



## PATIENT

Lacey Gros

## SPECIES

Canine

## BREED

Corgi

## SEX

Spayed Female

## AGE

5 Years

## WEIGHT

17 kg

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Catherine Alexander  
LVT

## HOSPITAL NAME

NorthStar Veterinary  
Sonography PLLC

## REFERRING VET

Dr. Kaiser

## INVOICE

12729

## DATE

12/17/25

## PRESENTING CLINICAL SIGNS

History of flea dermatitis, and was put on Cefpodoxime. Presented to primary care 12/9/25 for skin issues. An abdominal mass was felt and aFAST revealed a possible splenic mass

Abnormal PE/Chem/CBC/UA Results: CBC: MPV: 15 (H), Chemistry: ALKP <10 (L)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

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

The left kidney is normal in shape and size: 5.60x2.47 cm, and the thickness of the cortex is 0.30 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

The right kidney is normal in shape and size: 5.10x2.41 cm, and the thickness of the cortex is 0.38 cm, in the sagittal plane. The cortical is isoechogenic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis.

### Adrenal Glands

Both adrenal glands show normal shape and echogenicity. The left adrenal gland measures 0.36 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measures 0.48 cm at the cranial pole and 0.60 cm at the caudal pole.

### Spleen

Splenic thickness measures 1.48 cm. A large mass measuring approximately 6.30 × 7.52 cm is identified at the ventrocaudal extremity of the spleen. The mass appears mildly heterogeneous without evidence of cavitation.

### Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

### Gastrointestinal

The stomach is empty and folded, with normal mural thickness (1.83 mm) and preserved wall layering. The pylorus measures 4.88 mm.  
Duodenum: 2.83 mm.  
Jejunum: 2.58 mm.



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Ileum: 1.85 mm.

Normal wall layering is preserved. No signs of obstruction, ileus, or foreign material are identified.

The colon measures 1.18 mm and contains formed fecal material in the descending segment.

## Pancreas

The pancreas measures approximately 1.02 mm in thickness. Pancreatic parenchyma is isoechoic relative to the adjacent omental fat. No ultrasonographic evidence of active inflammation or neoplastic disease is identified.

## Free Abdomen

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are normal. The iliac trifurcation is normal.

## PRIMARY FINDINGS

- Splenic mass.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Abdominal ultrasonography identifies a large, mildly heterogeneous, non-cavitated mass arising from the ventrocaudal aspect of the spleen in a young adult dog. No evidence of abdominal effusion, regional lymphadenopathy, or metastatic disease is identified on this examination. The remaining abdominal organs appear unremarkable.

In this clinical context, the splenic mass may represent a benign process such as hematoma, nodular hyperplasia, or benign neoplasm; However, malignant splenic neoplasia, including hemangiosarcoma, remains a big concern. The absence of cavitation, free abdominal fluid, and overt metastatic disease is a favorable feature, though it does not allow definitive differentiation between benign and malignant splenic pathology.

## Recommendations

- Further diagnostic characterization of the splenic mass is recommended. Options include ultrasound-guided fine-needle aspiration, which may be of limited diagnostic yield, or surgical exploration with splenectomy, which is considered the preferred diagnostic and therapeutic approach.
- Pre-surgical staging, including thoracic imaging, may be considered to assess metastatic disease.



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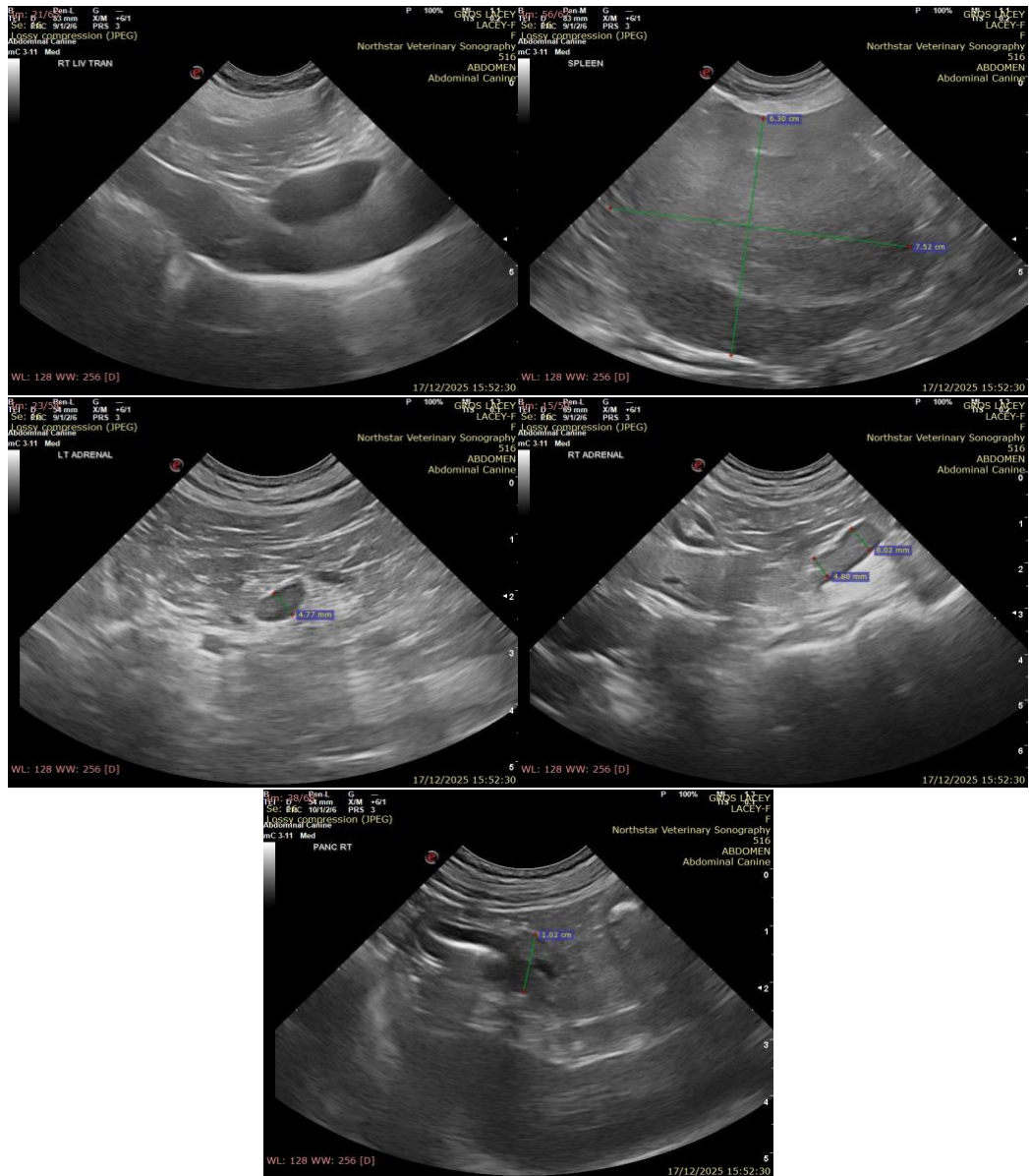
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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