



PATIENT

Griffin Stein

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

6 years

WEIGHT

65 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

INVOICE

74877

DATE

4/27/26

PRESENTING CLINICAL SIGNS

History: Ultrasound prior to mast cell tumor removal
Abnormal PE/Chem/CBC/UA Results: Blood normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and 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 5.48×3.30 cm, with a cortical thickness of 0.58 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 5.99×2.87 cm, with a cortical thickness of 0.61 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.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.54 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measures 0.48 cm at the cranial pole and 0.42 cm at the caudal pole.

Spleen

Splenic thickness is 1.98 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 with a small amount of biliary sludge. No evident dilation of the cystic duct or common bile duct is observed.



PATIENT

Griffin Stein

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

6 years

WEIGHT

65 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

INVOICE

74877

DATE

4/27/26

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 2.66 mm and preserved wall layering. The pylorus measures 5.17 mm. Duodenum: 3.29 mm. Jejunum: 3.06 mm, with normal wall layering. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified. Colon: within normal limits.

Pancreas

The evaluated pancreatic regions 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

- This is an unremarkable abdominal ultrasound, with no sonographic evidence of metastatic disease in a patient undergoing staging prior to mast cell tumor removal.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The liver and spleen, which are the primary sites of metastatic spread in canine mast cell tumors, are normal in size, echotexture, and architecture, with no focal lesions identified. Abdominal lymph nodes are not enlarged, and there is no evidence of effusion or other indicators of disseminated disease. The small amount of biliary sludge is a common incidental finding and is not associated with biliary obstruction or clinically significant hepatobiliary disease in this case.

Importantly, although the ultrasound is normal, it should be recognized that microscopic infiltration of the liver and spleen cannot be excluded on imaging alone, particularly in the context of mast cell tumor staging.

Recommendations

- Consider ultrasound-guided FNA of the liver and spleen for complete staging, depending on tumor grade and clinical decision-making.
- Proceed with planned surgical excision as indicated.
- Continue routine oncologic staging and follow-up as clinically indicated.

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



PATIENT

Griffin Stein

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

6 years

WEIGHT

65 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

**IMAGING
PERFORMED BY**

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

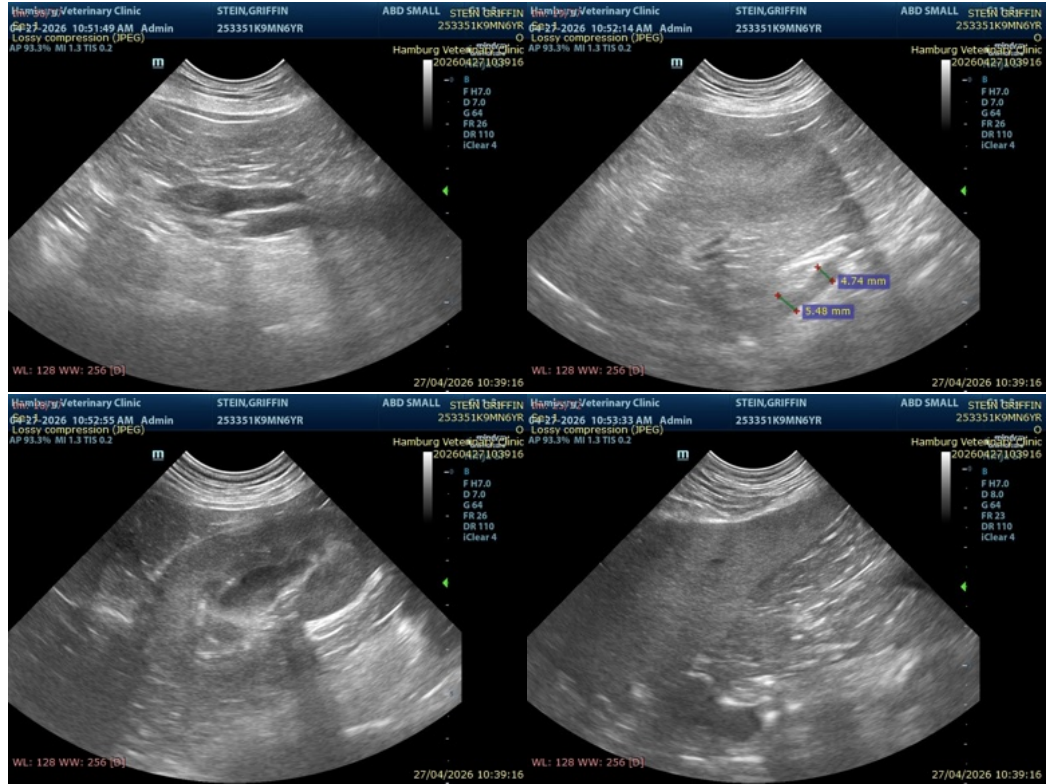
Dr. DenHeyer

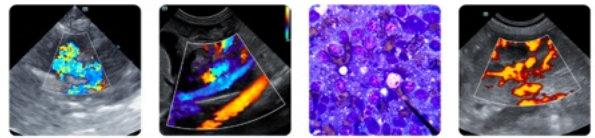
INVOICE

74877

DATE

4/27/26





PATIENT

Griffin Stein

SPECIES

Canine

BREED

Labrador Mix

SEX

Neutered male

AGE

6 years

WEIGHT

65 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

**IMAGING
PERFORMED BY**

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

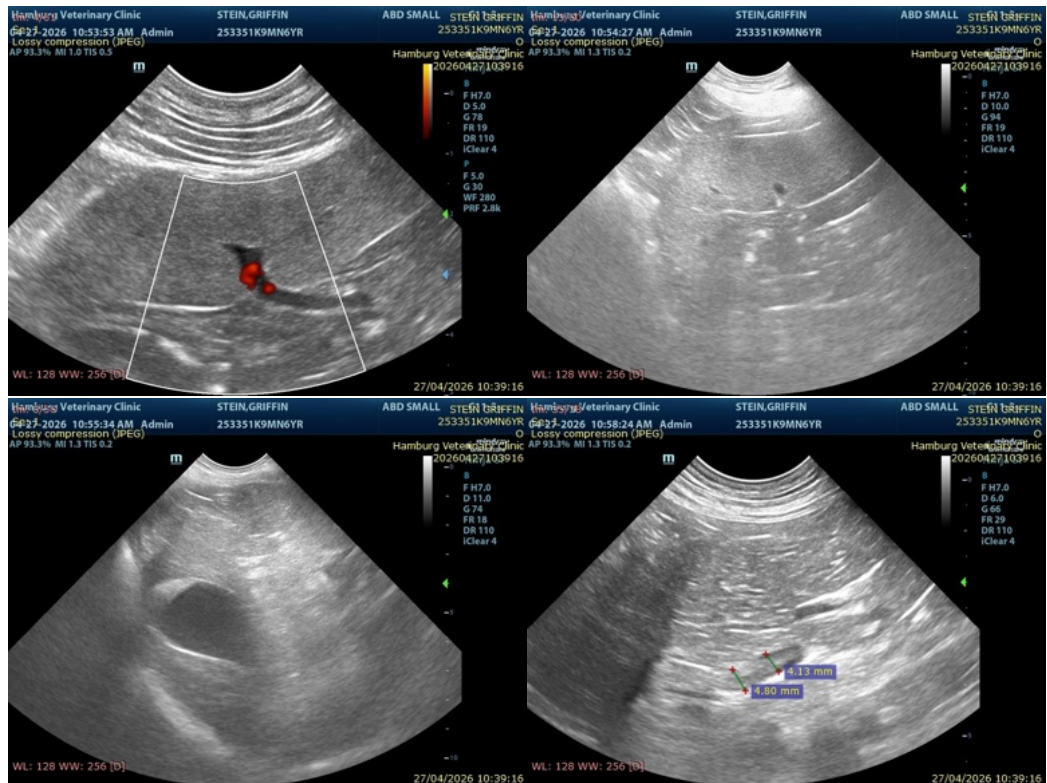
Dr. DenHeyer

INVOICE

74877

DATE

4/27/26



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