



## PATIENT

Teddy Glazewski

## SPECIES

Canine

## BREED

Golden Doodle

## SEX

Neutered male

## AGE

10 years

## WEIGHT

61 lbs

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dana Kraeutler, CVT

## HOSPITAL NAME

Pocono Peak VC

## REFERRING VET

Dr. Mattson

## INVOICE

74077

## DATE

4/2/26

## PRESENTING CLINICAL SIGNS

- Concern for cutaneous hemangiosarcoma. Abdominal U/S performed as screening prior to removal of left eyelid mass and ~1inch round, soft, movable subcutaneous mass on L hock. History of seizures occurring every few months for several years, but otherwise patient is clinically doing well.
- Bloodwork panel pending.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is incompletely distended. The bladder wall appears mildly thickened; however, this may be overestimated due to underdistension. A mild inflammatory component cannot be excluded, and correlation with clinical signs is recommended. The urine is predominantly anechoic with scant suspended echoes. A urolith measuring 4.49 mm is present. Normal appearance of the bladder neck and proximal urethra.

The left kidney is normal in shape and size, measuring 6.53×3.32 cm in the sagittal plane. Cortical thickness is 0.61 cm. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 6.49×3.24 cm in the sagittal plane. Cortical thickness is 0.57 cm. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is within normal limits, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

### Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.56 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measures 0.57 cm at the cranial pole and 0.52 cm at the caudal pole.

### Spleen

Splenic thickness is 2.10 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.



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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 wall thickness of 3.05 mm and preserved layering.

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Jejunum: 2.91 mm, with preserved wall layering. No evidence of inflammation, ileus, foreign material, or focal intestinal abnormality is identified.

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Colon: 0.78 mm, containing a small amount of formed feces in the descending segment.

### *Pancreas*

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

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### *Free Abdomen*

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

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## PRIMARY FINDINGS

- Urinary bladder urolith (4.49 mm)
- Mild apparent bladder wall thickening.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This is an unremarkable abdominal ultrasound study performed for staging purposes in a dog with suspected cutaneous hemangiosarcoma.

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No splenic or hepatic masses, nodules, or cavitated lesions are identified, and there is no evidence of abdominal metastasis or hemoperitoneum. These findings are reassuring and do not support detectable visceral involvement at the time of examination.

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The urinary bladder contains a small urolith (4.49 mm), with mild apparent wall thickening likely related to underdistension, although a mild inflammatory component cannot be excluded. This finding is incidental relative to the current clinical indication.

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All other abdominal organs appear within normal limits.

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### Recommendations

- Correlate with urinalysis if clinical signs of lower urinary tract disease are present.
- Routine monitoring; repeat imaging only if clinically indicated.



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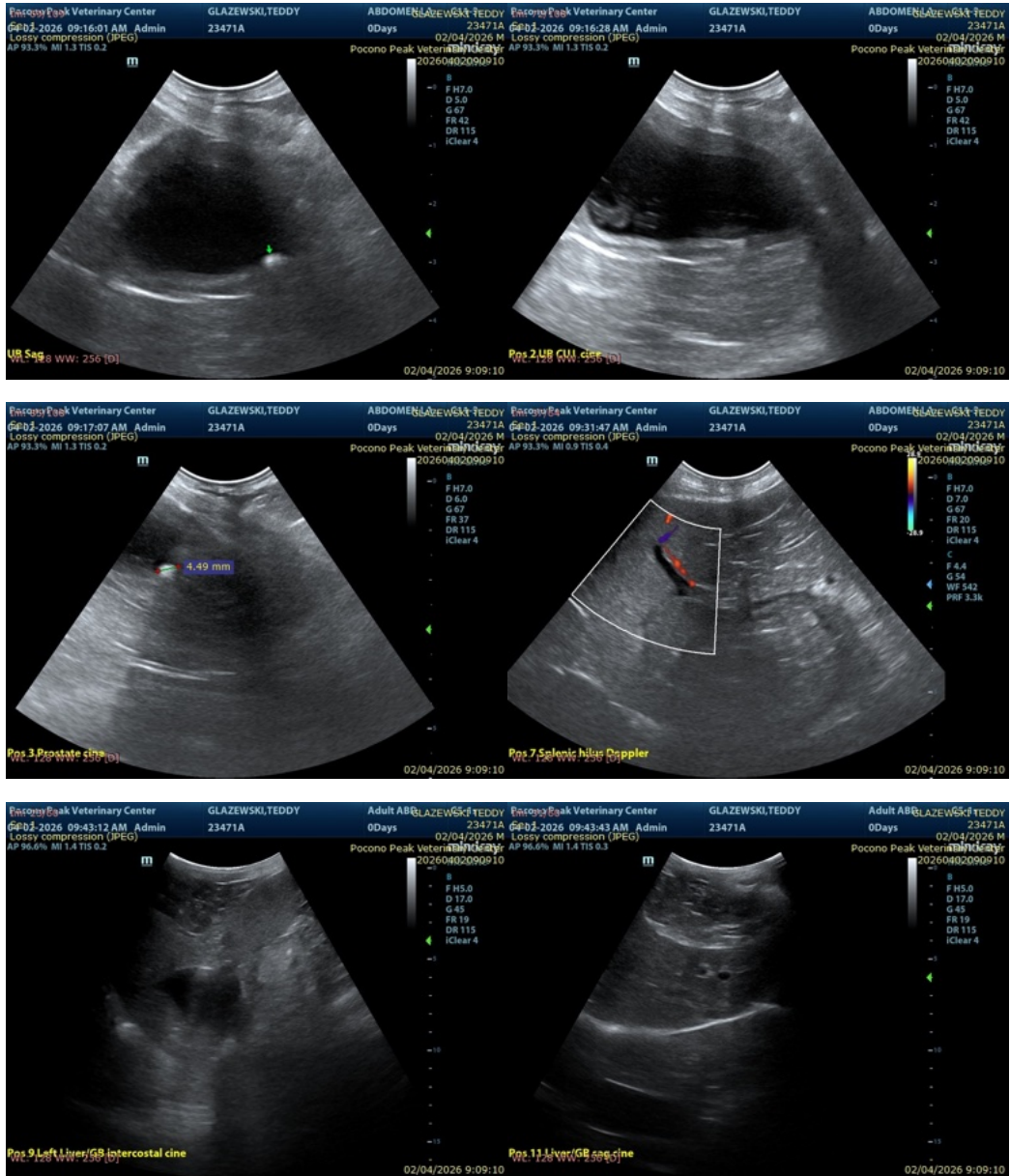
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Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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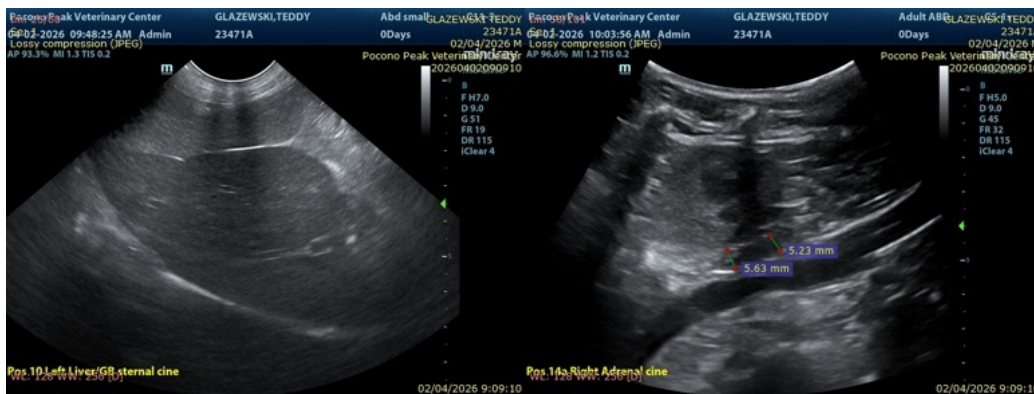
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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