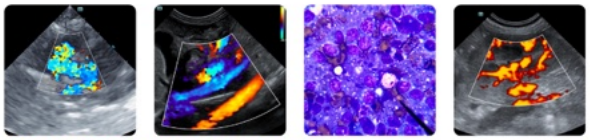


PATIENT

Luna Romero

SPECIES

Canine

BREED

Dachshund

SEX

Spayed female

AGE

7 years

WEIGHT

14.2 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Jazmin Munoz Gonzalez

HOSPITAL NAME

Oakridge VC

REFERRING VET

Dr. Jazmin Munoz Gonzalez

INVOICE

71009

DATE

1/28/26

PRESENTING CLINICAL SIGNS

History of hematuria for a few weeks with no LUTs. Unresponsive to course of antibiotics. Recent UA + UMIC revealed USG 1.046, 1+ urine protein, 3+ blood, UMIC neg. She was diagnosed with Mammary carcinoma, comedocarcinoma subtype, grade III in Nov 2025. Trads previously clear. Surgery performed to remove.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is poorly distended. The bladder wall appears thickened and irregular, measuring 2.74 mm. Due to marked underdistension, bladder wall thickness may be overestimated, and accurate assessment of the bladder wall is limited under these conditions. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified. There is no discrete intraluminal mass identified; however, evaluation for mural pathology is limited due to underdistension.

The left kidney is normal in shape and size, measuring 4.29×2.84 cm, with a cortical thickness of 0.38 cm measured in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates normal perfusion.

The right kidney is normal in shape and size, measuring 4.90×2.58 cm, with a cortical thickness of 0.39 cm measured in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and corticomedullary definition are preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates normal perfusion.

Adrenal Glands

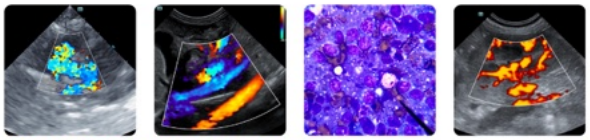
Both adrenal glands are normal in shape and echogenicity. The left adrenal gland measures 0.98 cm at the cranial pole and 0.91 cm at the caudal pole. The right adrenal gland measures 0.85 cm at the cranial pole and 0.94 cm at the caudal pole.

Spleen

Splenic thickness is 1.19 cm. The splenic parenchyma demonstrates normal echogenicity and a fine, homogeneous echotexture. A small hypoechoic nodule measuring 4.03×4.76 mm is identified. 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 homogeneous and isoechoic relative to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The gallbladder wall is thin. The contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and folded, containing fluid. Gastric mural thickness measures 2.90 mm, with preserved wall layering. The pylorus measures 3.96 mm.

Duodenal wall thickness is 4.25 mm. Jejunal wall thickness ranges from 2.81–3.01 mm, with preserved wall layering. No ultrasonographic evidence of mural inflammation, ileus, or foreign material is identified.

The colon wall thickness measures 1.52 mm and contains gas. The descending colon wall thickness measures 1.66 mm, with a small amount of formed fecal material.

Pancreas

The evaluated portions of the pancreas show no ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Right inguinal lymph nodes (per labeling) appear enlarged, measuring 0.81–0.90 cm in thickness and 1.33×2.25 cm. They are rounded and heterogeneous.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Poorly distended urinary bladder with apparent wall thickening and irregularity.
- Enlarged, rounded and heterogeneous right inguinal lymph nodes.

SECONDARY FINDINGS

- Small hypoechoic splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Evaluation of the urinary bladder is limited due to marked underdistension, and accurate assessment of bladder wall thickness and mural architecture is not possible under these conditions. Within the portion of the bladder wall that could be visualized, no intraluminal calculi or discrete mural masses were identified. However, given the limited distension, ultrasonography cannot reliably exclude subtle mural disease.

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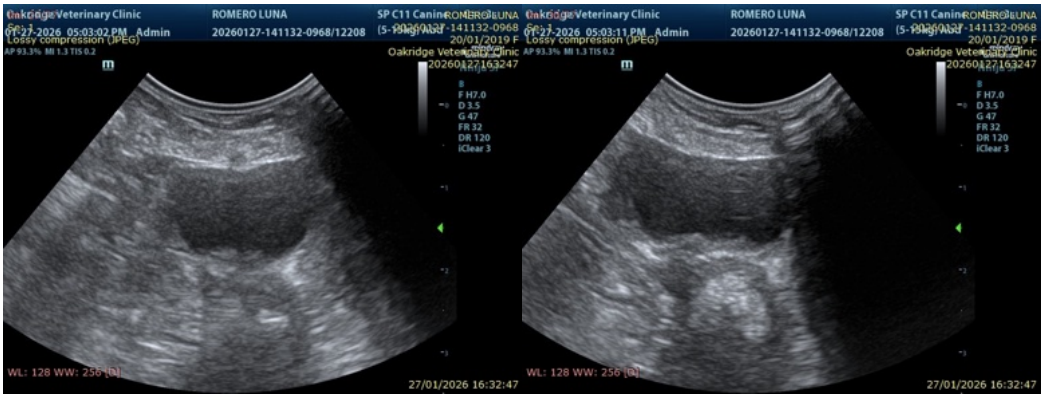
Symmetric bilateral adrenal enlargement is compatible with adrenal hyperplasia. In dogs with hyperadrenocorticism, lower urinary tract infections may occur with minimal clinical signs; however, this finding does not exclude concurrent primary bladder pathology.

A moderately enlarged, rounded, and heterogeneous right inguinal lymph nodes are identified. In the context of a prior high-grade mammary carcinoma, these lymph nodes are suspicious for metastatic involvement, although reactive lymphadenopathy cannot be excluded based on imaging alone.

A small hypoechoic splenic nodule is present and is nonspecific. Such lesions may represent benign nodular hyperplasia or other incidental changes; however, given the patient's oncologic history, metastatic disease cannot be definitively excluded ultrasonographically.

Recommendations

- Continue correlation with urinalysis trends and consider lower urinary tract diagnostics if hematuria persists despite negative upper tract findings.
- While the appearance of the adrenal glands is compatible with bilateral adrenal hyperplasia, ultrasonography alone cannot determine hormonal functionality, and nonfunctional adrenal hyperplasia remains a valid possibility. Endocrine testing is recommended to assess adrenal function, particularly in light of the patient's clinical history and the potential association between hyperadrenocorticism and lower urinary tract disease.
- Given the history of high-grade mammary carcinoma, fine-needle aspiration or biopsy of the enlarged right inguinal lymph node is recommended to assess for metastatic disease.
- Correlate splenic findings clinically; sampling may be considered if lymph node cytology confirms metastasis or if additional systemic signs develop.



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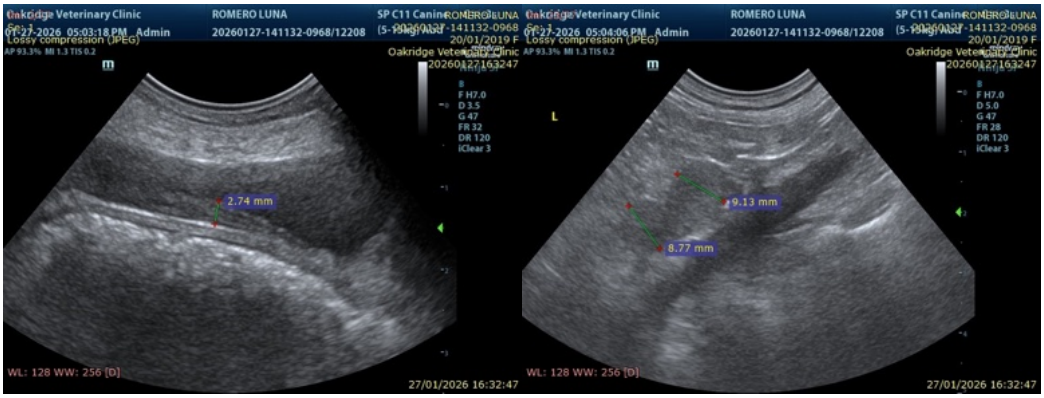

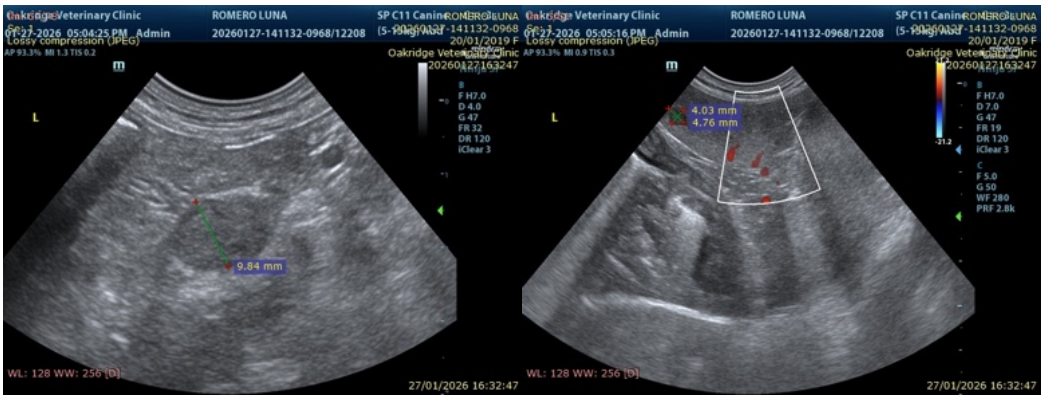

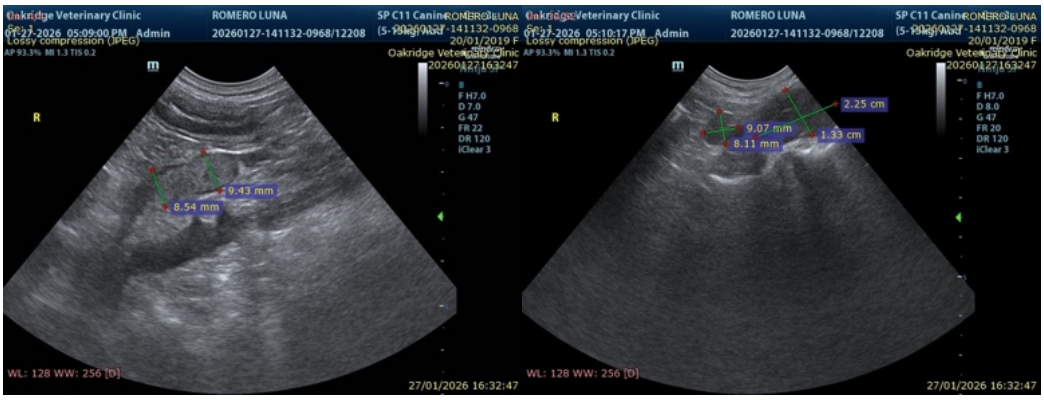

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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