



PATIENT

Sprout Hoen

SPECIES

Canine

BREED

Pointer

SEX

Neutered male

AGE

9 years

WEIGHT

52 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Dr. Akbawy

HOSPITAL NAME

Lincoln Avenue Cat and
Dog Hospital

REFERRING VET

Dr. Akbawy

INVOICE

74621

DATE

4/20/26

PRESENTING CLINICAL SIGNS

Cutaneous class 2 mast cell tumor, was completely excised. With good margins. Looking to stage it & scan for possibility of visceral metastasis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is mildly underdistended; however, the wall appears normal in thickness and contour. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 5.99×3.77 cm, with a cortical thickness of 0.50 cm in the sagittal plane. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is normal, 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 5.47×3.54 cm, with a cortical thickness of 0.43 cm in the sagittal plane. The cortex is isoechoic compared to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland measures 0.55 cm at the cranial pole and 0.59 cm at the caudal pole, which is within normal limits for a dog of this size (generally <0.7 cm). The right adrenal gland was not confidently visualized.

Spleen

Splenic thickness is 1.64 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 2.60 mm and preserved wall layering. The pylorus measures 4.55 mm. The duodenum measures 5.51 mm, which is within normal limits for a dog of this size (<6 mm), and the jejunum measures 3.62 mm, also within normal limits, with preserved wall layering. No signs of inflammation, ileus, or foreign material are identified. The colon measures 1.22–1.60 mm and contains formed feces in the descending segment.

Pancreas

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

Free Abdomen

No abdominal effusion or peritonitis is observed. The cranial mesenteric lymph node measures 5.29 mm in thickness, with normal shape and echogenicity, consistent with a normal lymph node. All surrounding lymphatic regions appear unremarkable. The iliac trifurcation is normal.

PRIMARY FINDINGS

- No significant ultrasonographic abnormalities identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographic evidence of visceral metastasis.

The liver and spleen are normal in echogenicity, architecture, and contour, without focal lesions or diffuse changes suggestive of infiltration.

Abdominal lymph nodes, including the cranial mesenteric lymph node, are normal in size and morphology.

No effusion or secondary changes are identified.

Overall, these findings are most consistent with no sonographically detectable abdominal metastasis.

Recommendations

- Ultrasound-guided FNA of liver and spleen can be considered for staging, even in the absence of visible lesions, as this increases sensitivity for detecting early metastatic mast cell disease.
- Correlate with regional lymph node assessment (cytology if not already performed).
- Continuing routine oncologic staging and monitoring as clinically indicated.
- Rechecking abdominal ultrasound may be considered in the future depending on clinical progression or oncologic recommendations.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best



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integrate these findings with the patient's clinical status.

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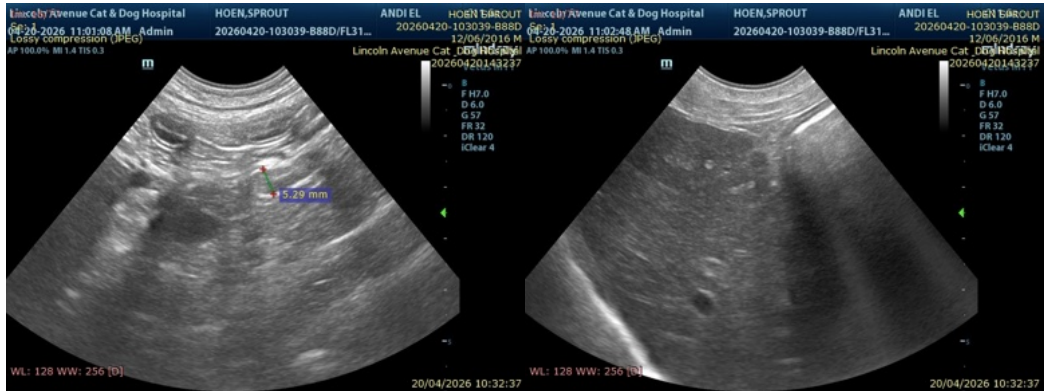
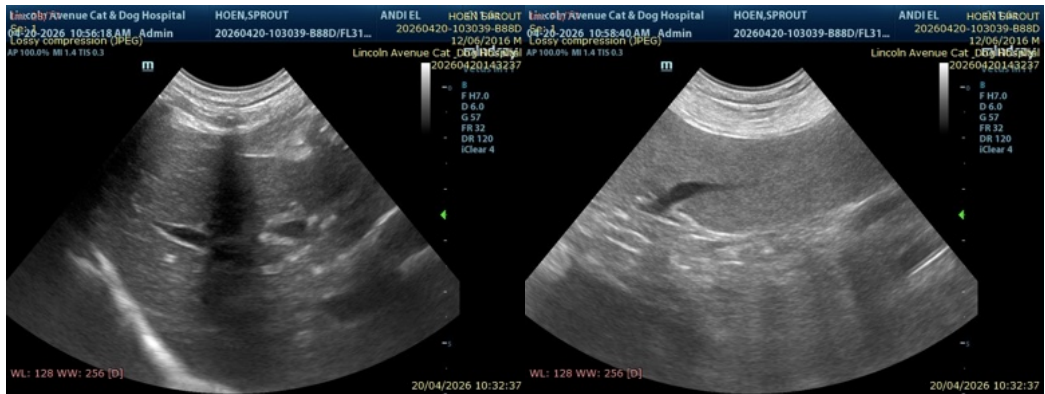
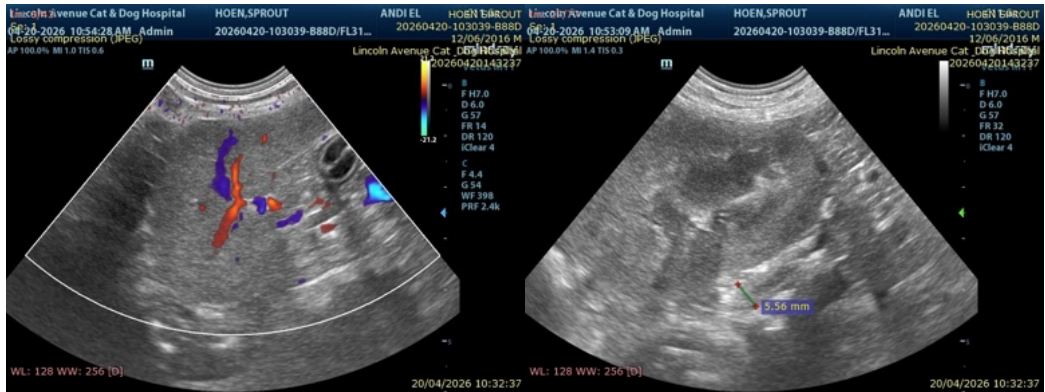
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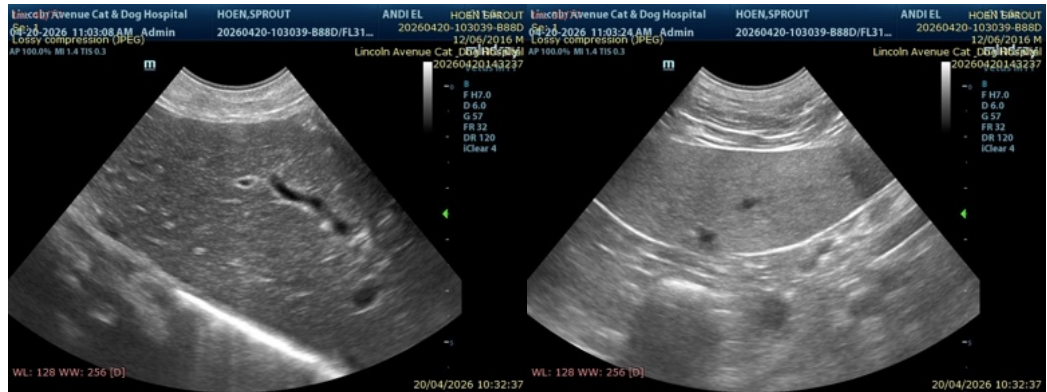
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com