



PATIENT

Simba Kellar

SPECIES

Canine

BREED

Longhair Dachshund
Mix

SEX

Neutered male

AGE

8 years

WEIGHT

20 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Alexis Cervantes

HOSPITAL NAME

TLC AH

REFERRING VET

Dr. Castorena

INVOICE

70865

DATE

1/22/26

PRESENTING CLINICAL SIGNS

- Patient is a 8 yr old, male neutered, dachshund mix. Patient had a 1.2 cm mass on left hind paw dorsal to the 4th digit. Removed mass in June of 2025 using electrocautery. Biopsy came back as follows:
- "Poorly differentiated epithelial neoplasm, strongly suspect clear cell adnexal carcinoma
- Mitotic count (per 2.37 sq mm): 11 mitotic figures in 2.37 sq mm (10 HPF).
- Histologic tumor-free margins: Clear but narrow with the nearest peripheral and deep histologic margin each measuring less than 1 mm.
- Vascular invasion: Not observed."
- Today patient has moderate swelling of Left popliteal LN, Performed FNA and submitting for cytology. Cytology came back as "Poorly differentiated neoplasia uncertain origin; abundant amorphous/necrotic material; mild macrophagic inflammation; minimal intact discernible lymphoid cells (possible effaced lymph node)".
- Spoke with Oncologist who recommended Staging with full abdominal u/s to make sure there is no obvious metastasis.
- CBC Unremarkable ALB 4.0 (2.7-3.9) ALT now back to normal ALP 376 (5-160) Urinalysis: USG 1.054, 1+ Bilirubin, 1+ Calcium Oxalate dihydrate. (abnormalities due to dehydration and concentrated urine. 4dx Negative x 4 Fecal missing

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is underdistended. The bladder wall appears thin and smooth; however, due to underdistension, wall thickness measurements may be overestimated. The urine is anechoic. The bladder neck and proximal urethra appear normal. No uroliths are identified, and there is no sonographic evidence of inflammatory or neoplastic bladder wall changes.

The left kidney is normal in shape and size (4.54×2.51 cm). Cortical thickness measures 0.43 cm in the sagittal plane. Cortical echogenicity is isoechoic to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

The right kidney is normal in shape and size (4.77×2.70 cm). Cortical thickness measures 0.47 cm in the sagittal plane. Cortical echogenicity is isoechoic to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

Adrenal Glands

Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.47 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland measures 0.61 cm at the cranial pole and 0.52 cm at the caudal pole.



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Spleen

Splenic thickness is 1.31 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular.

Liver

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

The gallbladder is moderately distended, with well-defined contours. The gallbladder wall appears mildly thickened (approximately 2.0 mm) and demonstrates irregularities or small protrusions projecting toward the lumen, likely involving the mucosal surface. The lumen contains heterogeneous echogenic material without acoustic shadowing, with an appearance most compatible with biliary sludge. Mobility of the intraluminal material cannot be confirmed on static images, though its configuration suggests poorly mobile content. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded. Gastric wall thickness measures approximately 4.19 mm, with preserved wall layering.

The pylorus is visualized; wall thickness measurement is not recorded.

The duodenum measures approximately 3.28 mm.

The jejunum measures approximately 3.16–3.22 mm, with preserved wall layering. The ileocecal junction is not visualized.

No sonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

The colon measures approximately 1.41 mm in the ascending colon, which is empty, and 0.68 mm in the descending colon, which contains formed feces.

Pancreas

The visualized pancreatic regions show no sonographic evidence of inflammation.

Peritoneal Cavity

No abdominal effusion or evidence of peritonitis is observed. Abdominal lymph nodes are not visualized; surrounding regions appear unremarkable. The iliac trifurcation appears normal.



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ULTRASONOGRAPHIC FINDINGS

- Mild gallbladder wall thickening with mucosal irregularity and biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

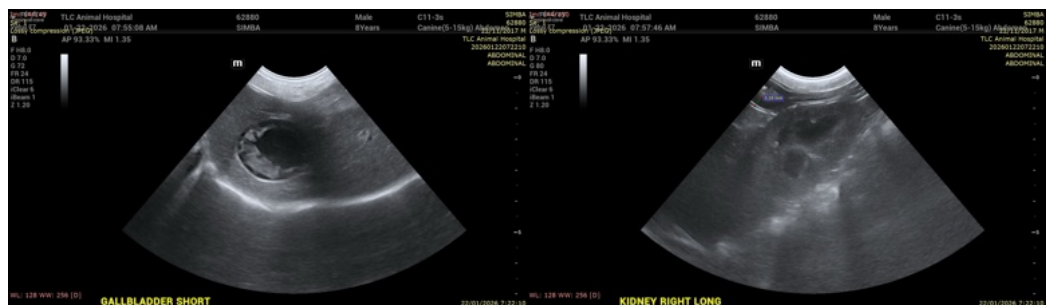
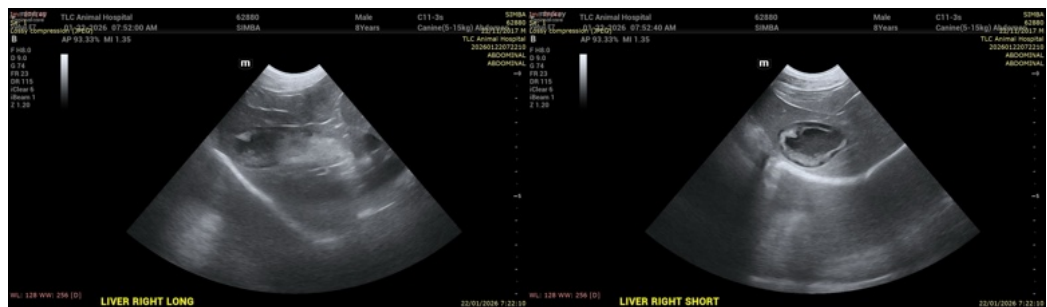
The liver, spleen, kidneys, adrenal glands, gastrointestinal tract, and abdominal lymph nodes show no focal mass lesions or changes suggestive of metastatic involvement. The absence of abdominal lymphadenopathy or parenchymal organ lesions is a reassuring finding in the context of oncologic staging, recognizing that microscopic metastatic disease cannot be excluded by ultrasonography.

The gallbladder shows mild wall thickening with mucosal irregularity and intraluminal echogenic material, a pattern most consistent with gallbladder mucosal hyperplasia associated with biliary sludge.

Overall, the abdominal ultrasound findings are negative for gross metastatic disease and do not alter the current oncologic staging, while acknowledging the inherent limitations of ultrasound in detecting early or microscopic metastasis.

Recommendations

- Interpret abdominal ultrasound findings as negative for gross metastatic disease, in conjunction with cytologic findings from the enlarged popliteal lymph node and the known behavior of the primary tumor.
- No immediate abdominal intervention is indicated based on the gallbladder findings alone; clinical and biochemical correlation is recommended, with monitoring as appropriate.
- Continue oncologic staging and management as directed by the consulting oncologist, recognizing that abdominal ultrasound is primarily a screening tool for macroscopic disease.





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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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