

## PATIENT

Sookie Klein

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Spayed female

## AGE

15 years

## WEIGHT

13.4 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Heather

## HOSPITAL NAME

Animal Care Center of  
Flanders

## REFERRING VET

Dr. Casulli

## INVOICE

73450

## DATE

3/16/26

## PRESENTING CLINICAL SIGNS

Mammary mass - checked for mets - clear on rads  
EKG - pre-op - normal  
Irregular mass- 3cm diameter, o would like to get removed and biopsied  
Abnormal PE/Chem/CBC/UA Results: neut high 9916

## 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. The bladder neck and proximal urethra have a normal appearance. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.36×1.99 cm, with a cortical thickness of 0.32 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, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.85×2.50 cm, with a cortical thickness of 0.39 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, nephrolithiasis, or hydronephrosis. Color Doppler shows a normal vascular pattern.

### *Adrenal Glands*

Dorsoventral diameters measured in the sagittal plane: the left adrenal gland is partially visualized and measures 0.55 cm. The right adrenal gland measures 0.42 cm at the cranial pole and 0.39 cm at the caudal pole.

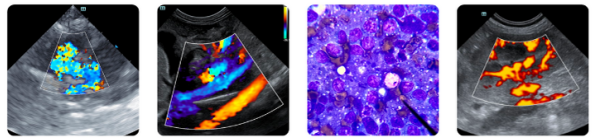
### *Spleen*

Splenic thickness is 1.18 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 parenchyma appears homogeneous 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 contain a moderate amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.



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## *Gastrointestinal*

The stomach is semi-empty, with a very small amount of ingesta. Gastric wall thickness is 3.80 mm, with preserved layering. The pylorus measures 4.75 mm.

The duodenum measures 3.02 mm. The jejunum measures 2.78 mm. The ileum measures 1.24 mm. Wall layering is preserved throughout. The ileocecal junction was not visualized. No ultrasonographic signs of inflammation, ileus, or foreign material are identified.

The colon measures 1.32 mm and contains formed feces in the descending segment.

## *Pancreas*

The pancreatic parenchyma is isoechoic relative to the adjacent omental fat. The evaluated pancreatic regions do not show ultrasonographic evidence of overt inflammation or neoplastic disease.

## *Peritoneal Cavity*

No ultrasonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation from the left approach appears unremarkable.

## ULTRASONOGRAPHIC FINDINGS

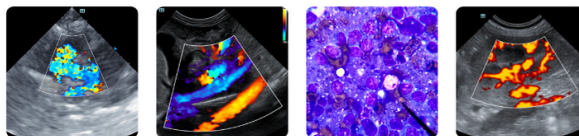
Moderate biliary sludge

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No ultrasonographic evidence of abdominal metastatic disease is identified.

The gallbladder contains a moderate amount of biliary sludge, a common and typically incidental finding in geriatric patients, which is not associated with evidence of biliary obstruction or clinically significant hepatobiliary disease in this study.

Overall, this study does not identify abdominal findings that would contraindicate surgical management of the mammary mass. As always, ultrasound cannot exclude microscopic metastatic disease.



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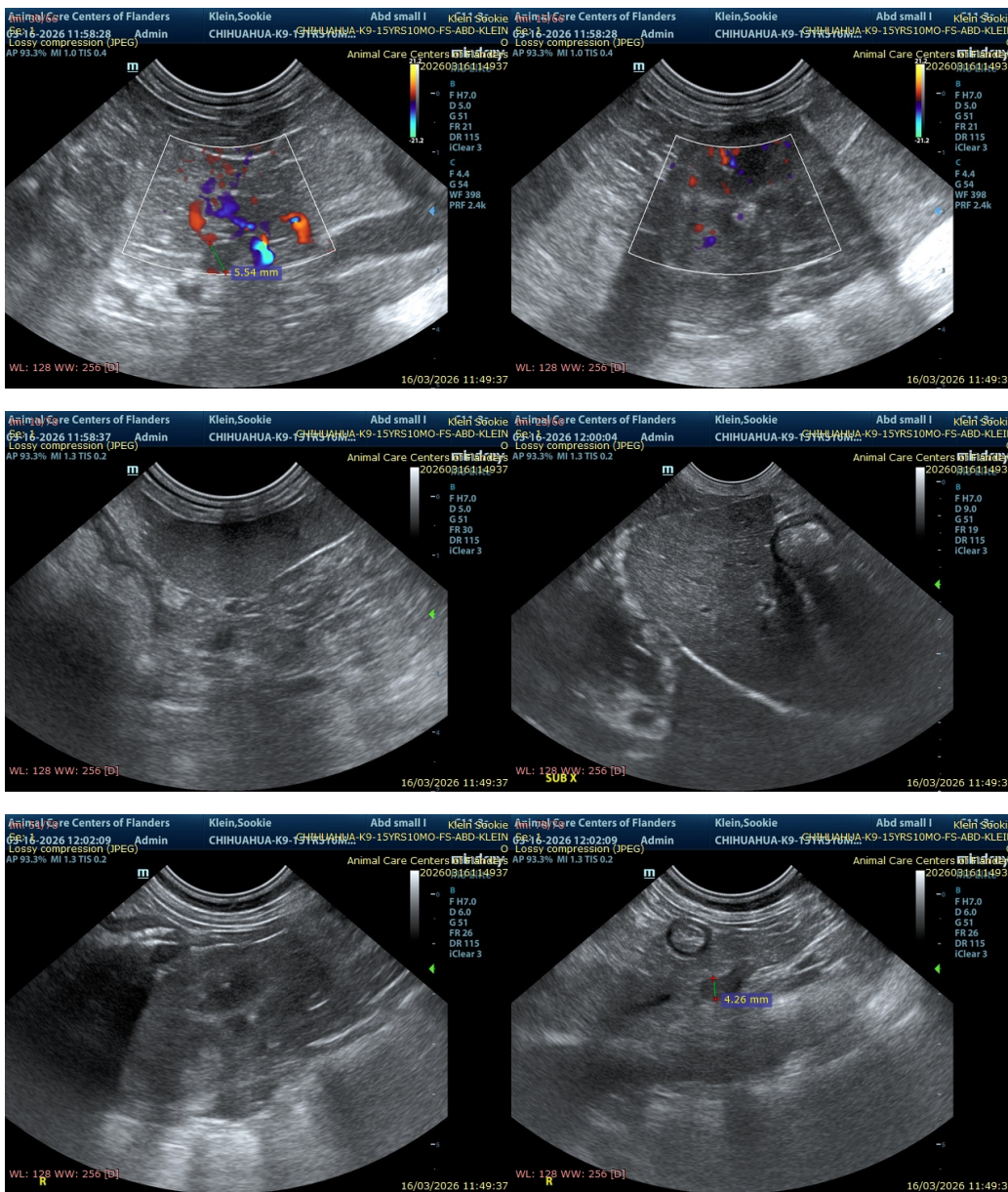
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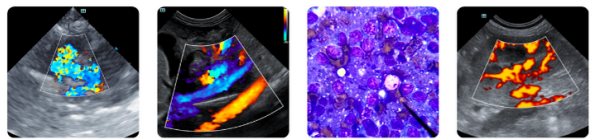
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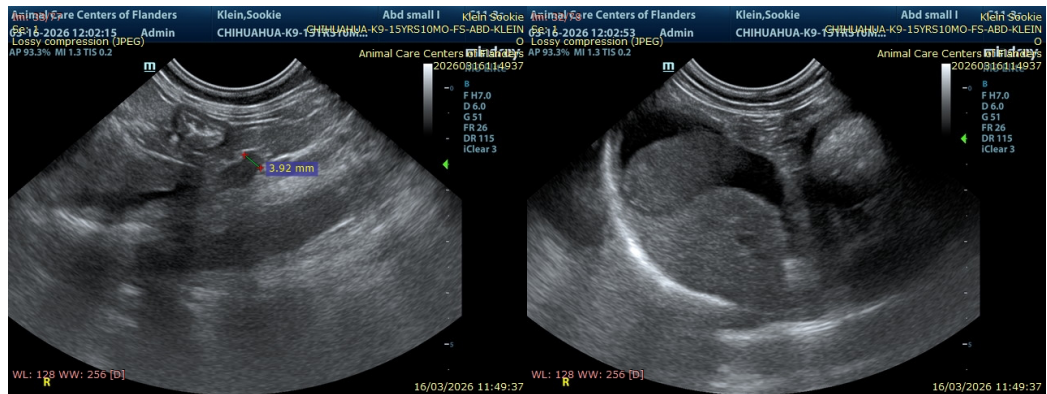
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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