



PATIENT

Harper Noel

SPECIES

Canine

BREED

Mini Goldendoodle

SEX

SF

AGE

10 years 10 months

WEIGHT

31 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Cory Bassett

HOSPITAL NAME

All Creatures Small
Animal Hospital

REFERRING VET

Dr. Cory Bassett

INVOICE

11490

DATE

3/13/2026

PRESENTING CLINICAL SIGNS

- P on 3/5 for intermittent cough for two weeks with mild lethargy
- P was febrile and having diarrhea and lethargy on exam
- RXd cough tabs and Clavamox
- P on 3/6 for pale gums and further lethargy
- RXd yunnan biayo
- Perked up on 3/10

Abnormal PE/Chem/CBC/UA Results: Rads on 3/5: cranioventral thorax mass consistent with lymphadenopathy and suspect mid abdominal mass Spot AUS showed free fluid in abdomen all four quadrants Abdominocentesis showed blood.

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 have a normal appearance. No calculi are identified, and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size (5.72 × 3.37 cm). The cortical thickness measures 0.53 cm in the sagittal plane. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney shows normal corticomedullary architecture. The cortex is isoechoic compared to the liver parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

The adrenal glands were not visualized.

Spleen

Splenic thickness measures 1.21 cm. The splenic parenchyma appears diffusely decreased in echogenicity. Two apparent cavitory heterogeneous masses are noted in the distal splenic extremity, the largest measuring approximately 3.16 × 2.76 cm.

Liver

A heterogeneous hepatic mass measuring approximately 4 × 5.5 cm is identified, containing internal cavitations. Free fluid is present adjacent to the mass, with focal hyperechogenicity of the surrounding omentum. The remaining hepatic parenchyma appears grossly normal; however, additional lesions cannot be definitively excluded due to suboptimal image resolution.

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

Gastrointestinal



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The stomach is empty and folded with a mural thickness of 2.83 mm and preserved wall layering. The pylorus measures 4.46 mm.

Duodenum: 3.05 mm.

Jejunum: 3.53 mm.

No ultrasonographic evidence of inflammation, ileus, or foreign material is identified.

Colon: 0.87 cm, containing formed feces within the descending colon.

Pancreas

The pancreas is not clearly visualized.

Free Abdomen

Abdominal effusion is observed within the splenorenal recess and adjacent to the hepatic mass. No definitive lymphadenomegaly is identified.

PRIMARY FINDINGS

- Cavitory splenic masses.
- Cavitory hepatic mass.

SECONDARY FINDINGS

- Hemoperitoneum.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, the constellation of findings — splenic mass, hepatic mass, hemoperitoneum, lethargy, pale mucous membranes, and episodic clinical decline — is most compatible with ruptured splenic hemangiosarcoma with suspected metastatic disease.

The presence of hemoperitoneum indicates ongoing or intermittent hemorrhage is suspected.

Recommendations

Given the presence of hemoperitoneum, patient stabilization should be prioritized.

If clinically appropriate, options may include:

- Blood transfusion and supportive care as needed for hemodynamic stabilization.
- Exploratory laparotomy with splenectomy for definitive diagnosis and treatment if the patient is considered a surgical candidate.

Definitive management decisions should be made by the attending veterinarian.



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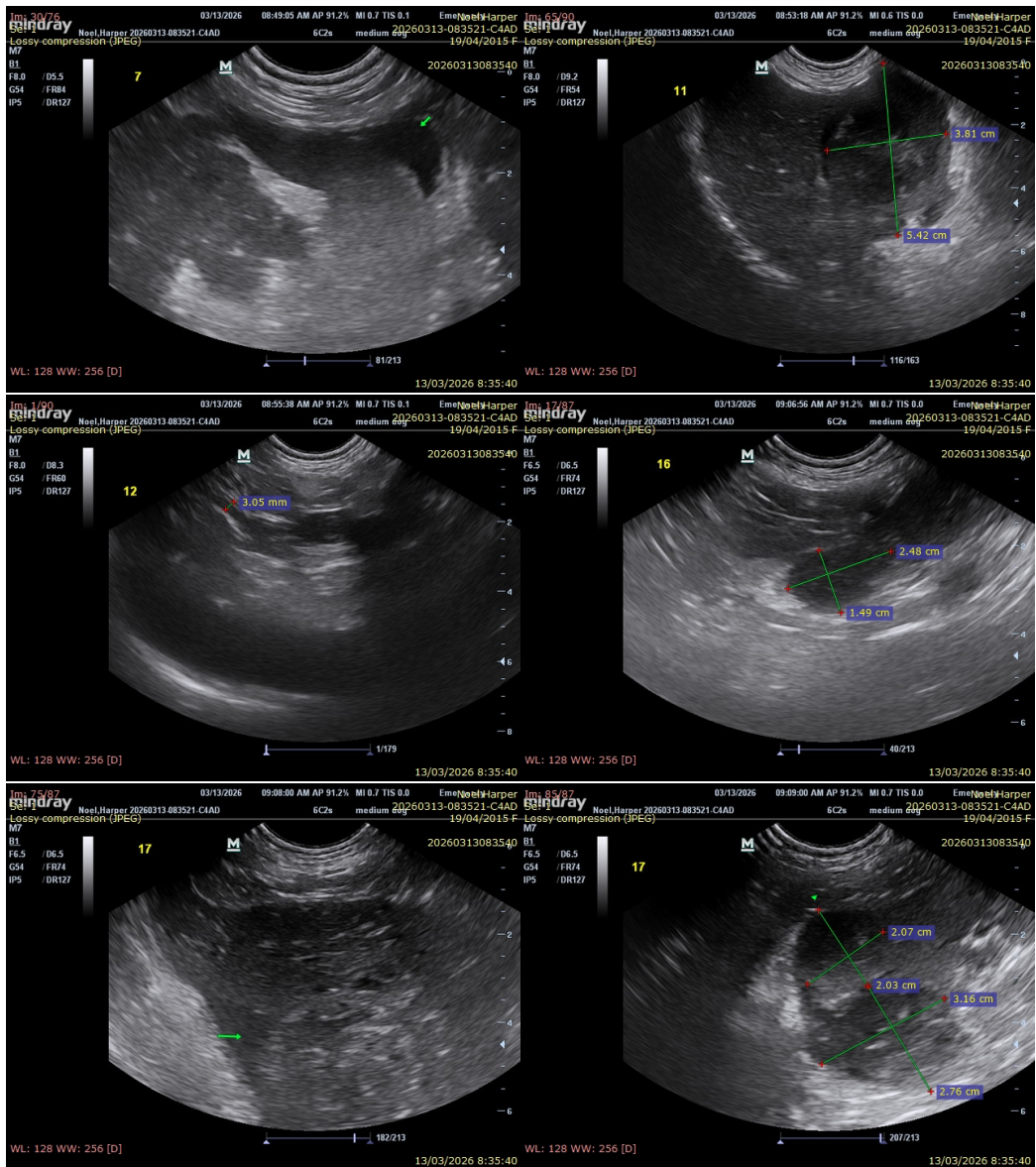
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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