



**PATIENT**

Thor Barahona

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

54 kg

**INTERPRETED BY**

Alicia Angosto  
 Guerrero, DMV, PgDip,  
 MSc.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Graham Animal  
 Hospital

**REFERRING VET**

Dr. Nixon

**INVOICE**

13747

**DATE**

02/13/26

**PRESENTING CLINICAL SIGNS**

- Metastasis check prior to surgical removal of soft tissue sarcoma on ear

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is normally distended. The cranial bladder wall measures 6.58 mm and appears mildly irregular. Multiple small uroliths are identified within the lumen. The bladder neck and proximal urethra appear normal.

The left kidney measures 7.38×3.99 cm in the sagittal plane, with a cortical thickness of 0.57 cm. The cortex is isoechoic relative to the liver. Corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified. Doppler color demonstrates normal vascular flow.

The right kidney measures 7.57×3.87 cm in the sagittal plane, with a cortical thickness of 0.60 cm. The cortex is isoechoic relative to the liver. Corticomedullary ratio and definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is identified.

**Adrenal Glands**

Both adrenal glands demonstrate normal contour and echogenicity.

The left adrenal gland measures 0.59 cm at the cranial pole and 0.60 cm at the caudal pole. The right adrenal gland measures 0.63 cm at the cranial pole and 0.58 cm at the caudal pole.

These measurements fall within accepted reference ranges for a large-breed dog (generally ≤0.7 cm dorsoventral diameter).

**Spleen**

Splenic thickness measures 1.80 cm. The parenchyma is homogeneous with normal echogenicity. The splenic capsule is smooth and regular. No focal splenic lesions are identified,

**Liver**

The liver is subjectively normal in size with sharp margins and regular contour. The parenchyma is uniform and isoechoic relative to falciform fat. No focal hepatic lesions or hepatic lymphadenopathy are identified.

The gallbladder is normally distended. The wall is thin. The contents are anechoic. No dilation of the cystic duct or common bile duct is identified.

**Gastrointestinal**

The stomach is empty and folded, with gas present. Gastric wall thickness measures 2.84 mm with preserved layering. The pylorus measures 4.21 mm.

The duodenum measures 2.02 mm.

The jejunum measures 1.98 mm.



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Wall layering is preserved throughout. No obstruction, mural mass, or intraluminal foreign material is identified.

The colon measures 1.10 mm with formed feces in the descending segment.

**Pancreas**

The pancreas is isoechoic relative to the adjacent omental fat. No focal mass or peripancreatic inflammatory change is identified. The evaluated pancreatic regions do not demonstrate ultrasonographic evidence of pancreatitis or neoplasia.

**Free Abdomen**

No abdominal effusion is observed. Abdominal lymph nodes are not visualized, and no regional abnormalities are detected. The iliac trifurcation region appears normal.

**PRIMARY FINDINGS**

- Multiple small cystoliths.
- Cranial bladder wall thickening (6.58 mm) with mild irregularity.
- No ultrasonographic evidence of abdominal metastasis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is no ultrasonographic evidence of metastatic disease within the liver, spleen, abdominal lymph nodes, peritoneum, kidneys, or pancreas. No focal mass lesions or abdominal effusion are identified.

The primary incidental finding is cystolithiasis with associated cystitis.

Overall, abdominal findings do not identify metastatic spread of the known soft tissue sarcoma at this time. The urinary bladder changes are considered incidental relative to the oncologic concern.

**Recommendations**

- Thoracic imaging (three-view radiographs or CT) remains essential for complete metastatic staging, as pulmonary metastasis is the most common dissemination route for soft tissue sarcomas.
- Urinalysis with sediment evaluation and urine culture is recommended to further characterize cystitis associated with urolithiasis.
- Consider cystotomy or medical management of urolithiasis depending on stone burden and clinical signs.



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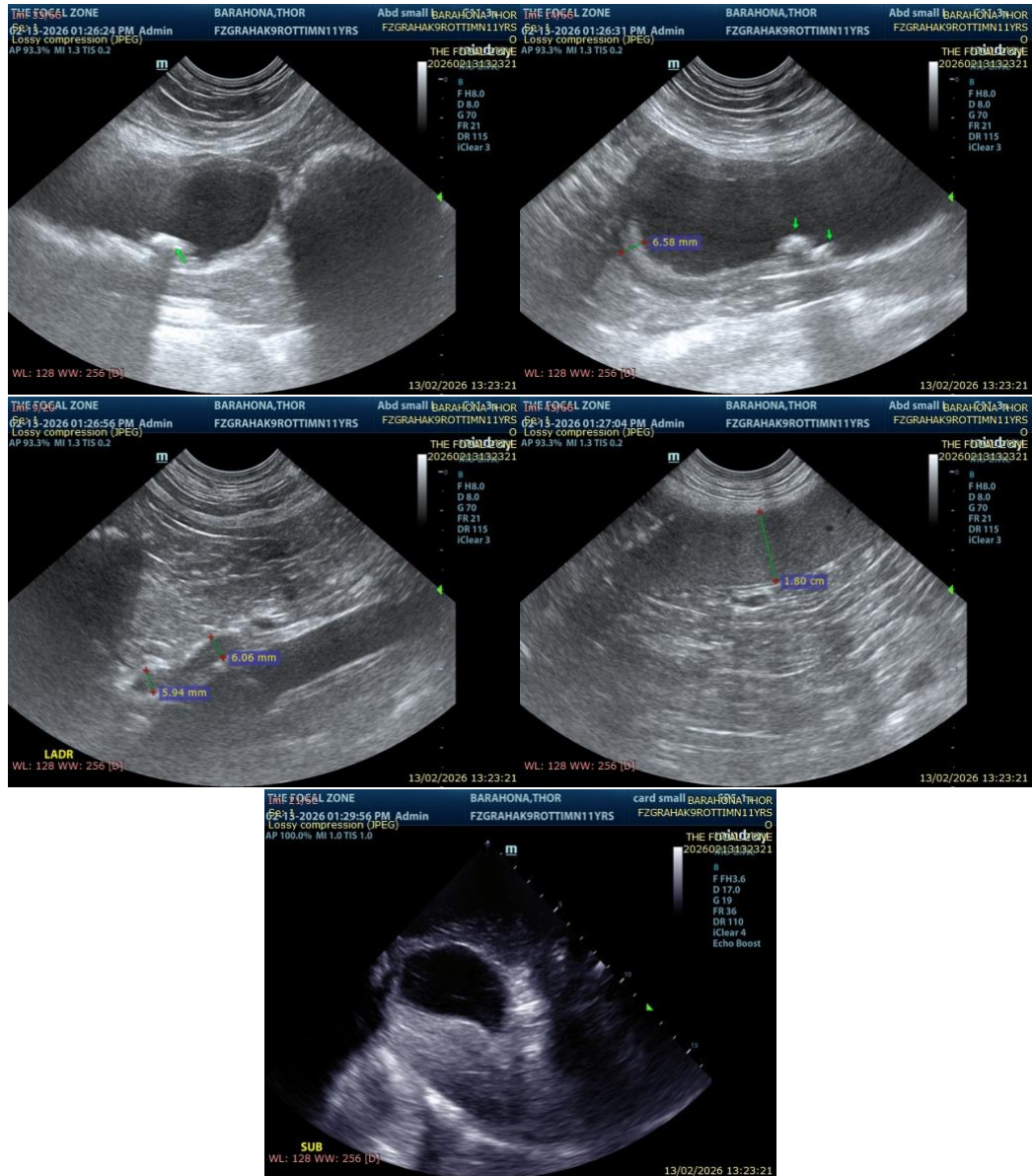
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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