



## PATIENT

Finley Satatuto

## SPECIES

Canine

## BREED

Yorkie Terrier Mix

## SEX

Neutered male

## AGE

8 years

## WEIGHT

19 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dr. Scott

## HOSPITAL NAME

Wyckoff VH

## REFERRING VET

Dr. Eisenberg

## INVOICE

71024

## DATE

1/28/26

## PRESENTING CLINICAL SIGNS

- Lethargic
- CBC/Chem/UA- PCV 34% regenerative, platelet 61K clumping but decreased today PCV 30%

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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

The left kidney is normal in shape and size, measuring 4.78×2.92 cm, with a cortical thickness of 0.55 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.

The right kidney is normal in shape and size, measuring 4.26×2.74 cm, with a cortical thickness of 0.58 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.

### *Adrenal Glands*

The left adrenal gland measures 0.54 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland is not visualized.

### *Spleen*

A very large heterogeneous splenic mass, measuring greater than 10 cm, is identified. Due to the size of the mass, its full extent cannot be completely assessed. The remaining splenic tissue appears markedly thinned and reduced in size, with a measured thickness of approximately 1.05 cm, and otherwise homogeneous parenchyma.

### *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.

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*



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The stomach is empty and folded, with a mural thickness of 1.71 mm and preserved wall layering. The pylorus measures 3.15 mm.

Duodenal wall thickness measures 3.16 mm. Jejunal wall thickness measures 2.78 mm. Ileal wall thickness measures 1.41 mm.

Wall layering is preserved throughout. No ultrasonographic evidence of gastrointestinal inflammation, ileus, or foreign material is identified.

### ***Pancreas***

The evaluated pancreatic regions show no ultrasonographic evidence of overt inflammation.

### ***Peritoneal Cavity***

There is abundant echogenic abdominal effusion. The perisplenic fat and tissues surrounding the spleen are markedly hyperechoic. Abdominal lymph nodes are not visualized; the surrounding regions appear unremarkable. The iliac trifurcation is normal.

### ***Heart***

No pericardial effusion is identified. No masses are visualized in the region of the right atrium.

## **ULTRASONOGRAPHIC FINDINGS**

- Very large heterogeneous splenic mass.
- Abundant echogenic abdominal effusion consists of hemoabdomen.
- Markedly hyperechoic perisplenic fat.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonographic findings of a very large, heterogeneous splenic mass associated with abundant echogenic abdominal effusion are most consistent with rupture of a splenic hemangiosarcoma resulting in hemoabdomen. In the context of progressive regenerative anemia and thrombocytopenia, this represents active intra-abdominal hemorrhage. While definitive diagnosis requires histopathologic confirmation, the imaging and clinicopathologic findings strongly support ruptured splenic hemangiosarcoma as the underlying cause.

Marked hyperechogenicity of the perisplenic fat is consistent with acute hemorrhage and reactive inflammatory change, supporting active bleeding from the splenic mass.



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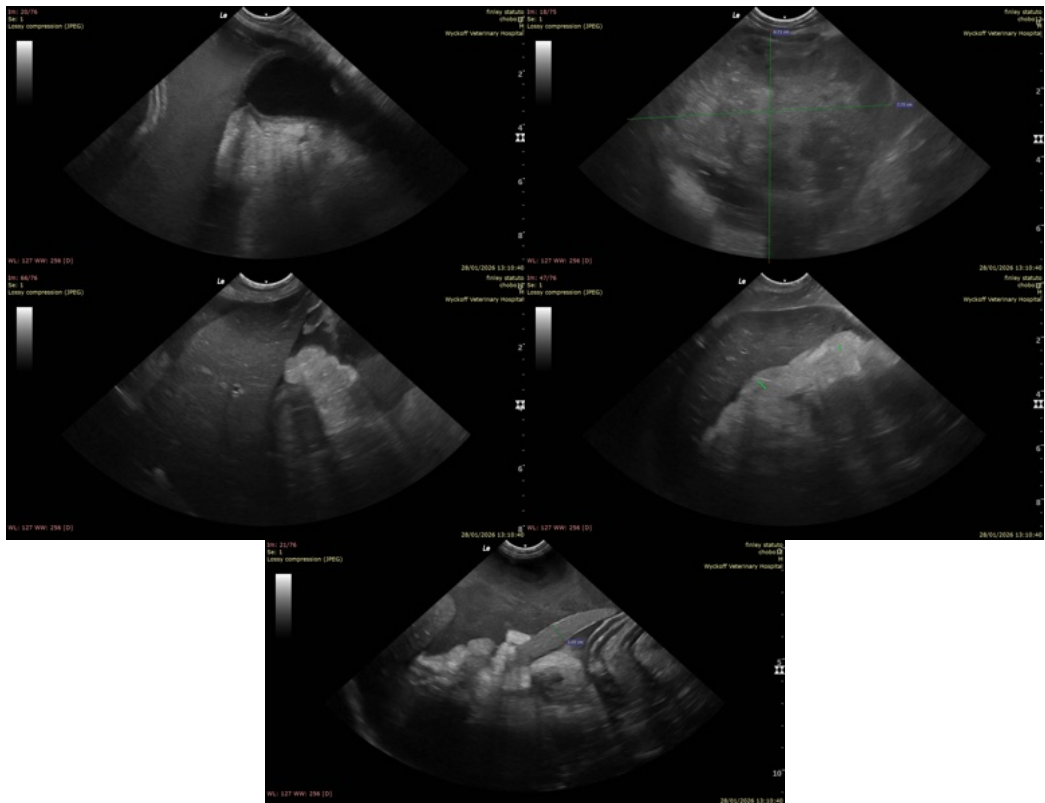
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No ultrasonographic evidence of overt metastatic disease is identified on this examination. However, given the high metastatic potential of splenic hemangiosarcoma and the presence of acute rupture, the absence of detectable metastases at this time does not exclude microscopic or early metastatic disease.

## Recommendations

- Abdominocentesis may be considered, if not already performed, to confirm hemorrhagic effusion and support rapid decision-making.
- Immediate stabilization is required, including blood transfusion, aggressive management of hypovolemic shock, and urgent surgical intervention (splenectomy).



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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[info@SonoPath.com](mailto:info@SonoPath.com)

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