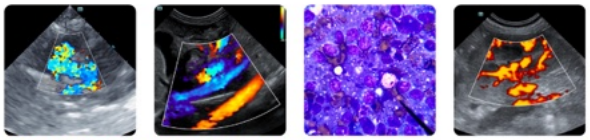


PATIENT

Bb8 Snyder

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

9 ½ years

WEIGHT

11.3 lbs

INTERPRETED BY

Dr. Alicia Angosto Guerrero

IMAGING PERFORMED BY

Dana Kraeutler, CVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Santore

INVOICE

69914

DATE

1/7/26

PRESENTING CLINICAL SIGNS

History: Significant organomegaly/abdominal mass palpated at recent wellness exam on 12/31/25. Pt clinically doing well at home per O.
1/7/26: CBC/Comprehensive chemistry: MCV: 54.6, MCH: 21.1, MCHC:38.7, PLT: 572, PCT: 0.67, all else WNLs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is mildly underdistended. The urinary bladder wall measures 1.74 mm and appears smooth; due to underdistension, wall thickness may be overestimated. The urine is anechoic. The appearance of the bladder neck and proximal urethra is unremarkable. No uroliths are identified, and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.80 × 2.41 cm, with a cortical thickness of 0.40 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

The right kidney is normal in shape and size, measuring 3.98 × 2.42 cm, with a cortical thickness of 0.42 cm in the sagittal plane. The renal cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal perfusion pattern.

Adrenal Glands

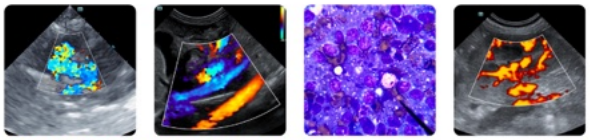
Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.55 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measures 0.54 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

Splenic thickness measures 1.38 cm. The splenic parenchyma is mildly hyperechoic relative to the liver (within normal limits). However, a hypoechoic splenic nodule measuring 1.01×0.77 cm is identified. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

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 moderately distended. The gallbladder wall appears mildly hyperplastic and irregular. The lumen contains a moderate amount of biliary sludge and mineral sediment. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a normal gas pattern. Gastric wall thickness measures 2.19 mm, with preserved wall layering. The pyloric wall measures 4.37 mm. Duodenal wall thickness is 2.50 mm. Jejunal wall thickness is 2.75 mm, with preserved wall layering. No signs of obstruction, ileus, or foreign material are identified. The colon contains formed feces within the descending segment.

Pancreas

The pancreas measures 0.86 cm. The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No sonographic evidence of active inflammation or neoplastic disease is identified.

Peritoneal Cavity

A heterogeneous mass measuring at least 6 cm is identified, containing multiple internal cavitations and demonstrating vascularization. The mass has irregular, invasive margins and displaces adjacent intestinal loops. No clear organ of origin can be identified. The mass is located medial to the left kidney, immediately adjacent to it, and between the kidney and the spleen. Due to its large size, it extends toward and involves the mesentery; however, the site of origin cannot be determined. No abdominal effusion or sonographic signs of peritonitis are observed. The iliac trifurcation appears normal.

ULTRASONOGRAPHIC FINDINGS

- Large heterogeneous abdominal mass of uncertain organ origin located medial to the left kidney with extension toward the mesentery and displacement of adjacent intestinal loops.
- Small, well-defined hypoechoic splenic nodule
- Mild gallbladder wall irregularity with biliary sludge and mineral sediment, most consistent with chronic biliary stasis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large, heterogeneous abdominal mass (≥ 6 cm) with irregular and locally invasive margins, internal cavitations, and internal vascularization is identified in the left cranial to mid-abdomen. The mass is located medial to the left kidney, between the left kidney and the spleen, with extension toward the mesentery. No definitive organ of origin can be determined ultrasonographically. Mass effect with displacement of adjacent intestinal loops is present. These imaging features are highly suspicious for an aggressive neoplastic process.

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Primary differential considerations include mesenteric-origin neoplasia (such as sarcoma), mesenteric neoplasia, or a primary splenic or retroperitoneal mass. Cavitary architecture raises concern for necrosis within a malignant tumor.

A small, well-defined hypoechoic splenic nodule is identified. Given the presence of a large, aggressive intra-abdominal mass of uncertain origin, metastatic involvement of the spleen is considered an important differential diagnosis. Splenic nodular hyperplasia remains a consideration. Correlation with cytology, histopathology, and overall staging is recommended.

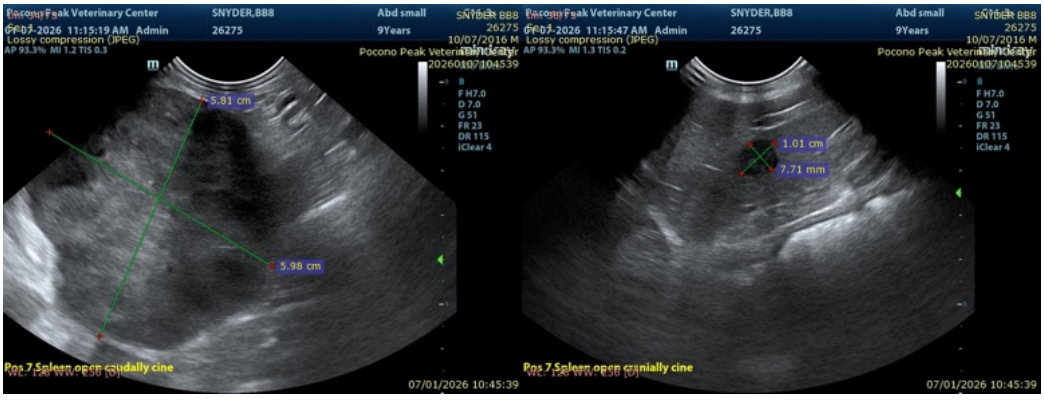
Mild gallbladder wall irregularity with biliary sludge is considered incidental and likely reflects chronic biliary stasis.

Hematologic findings, including microcytosis, thrombocytosis, and increased plateletcrit, may be consistent with chronic disease or a paraneoplastic process and should be interpreted in conjunction with clinical findings and cytology results.

A single thoracic radiographic projection has been reviewed. Within the limitations of a single-view study, no overt evidence of pulmonary metastatic disease is identified. The visible lung fields do not demonstrate discrete nodular opacities, masses, or a miliary pattern. No pleural effusion is observed. Early metastatic disease cannot be definitively excluded on the basis of a single thoracic radiograph.

Recommendations

- Cytologic or histopathologic sampling is recommended for definitive diagnosis and characterization of the abdominal mass; however, given the cavitary architecture, diagnostic yield from fine-needle aspiration may be limited.
- Ultrasound-guided fine-needle aspiration of the splenic nodule is recommended, as this lesion is more likely to yield diagnostic cytology and may assist with staging.
- Completion of thoracic staging with a standard three-view thoracic radiographic study is recommended if not already performed.
- Multidisciplinary clinical correlation (oncology and/or surgery) is advised once cytologic or histopathologic results 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