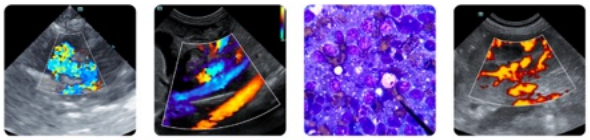


PATIENT

Sirus Satmary

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered male

AGE

9 years

WEIGHT

5.2 lbs

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Dana Kraeutler, CVT

HOSPITAL NAME

Pocono PVC

REFERRING VET

Dr. Santore

INVOICE

73851

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- Decreased appetite for 3-4 weeks.
- 3/12/26: ALB:2.4, ALP:161, HGB:13.3, HCT:40.7, MCH:21.4, PLT:433, NEU:15066, MONO:1350

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly underdistended and not adequately evaluated.

The left kidney is normal in shape and size: 3.18×2.01 cm, with a cortical thickness of 0.33 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 is normal in shape and size: 3.20×2.22 cm. Cortical thickness is not recorded. 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.

Prostate

The prostate measures 0.9×0.72 cm, is homogeneous and hypoechoic, compatible with prostatic atrophy secondary to prior orchiectomy.

Adrenal Glands

Not visualized.

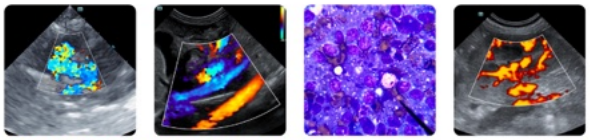
Spleen

Splenic thickness is 0.98 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform 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 are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.



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Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.66 mm and preserved wall layering. The pylorus measures 2.93 mm. The duodenum measures 2.84 mm and the jejunum 2.91 mm, both with normal wall layering. No signs of inflammation, ileus, or foreign material are identified. The colon measures 0.96 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

There is a 6.5×4 cm solid mass with irregular, infiltrative margins and heterogeneous echotexture. The mass is vascularized and associated with mild adjacent peritoneal reaction. A clear organ of origin cannot be definitively identified. The mass is in contact with the ventral aspect of the spleen; however, it is uncertain whether this represents contact alone or splenic origin with exophytic growth into the mid abdomen. A mesenteric origin is also considered.

No abdominal effusion is observed. Abdominal lymph nodes are not visualized. The iliac trifurcation appears normal.

PRIMARY FINDINGS

- Large, heterogeneous, vascularized abdominal mass with irregular margins and mild adjacent peritoneal reaction.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A large abdominal mass with heterogeneous echotexture, vascularization, and irregular margins is identified, with no clear organ of origin. These features are strongly suggestive of a malignant neoplastic process, and the main differentials include:

- Splenic neoplasia.
- Mesenteric or omental neoplasia.
- Less likely, but possible: neoplasia arising from adjacent soft tissues or less clearly defined abdominal structures.

The absence of abdominal effusion and lack of detectable lymphadenopathy do not exclude malignancy or metastatic disease.
The mild hypoalbuminemia may be secondary to chronic disease, inflammation, or possible protein loss, but a direct relationship with the mass cannot be established based on ultrasound alone.

Recommendations

- Staging / characterization: Thoracic radiographs are unremarkable with no radiographic evidence of metastatic disease. Contrast-enhanced CT is recommended to better define the origin of the mass, assess invasion and vascular involvement, and screen for metastasis, particularly for surgical planning.

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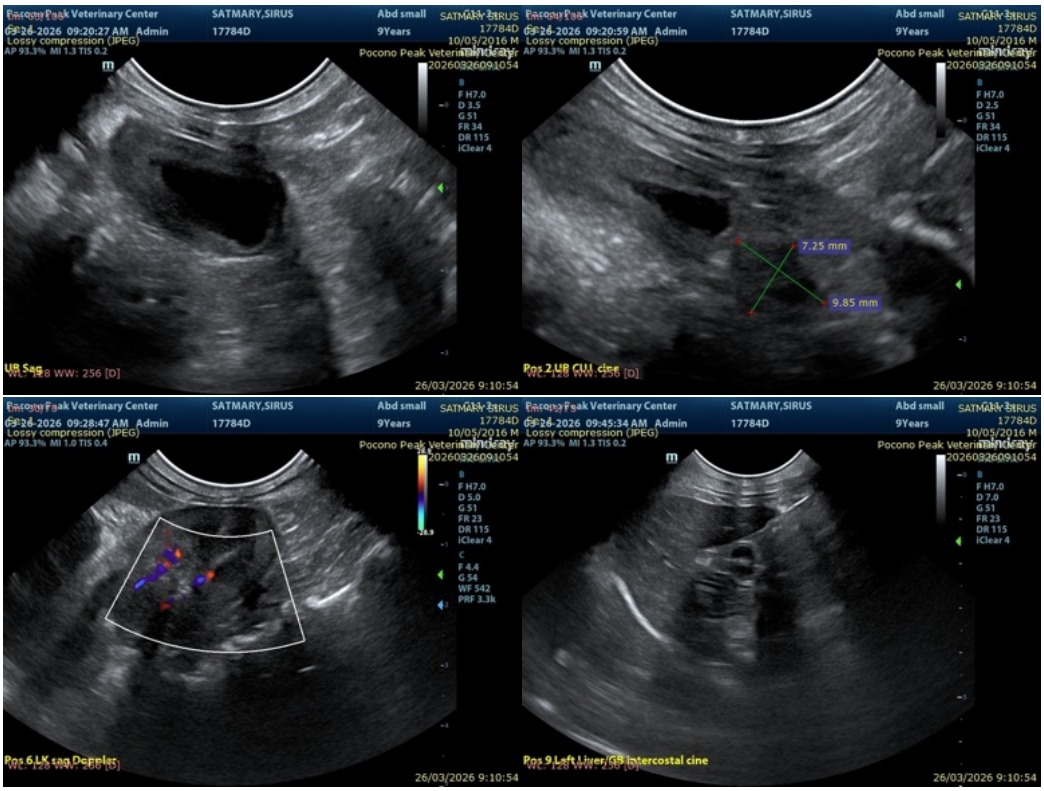
- Tissue sampling: Ultrasound-guided FNA may be attempted, but diagnostic yield can be limited and hemorrhagic risk should be considered. A nondiagnostic result would not exclude neoplasia.
- Exploratory laparotomy with excision of the mass is a reasonable and commonly indicated option, allowing both definitive diagnosis and treatment.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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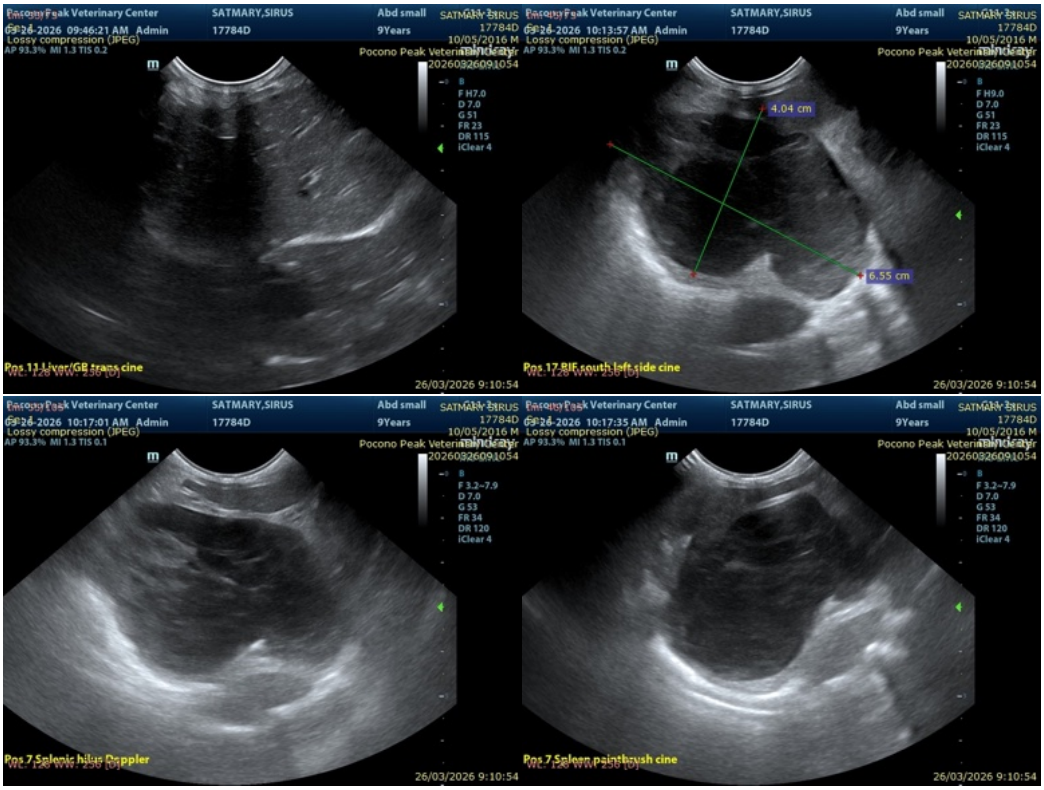

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com