at the caudal pole.
- Right adrenal gland measures 0.48 cm at the cranial pole and 0.45 cm at the caudal pole.

Spleen

Splenic thickness is 2.42 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture, with no focal parenchymal abnormalities identified. The splenic capsule is smooth and regular. Splenic vasculature appears normal.



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Liver

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

The gallbladder is normally distended. The gallbladder wall is thin, and the contents are anechoic. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

Stomach: Empty and folded, with mural thickness of 3.21 mm and preserved wall layering. Pylorus: Wall thickness 5.8 mm.

Duodenum: Wall thickness 2.86 mm. Jejunum: Wall thickness 2.81–3.15 mm. Ileum: Wall thickness 2.39 mm. Wall layering is preserved throughout the gastrointestinal tract. No ultrasonographic evidence of inflammation, ileus, obstruction, or foreign material is identified.

Colon: Transverse colon wall thickness 1.55 mm, with formed feces present in the descending segment.

Pancreas

The pancreatic regions evaluated do not show ultrasonographic evidence of pancreatitis or focal pancreatic abnormalities.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed.

Cranial mesenteric lymph nodes measure up to 9.40 mm in thickness and have normal shape and echogenicity.

The iliac trifurcation has a normal appearance.

ULTRASONOGRAPHIC FINDINGS

No clinically relevant ultrasonographic abnormalities detected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver and spleen are within normal ultrasonographic limits, with no focal lesions identified. A cranial mesenteric lymph node is identified measuring 9.40 mm in thickness, which falls within the expected size range for a dog of this body weight (typically up to approximately 10–12 mm when morphology is normal). The lymph node has normal shape and echogenicity. No other abdominal lymph nodes with abnormal size or ultrasonographic features are identified.



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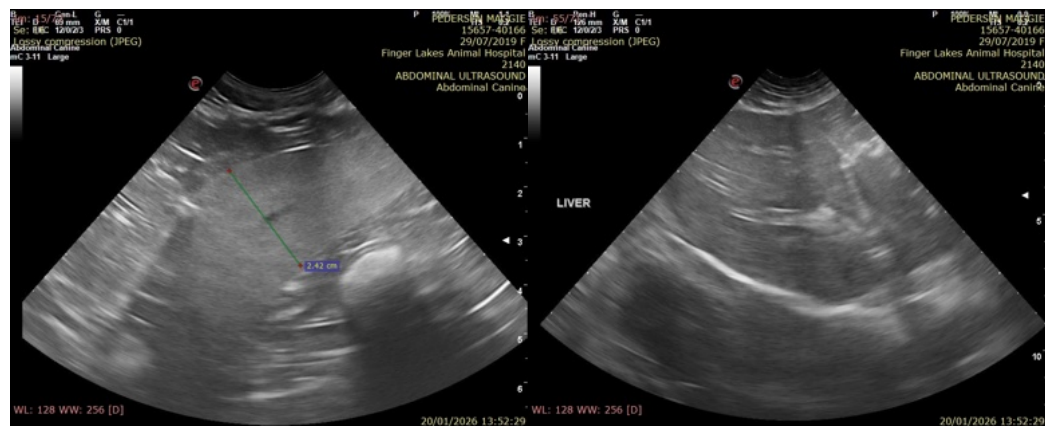
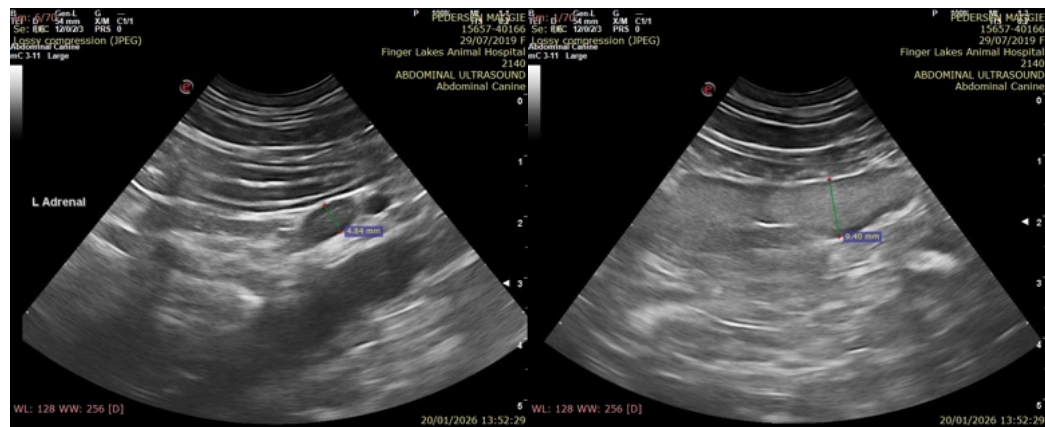
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The markedly increased alkaline phosphatase activity is not accompanied by ultrasonographic evidence of hepatobiliary disease. This pattern is most consistent with enzyme induction or functional cholestasis, which may be paraneoplastic or endocrinologic in origin, rather than structural hepatic disease. Importantly, while microscopic hepatic infiltration cannot be completely excluded, there are no imaging findings to suggest clinically significant hepatic involvement.

Overall, there are no ultrasonographic findings to suggest visceral mast cell tumor involvement at the time of examination. However, cell tumors may occasionally involve abdominal organs without overt ultrasonographic changes.

Abdominal ultrasound findings are appropriate for proceeding with local therapy, such as Stelfonta injection, from a staging standpoint, pending correlation with lymph node cytology results.





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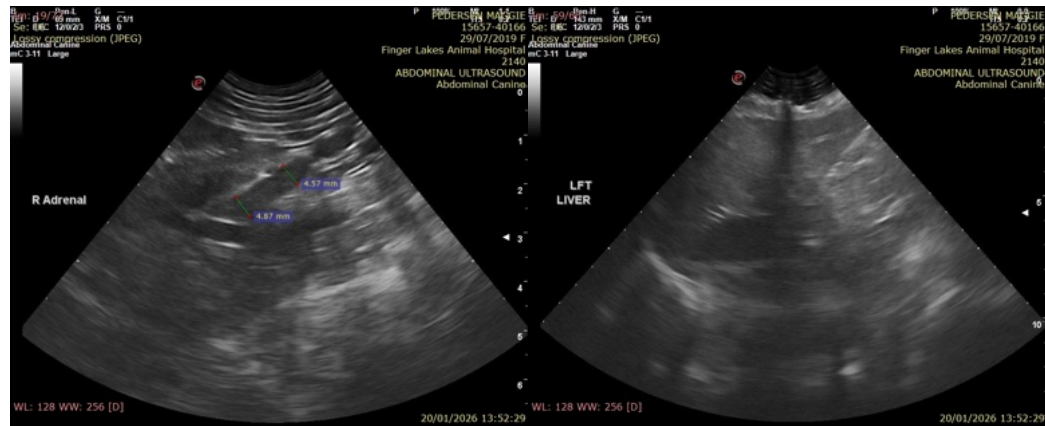
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

MV Esp Ultrasound in Domestic and Wild Animals

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