



PATIENT

Frodo Mucci

SPECIES

Canine

BREED

Pug

SEX

Neutered male

AGE

12 years

WEIGHT

9.8 kg

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

73436

DATE

3/11/26

PRESENTING CLINICAL SIGNS

- Renal adenocarcinoma - right nephrectomy August 2025
- Finished chemo on Feb 3
- AUS mid December - clean
- This is a met check
- Also has low grade skin MCTs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is moderately distended, and the wall of the urinary bladder appears thin and smooth. The urine is predominantly anechoic. The bladder neck and proximal urethra have a normal appearance. No big calculi are identified and there is no evidence of inflammatory or neoplastic changes. A few tiny hyperechoic foci are noted within the bladder lumen and proximal urethra, possibly representing small urinary crystals.

The left kidney is normal in shape and size, measuring 4.24×2.73 cm, and the cortical thickness measures 0.41 cm in the sagittal plane. The cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. Two small hyperechoic foci (2.70 and 3.22 mm) with very mild distal acoustic shadowing are identified within the renal calyces. There is no evidence of pyelectasia or hydronephrosis.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.41 cm at the cranial pole and 0.53 cm at the caudal pole. The right adrenal gland measures 0.44 cm at the cranial pole and 0.49 cm at the caudal pole.

Spleen

Splenic thickness measures 1.28 cm. The parenchyma demonstrates 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 edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic compared with the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.

The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic with a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with mural thickness measuring 2.59 mm and preserved wall layering. The pylorus measures 4.98 mm. The duodenum measures 2.65 mm. The jejunum measures 3.66 mm and the ileum measures 2.24 mm, with normal wall layering. No sonographic evidence of inflammation, ileus, or foreign material is identified.

The colon measures 0.89 mm, with formed fecal material present within the descending segment.

Pancreas

The evaluated pancreatic regions do not demonstrate sonographic evidence of overt inflammation or neoplastic disease.

Peritoneal Cavity

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified.

ULTRASONOGRAPHIC FINDINGS

- No ultrasonographic evidence of metastatic disease is identified within the abdominal cavity.
- A few tiny hyperechoic foci within the urinary bladder lumen and proximal urethra are noted and may represent small urinary crystals. These findings are mild and nonspecific but may be compatible with crystalluria, particularly if supported by urinalysis.
- Two small nephroliths are identified within the renal calyces.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A thorough and systematic evaluation of the abdominal organs and regional lymph nodes was performed as part of metastatic surveillance following prior right nephrectomy for renal adenocarcinoma. No focal lesions or abnormalities suggestive of metastatic spread were detected.

Two small hyperechoic foci within the left renal calyces with mild distal acoustic shadowing are compatible with small nephroliths. No associated pyelectasia or hydronephrosis is identified.

Correlation with urinalysis is recommended to determine whether crystalluria is present and to characterize the type of crystals.

Recommendations

- Continued oncologic surveillance with periodic abdominal ultrasound examinations guided by the attending veterinarian based on the patient's clinical status and oncologic plan.
- Continued thoracic imaging should be maintained as part of routine metastatic screening.
- Periodic monitoring of the small nephroliths is recommended, particularly given the history of prior nephrectomy.



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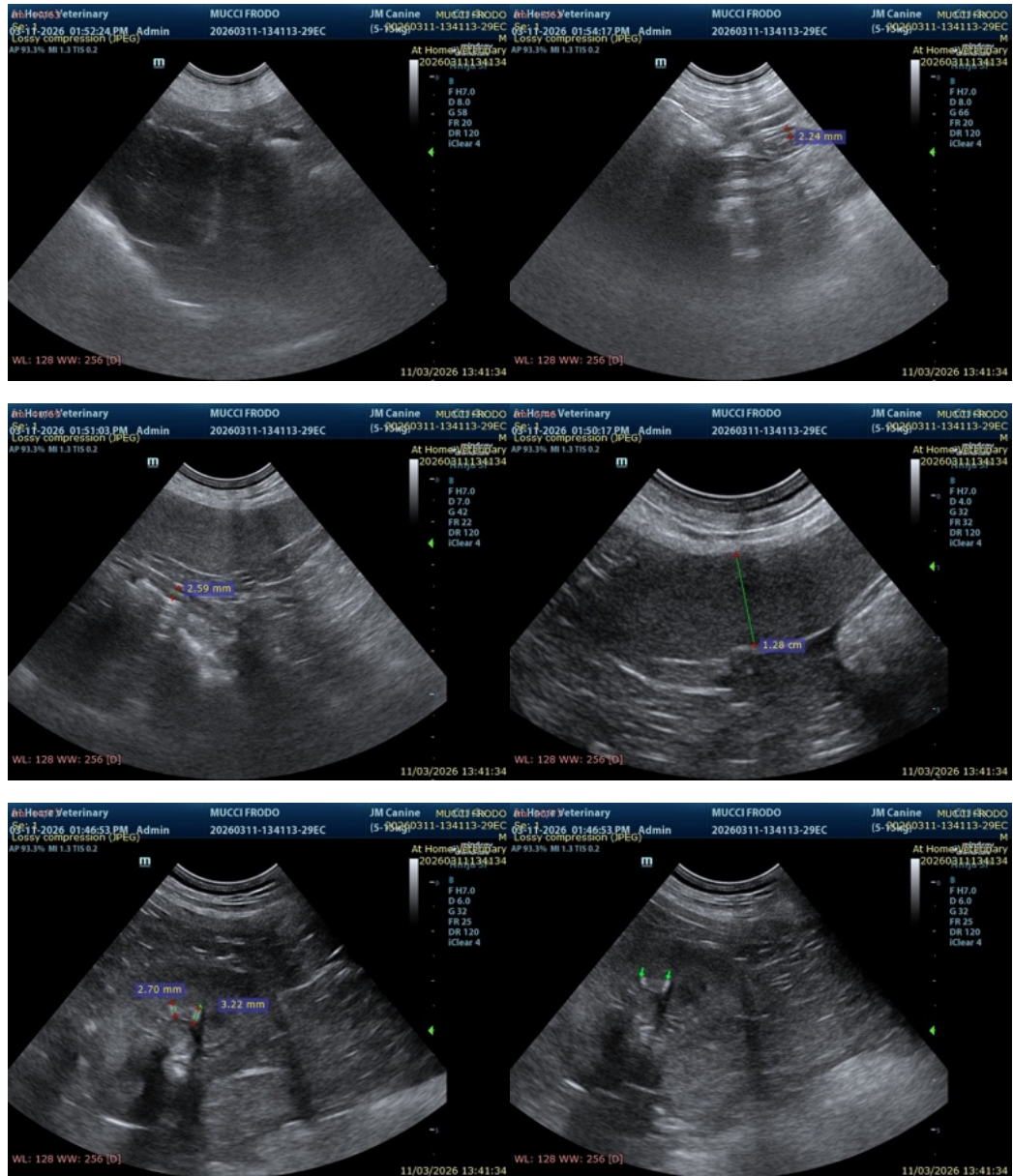
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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