



## PATIENT

Lily Baum

## SPECIES

Canine

## BREED

Labrador Retriever

## SEX

Spayed female

## AGE

10 years

## WEIGHT

70 lbs

## INTERPRETED BY

Dr. Alicia Angosto  
Guerrero

## IMAGING PERFORMED BY

Dr. Striano Kaplan

## HOSPITAL NAME

Ramsey VH

## REFERRING VET

Dr. Striano Kaplan

## INVOICE

72153

## DATE

3/3/26

## PRESENTING CLINICAL SIGNS

- Screening for metastasis
- hx of soft tissue sarcoma 6/2025
- Cutaneous/Subcutaneous HSA Overweight mildly enlarged heart-- 12/2025-echo--Overtly normal cardiac dimensions and function

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is normally distended. The wall is thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal ultrasonographic appearance. No uroliths or sonographic evidence of inflammatory or neoplastic changes are identified.

Left kidney: 5.62×2.93 cm. Cortical thickness measures 0.41 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed.

Right kidney: 5.86×3.09 cm. Cortical thickness measures 0.45 cm in the sagittal plane. The cortex is isoechoic relative to the liver parenchyma. Corticomedullary ratio and corticomedullary definition are preserved. No pyelectasia, nephrolithiasis, or hydronephrosis is observed.

### Adrenal Glands

Dorsoventral diameters measured in the sagittal plane:

- Left adrenal gland: 0.40 cm (cranial pole) and 0.39 cm (caudal pole).
- Right adrenal gland: partially visualized, measuring approximately 0.48 cm dorsoventrally.

These measurements fall within accepted reference limits for a dog of this size.

### Spleen

Splenic thickness measures 2.03 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture. A small hyperechoic focus measuring 4.68×5.56 mm is present, most consistent with a benign splenic myelolipoma. The splenic capsule is smooth and regular.

### Liver

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

The gallbladder is normally distended. The wall is thin. The lumen contains predominantly anechoic bile with a small amount of biliary sludge. No cystic duct or common bile duct dilation is observed.



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## *Gastrointestinal*

The stomach is empty and folded. Wall thickness is 2.23 mm; layering appears preserved. The pylorus measures 4.78 mm.

Duodenum: 4.03 mm. Jejunum: 3.27 mm with preserved wall layering. No sonographic evidence of obstruction, ileus, mural thickening, or intraluminal foreign material is identified.

Colon: 0.86 mm in the descending segment with formed feces; within normal limits.

## *Pancreas*

The evaluated portions of the pancreas show no sonographic evidence of overt inflammation or focal mass lesion.

## *Peritoneal Cavity*

No abdominal effusion, peritonitis, or abdominal lymphadenomegaly is identified. The iliac trifurcation appears normal.

## ULTRASONOGRAPHIC FINDINGS

- Small hyperechoic splenic focus (4.68×5.56 mm).
- Mild biliary sludge.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No ultrasonographic evidence of abdominal metastatic disease is identified. Specifically, there are no hepatic nodules or masses, no splenic masses, no abdominal lymphadenopathy, and no peritoneal effusion.

A small solitary hyperechoic splenic focus is present, most consistent with a benign incidental splenic lesion (myelolipoma/Bates body) and not typically associated with metastatic disease.

A very small amount of biliary sludge is present within the gallbladder without mural thickening or biliary duct dilation. This is a common incidental finding and does not indicate biliary obstruction.

Overall, the abdominal ultrasound does not reveal evidence of metastatic disease at this time.

## Recommendations

- Continue periodic staging as clinically indicated.
- Final monitoring and follow-up decisions remain at the discretion of the attending clinician based on the patient's oncologic management plan.



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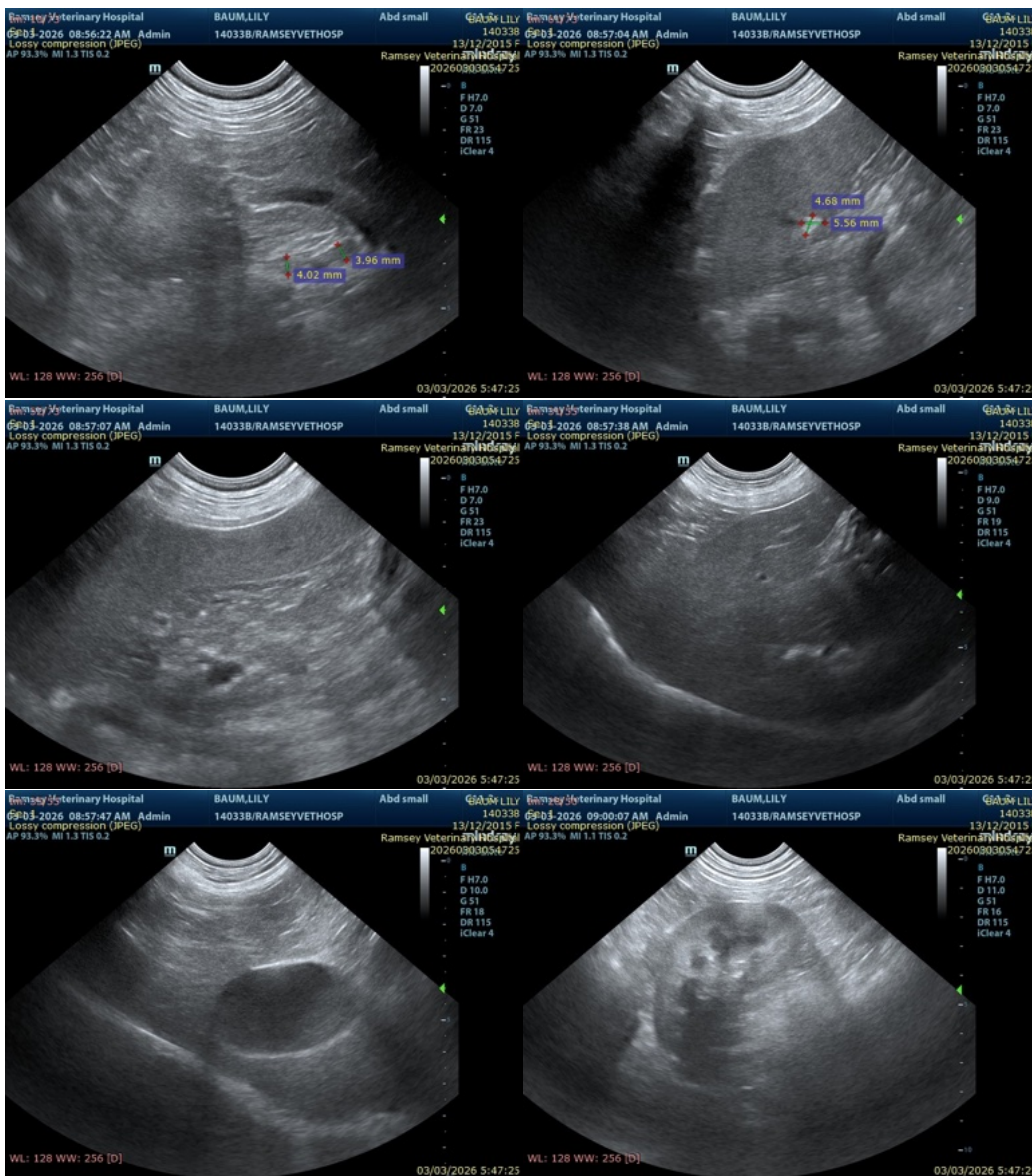
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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