



## PATIENT

Baylin Dea

## SPECIES

Canine

## BREED

Labrador Retriever  
Cross

## SEX

Neutered male

## AGE

12 years

## WEIGHT

27 kg

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Catherine Alexander,  
LVT

## HOSPITAL NAME

NorthStar Veterinary  
Sonography

## REFERRING VET

Dr. Robinson

## INVOICE

69280

## DATE

12/3/25

## PRESENTING CLINICAL SIGNS

History: LAGASACA, excised 7/19/22 extends to margin, treated with mitoxantrone x 5, afterwards monitored for recurrence Lanal sac removal 3/10/ 2025 May 2025 stable disease of abdominal lymph node, on palladia since 2/18/25  
Abnormal PE/Chem/CBC/UA Results: 10/16/25 CBC RBC 5.52,HCT 36.7, Hemoglobin 13, Reticulocytes 9.9, PDW 9.0 10/16/25 Chem Amylase 2,056

## 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 proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 6.34 x 2.84 cm, and the thickness of the cortex is 0.46 cm, in the sagittal plane. The cortical is isoechogetic 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: 6.29 x 2.84 cm, and the thickness of the cortex is cm, in the sagittal plane. The cortical is isoechogetic 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 0.65 cm at the cranial pole and 0.81 cm at the caudal pole. The right adrenal gland measures 0.72 cm at the caudal pole; the cranial pole could not be fully visualized.

### *Spleen*

Splenic thickness is 1.59 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture, with a roughly 1.38x0.80 cm region of slightly decreased echogenicity. The splenic capsule is smooth and regular.

### *Liver*

The liver is subjectively normal in size, with sharp edges and a regular contour. Hepatic parenchyma is uniform and isoechoic to 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 dilation of the cystic duct or common bile duct is observed.



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## *Gastrointestinal*

The stomach is empty and folded, with preserved wall layering. Duodenum: 2.63 mm. Jejunum: 3.25–3.32 mm. Ileum: 2.42 mm. No signs of inflammation, ileus, or foreign material are identified. Colon: wall thickness 0.83 mm, containing formed feces in the descending segment.

## *Pancreas*

The pancreas measures 9.81 mm in thickness. Pancreatic parenchyma is isoechoic to the adjacent omental fat. No ultrasonographic evidence of active inflammation or neoplastic disease is present.

## *Peritoneal Cavity*

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not visualized, but the surrounding regions appear unremarkable. The iliac trifurcation is normal.

## ULTRASONOGRAPHIC FINDINGS

- Mild splenic parenchymal irregularity: 1.38x0.80 cm hypoechoic region.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen contains a small, mildly hypoechoic area (~1.38x0.80 cm) that is nonspecific. Its appearance is not characteristic of metastatic disease and is more compatible with benign nodular change (lymphoid hyperplasia, myelolipoma, extramedullary hematopoiesis), particularly in a geriatric dog.

Abdominal lymph nodes were not visualized, but all surrounding soft tissues appear normal and there is no ultrasonographic evidence of regional lymphadenopathy.

### Recommendations

Overall, there is no ultrasonographic evidence of abdominal metastasis, recurrence, or treatment-related complications. The findings are reassuring and consistent with stable disease under Palladia therapy. However, given this patient's oncology history, CT remains the superior modality for nodal staging.

- Splenic lesion; monitoring with repeat ultrasound in 8–12 weeks is recommended. Fine-needle aspiration may be considered if significant clinical concern persists or if interval progression is detected.
- Close monitoring of medial iliac, internal iliac, and inguinal lymph nodes is advised, as these are the most common metastatic targets for anal sac adenocarcinoma.
- Consider thoracic imaging as part of routine metastatic surveillance.
- CT may be recommended if disease progression is suspected, particularly for more complete pelvic and abdominal nodal staging.



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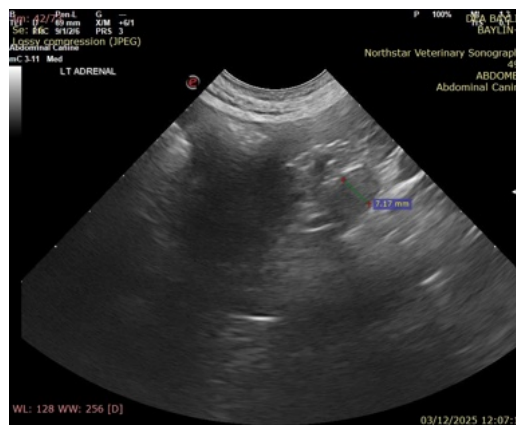
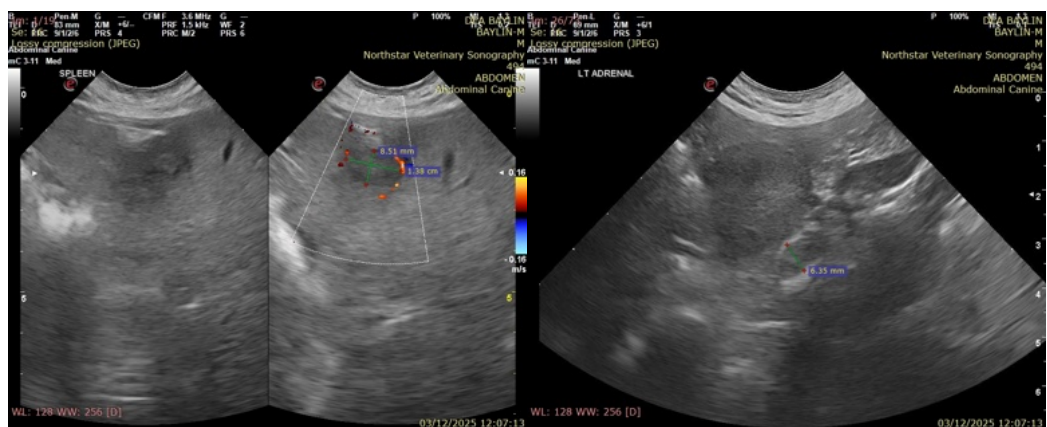
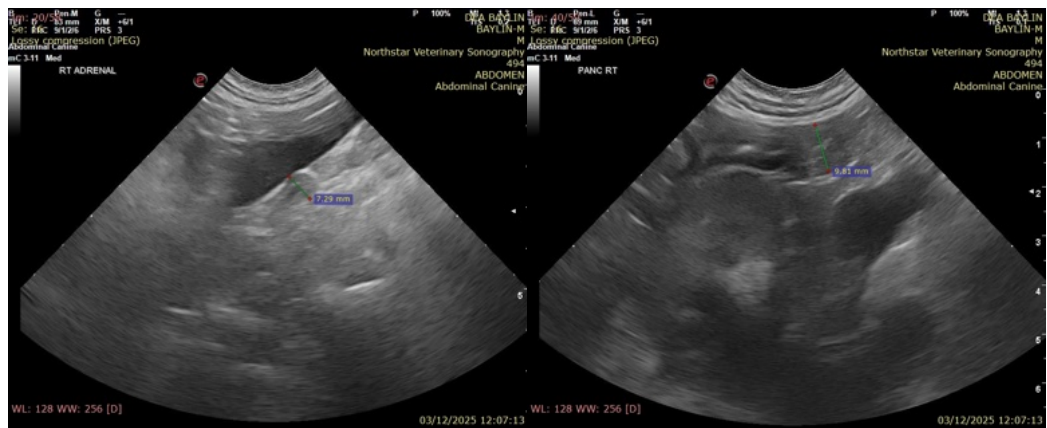
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



**PATIENT**

Alicia Angosto Guerrero, DMV, PgDip, MSc.

Baylin Dea

MV Esp Ultrasound in Domestic and Wild Animals

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

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