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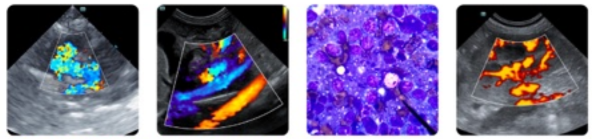
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Lucky Torres

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

13 years

WEIGHT

12 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dr. Sheila Vega

HOSPITAL NAME

Animalis VG

REFERRING VET

Dr. Vega

INVOICE

71038

DATE

1/28/26

PRESENTING CLINICAL SIGNS

- P presented for abdominal ultrasound referral as in preventive xray a mass effect was found at abdominal view, no signs at home. P is eating well, no vomit or diarrhea per O. At Physical exam, abdomen is enlarged and tense, mild to moderate painful.
- Chem ALKP 2000 (23-212), ALT 409 (10-125), GGT 59 (0-11) CBC EOS 0.7 %(1-18%), Lym 0.96 (1-4.8), PCT 0.6 (0.15-0.39%), PLT 747 (165-500)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The left kidney is normal in shape and size, measuring 3.89×2.18 cm. Cortical thickness is 0.31 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.15×2.27 cm. Cortical thickness is 0.34 cm in the sagittal plane. The renal cortex is isoechoic relative to the hepatic parenchyma. One small isolated renal cyst and a small, focal cortical mineralization are observed. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are identified. Color Doppler evaluation demonstrates a normal vascular pattern.

Adrenal Glands

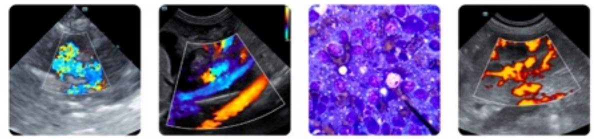
The left adrenal gland has a normal shape and echogenicity, measuring 0.38 cm at the cranial pole and 0.45 cm at the caudal pole. The right adrenal gland is not visualized, as the imaging planes did not extend sufficiently beyond the right kidney to the region ventral to the caudal vena cava and adjacent to the caudate hepatic lobe, where the right adrenal gland is typically located.

Spleen

Splenic thickness measures 0.98 cm. The splenic parenchyma has normal echogenicity and a fine, homogeneous echotexture. Multiple small hyperechoic nodules are present, the largest measuring 2.39×4.79 mm. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The caudate and quadrate hepatic lobes are subjectively normal in size, with sharp margins and a regular contour. Hepatic parenchyma is homogeneous and isoechoic relative to falciform fat, with a normal echotexture. No hepatic lymphadenopathy is identified.



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The gallbladder lumen is normally distended. The gallbladder wall is thin. A moderate amount of biliary sludge is present. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal

The stomach is empty and moderately folded, with preserved wall layering and a mural thickness of 1.33 mm. The pylorus measures 2.81 mm.

Duodenal wall thickness measures 2.05 mm, and jejunal wall thickness measures 3.02 mm, with preserved wall layering.

No ultrasonographic evidence of ileus, foreign material, or mural inflammation is identified.
The colon measures 0.91 mm in wall thickness, with formed fecal material within the descending colon.

Pancreas

The evaluated portions of the pancreas do not show ultrasonographic evidence of overt inflammation.

Peritoneal Cavity

A very large abdominal mass is identified, appearing most likely to originate from the left hepatic lobes. Due to its size, definitive confirmation of the site of origin is not possible ultrasonographically. This mass corresponds to the previously identified radiographic abdominal mass. The mass is heterogeneous, with mixed cystic and solid components, and expands outward into the abdominal cavity, causing displacement of adjacent organs without clear ultrasonographic evidence of direct invasion. The margins appear relatively well defined, although accurate assessment of infiltrative behavior is limited by the mass size and ultrasonographic constraints. Vascularization could not be adequately assessed; however, given the size of the mass, marked vascularity is considered likely.
No abdominal effusion or ultrasonographic evidence of peritonitis is observed. Abdominal lymph nodes are not visualized, and the surrounding regions appear unremarkable. The iliac trifurcation appears normal.

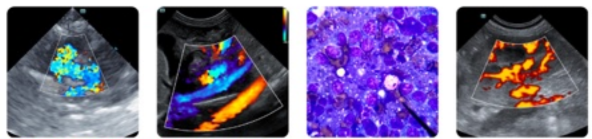
ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS

- Very large heterogeneous abdominal mass with mixed cystic and solid components, most consistent with hepatic origin.

SECONDARY FINDINGS

- Moderate biliary sludge within the gallbladder.
- Multiple small hyperechoic splenic nodules.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

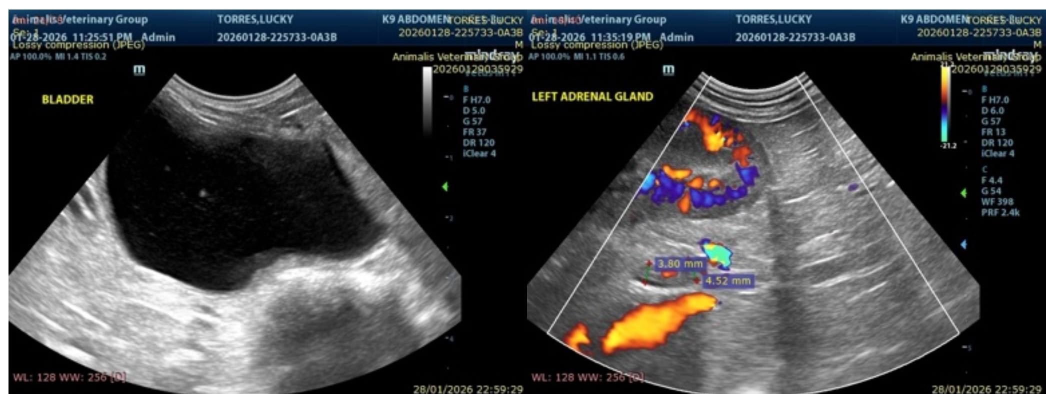
Given the patient's age, the severe cholestatic enzyme elevations, and the imaging appearance, a primary hepatic neoplasia is a major concern. Differential considerations include hepatocellular carcinoma, or biliary-origin neoplasia. Despite the extensive mass effect, there is no clear ultrasonographic evidence of direct invasion of adjacent organs or secondary peritoneal disease; however, assessment of infiltrative behavior and vascular involvement is inherently limited in lesions of this size and with this modality.

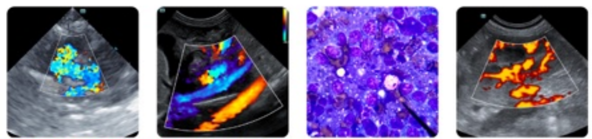
The remaining abdominal organs do not show ultrasonographic abnormalities of sufficient severity to explain the clinical presentation or laboratory changes. Overall, the findings support a large hepatic neoplastic process as the primary pathology, requiring further characterization to determine prognosis and therapeutic options.

The small, well-defined hyperechoic splenic nodules are most compatible with benign nodular changes, such as myelolipomas, fibrotic foci, or nodular hyperplasia.

Recommendations

- Advanced imaging, preferably contrast-enhanced CT of the abdomen, to better define the origin, vascular supply, extent, and potential resectability of the mass.
- If clinically appropriate, image-guided sampling (fine-needle aspiration or biopsy) following vascular assessment, understanding the hemorrhagic risk associated with large hepatic masses.
- Correlation with hepatic function testing and coagulation profile prior to any invasive procedures.
- Surgical or oncologic consultation once lesion characterization and staging are available.





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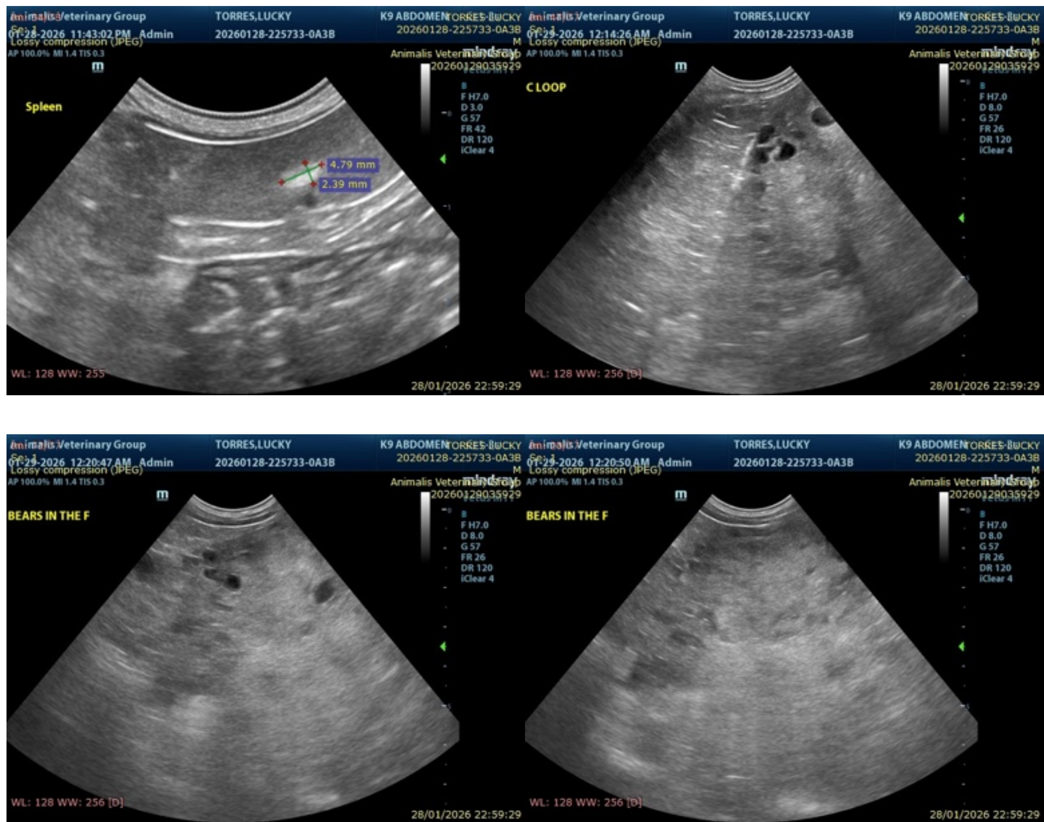

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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