



PATIENT

Felix Lucero

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

6 years

WEIGHT

79 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Lexi Naylor

HOSPITAL NAME

Malletts Bay VH

REFERRING VET

Dr. Naylor

INVOICE

74852

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: new plum sized SQ mass L IS, FNA unrewarding. O concerned about something sinister, obtained biopsy before sx removal and performed mets check. CXR look clear

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin, smooth wall. The urine is anechoic. The bladder neck and proximal urethra appear normal. There are no calculi and no ultrasonographic evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 6.46×3.17 cm, with a cortical thickness of 0.43 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 6.87×4.42 cm, with a cortical thickness of 0.47 cm in the sagittal plane. In both kidneys, the cortex is isoechoic relative to the liver 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.

Prostate

The prostate measures 3.45×4.06 cm. The parenchyma is homogeneous and hyperechoic. Findings are compatible with a normal prostate in an intact male dog.

Adrenal Glands

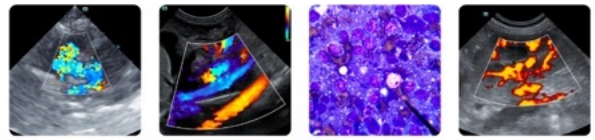
Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.52 cm at the cranial pole and 0.50 cm at the caudal pole. The right adrenal gland is not confidently visualized; however, the expected anatomical region appears unremarkable.

Spleen

Splenic thickness is 2.06 cm. Few small splenic nodules are observed. Within the splenic body, there is a poorly defined hypoechoic focus measuring 0.55×0.65 cm. In the ventral extremity of the spleen, there is a second small nodule with mixed echogenicity and a relatively more hyperechoic center. 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 with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is distended with ingesta, with a mural thickness of 2.23 mm and preserved wall layering. Duodenum: 3.45 mm. Jejunum: 3.21–3.37 mm, with normal wall layering. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified. Colon: 2.10 mm, containing a small amount of fecal material within the lumen.

Pancreas

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

Free Abdomen

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

PRIMARY FINDINGS

Two small splenic nodules:

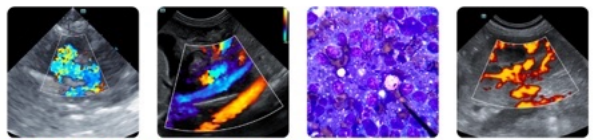
- Hypoechoic focus
- Mixed echogenicity nodule with mild “target-like” appearance

SECONDARY FINDINGS

- Small amount of biliary sludge

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only potentially clinically relevant findings in this staging study are the two small splenic nodules. In dogs, particularly in middle-aged to older individuals, small splenic nodules are common and most frequently represent benign processes such as nodular hyperplasia or extramedullary hematopoiesis. The very small size (≤ 0.65 cm) and lack of splenic enlargement or architectural distortion are features that statistically favor benignity. However, the mixed echogenicity nodule with a subtle “target-like” appearance warrants more careful consideration. Although target lesions are classically associated with metastatic disease, there is significant overlap in ultrasonographic appearance, and similar patterns can be seen in benign nodular hyperplasia. Given the clinical context of a subcutaneous mass with inconclusive FNA (raising concern for a mesenchymal neoplasm such as a soft tissue sarcoma), hematogenous metastasis is biologically plausible, although the spleen is a less common metastatic site compared to the lungs for most soft tissue sarcomas.



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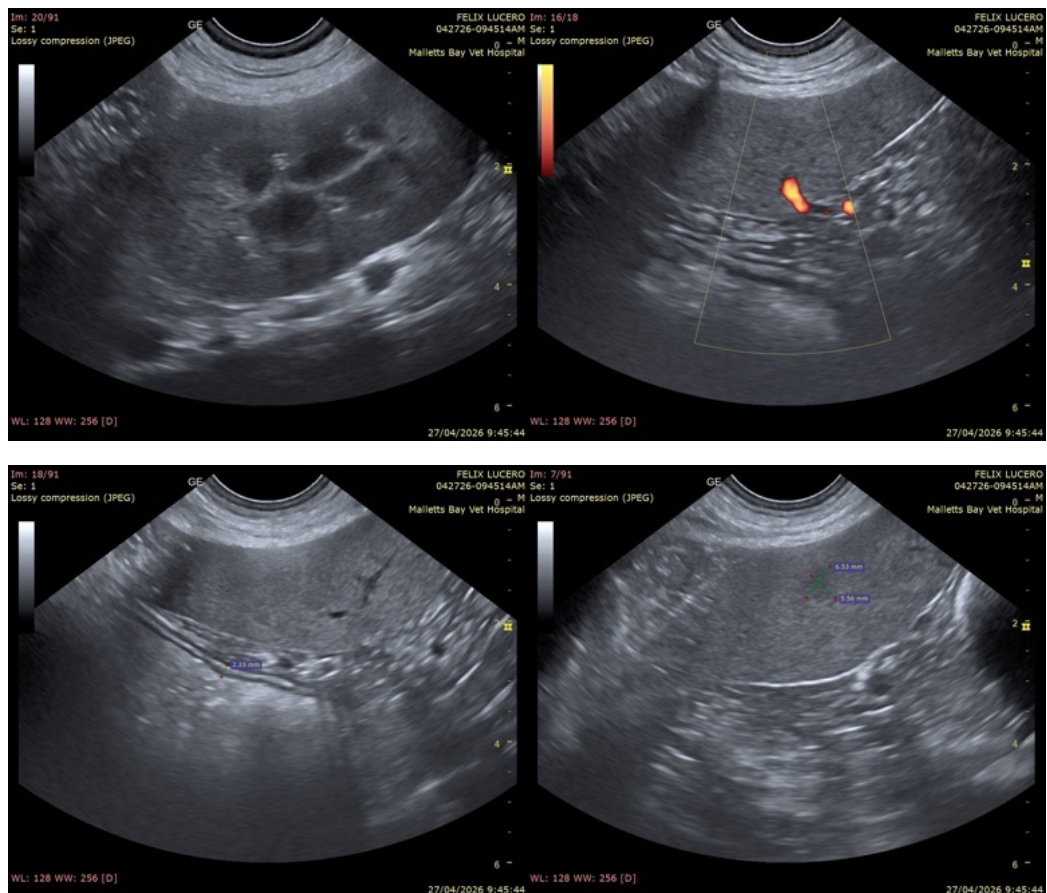
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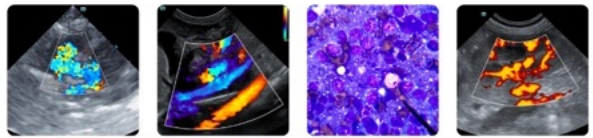
The absence of abdominal lymphadenomegaly, hepatic lesions, or other organ involvement is reassuring and does not support advanced metastatic disease at this time. The liver appears unremarkable, although, as always, diffuse or microscopic metastatic disease cannot be excluded ultrasonographically.

Recommendations

- Proceed with histopathologic evaluation of the primary mass, as this will ultimately guide metastatic risk assessment and staging strategy.
- Ultrasound-guided FNA of the splenic nodules can be considered for further characterization, particularly the lesion with target-like appearance, although their small size may limit diagnostic yield.
- Ultrasound follow-up.

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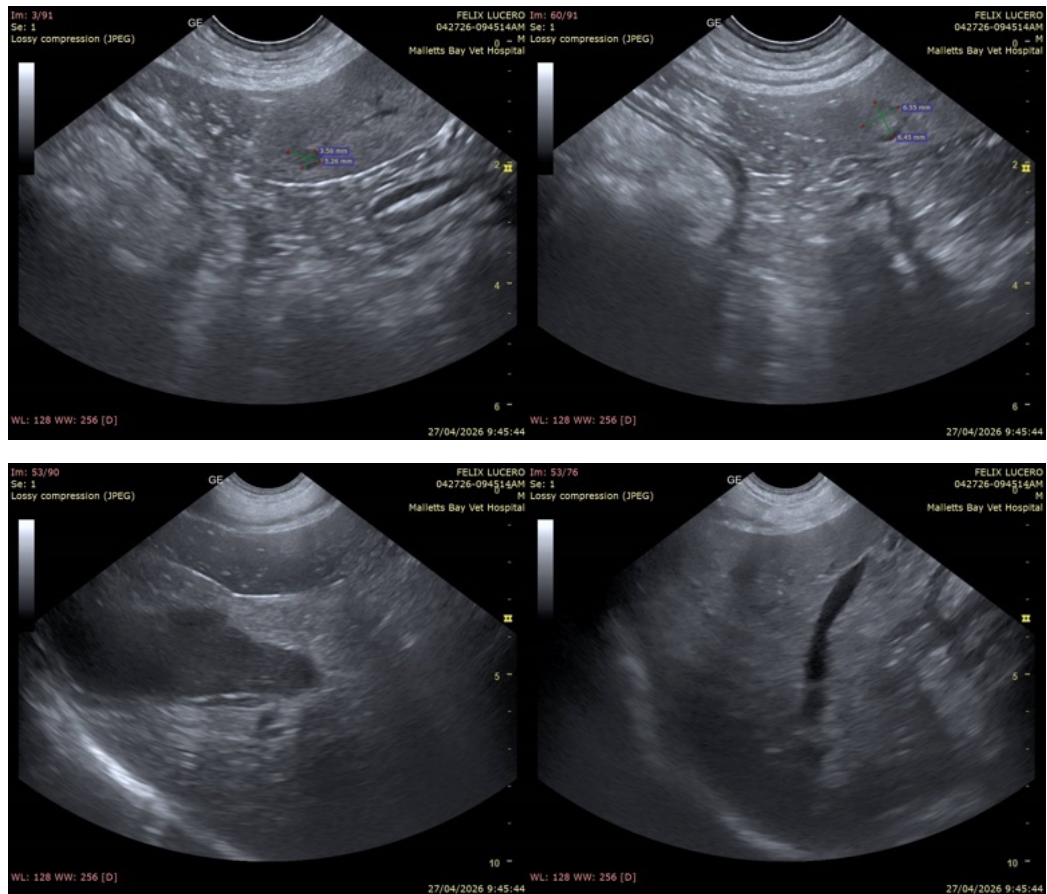
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

info@SonoPath.com