



PATIENT

Boomer Dinallo

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

12 ½ years

WEIGHT

92 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Dr. Scott

HOSPITAL NAME

Wyckoff VH

REFERRING VET

Dr. Eisenberg

INVOICE

69539

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: squamous cell carcinoma on toe- this is a met check
Abnormal PE/Chem/CBC/UA Results: squamous cell carcinoma on the toe

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra appear normal. There are no calculi and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size (7.58 x 3.84 cm), with a cortical thickness of 0.67 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. No pyelectasia, nephroliths, or hydronephrosis are observed.

The right kidney is normal in shape and size (7.35 x 3.83 cm), with a cortical thickness of 0.60 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. The corticomedullary ratio and definition are preserved, and there is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

The left adrenal gland is partially visualized and measures 0.56 cm at the caudal pole; the cranial pole is not observed. The right adrenal gland could not be adequately visualized, and its cranial and caudal poles could not be measured.

Spleen

Splenic thickness is 2.37 cm. The splenic parenchyma shows 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 parenchyma appears uniform and isoechoic relative to falciform fat, with normal echotexture. No hepatic lymphadenopathy is identified.

The gallbladder lumen is moderately distended. The wall is thin, and the contents include a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 3.14 mm and preserved wall layering.



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The pylorus measures 5.27 mm. Duodenum: 3.06 mm. Jejunum: 2.96 mm with normal wall layering, contents, and peristalsis.

Colon: 0.86 mm, with formed feces in the descending colon segment.

Pancreas

The pancreas is not visualized.

Peritoneal Cavity

No abdominal effusion or signs of peritonitis are observed. Cranial mesenteric lymph nodes are not visualized, though surrounding tissues appear unremarkable.

SDEP views for the iliac trifurcation were not available; therefore, the medial iliac lymph nodes could not be evaluated.

ULTRASONOGRAPHIC FINDINGS

Moderately distended gallbladder containing a moderate amount of biliary sludge.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound does not identify any evidence of metastatic disease from the patient's known digital squamous cell carcinoma. No abdominal masses, no nodular changes in parenchymal organs, and no abdominal lymphadenopathy are detected in the videos provided.

Recommendations

- Thoracic imaging is essential (3-view radiographs or ideally CT), as the lungs are the most common metastatic site for digital SCC.
- Evaluation of the regional draining lymph node(s) (palpation, ultrasound, and/or FNA) is strongly recommended, as SCC frequently spreads via lymphatics before detectable visceral metastasis.
- Continue routine monitoring.
- Repeat abdominal and thoracic ultrasound if new clinical signs develop or during periodic staging.



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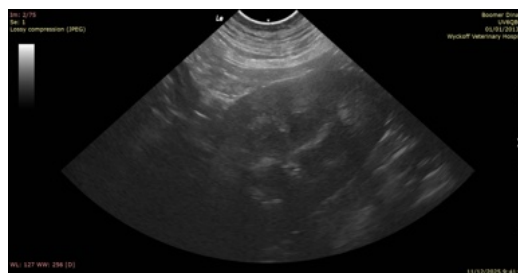
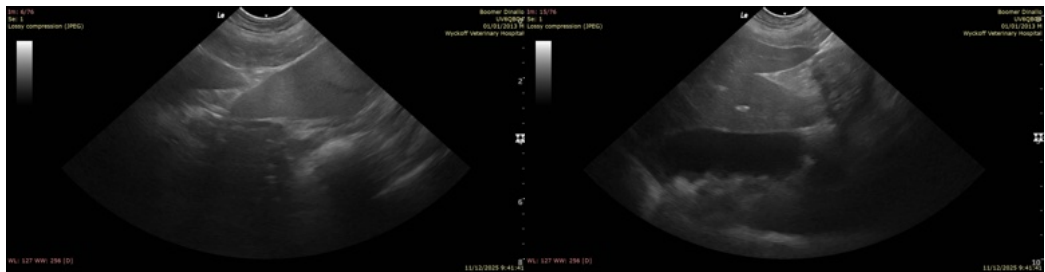
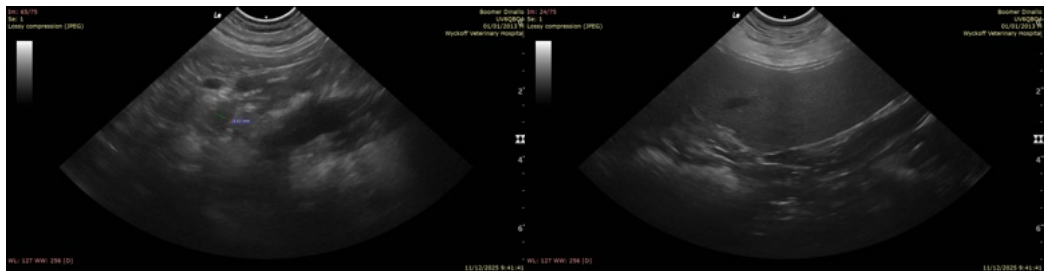
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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