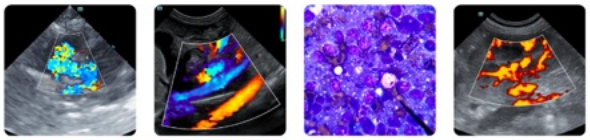


PATIENT

Julia Donnelly

SPECIES

Canine

BREED

Miniature Poodle Mix

SEX

Spayed female

AGE

13 years

WEIGHT

7.72 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Ryan Bergner, LVT

HOSPITAL NAME

Waterville VC

REFERRING VET

Dr. Culbertson

INVOICE

74229

DATE

4/3/26

PRESENTING CLINICAL SIGNS

- Presented for pre-anesthetic blood work in preparation for a scheduled dental and mass removal surgery.
- Current Medications: Clomicalm and Gabapentin.
- ALP: 226 Urinalysis: SG - 1.025, pH - 8, Occasional Ammonium Phosphate noticed Lab work normal last year in June
-

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended. The bladder wall is thin, smooth, and regular. The luminal contents are anechoic. The bladder neck and proximal urethra have a normal appearance. No evidence of urolithiasis or inflammatory or proliferative changes is identified.

The left kidney is normal in shape and size, measuring 3.86×2.18 cm in the sagittal plane. Cortical thickness is 0.41 cm. The right kidney is normal in shape and size, measuring 4.21×2.42 cm in the sagittal plane. Cortical thickness is not recorded. In both kidneys, 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.

Adrenal Glands

Both adrenal glands show normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.44 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measures 0.40 cm at the cranial pole and 0.45 cm at the caudal pole.

Spleen

Splenic echotexture, with several small, well-defined hypoechoic nodules measuring 0.59×0.66 cm and 0.61×0.61 cm, as well as a larger hypoechoic nodule measuring 0.81×1.00 cm. These lesions are homogeneous and do not distort the splenic capsule. The splenic capsule is smooth and regular.

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.

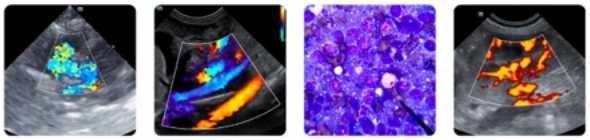
The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach contains a moderate amount of ingesta producing distal acoustic shadowing. Wall thickness measures 2.29 mm, with preserved layering.

The pylorus measures 5.42 mm. Duodenum: 2.26 mm. Jejunum: 2.88 mm, with preserved wall layering. The ileocecal junction is not visualized. No evidence of ileus, obstruction, or intraluminal foreign material is identified.

Colon measures 0.63–1.00 mm, containing formed fecal material.



PATIENT

Julia Donnelly

SPECIES

Canine

BREED

Miniature Poodle Mix

SEX

Spayed female

AGE

13 years

WEIGHT

7.72 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Ryan Bergner, LVT

HOSPITAL NAME

Waterville VC

REFERRING VET

Dr. Culbertson

INVOICE

74229

DATE

4/3/26

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 appears normal.

PRIMARY FINDINGS

- Few small, well-defined hypoechoic splenic nodules (up to 0.81×1.00 cm), without capsular distortion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this study is the presence of multiple small, well-defined hypoechoic splenic nodules, with preserved splenic contour and no associated lymphadenopathy.

In cats, this pattern is commonly associated with benign or reactive processes, including nodular hyperplasia or lymphoid hyperplasia. The lack of capsular distortion, the homogeneous appearance of the nodules, and the absence of additional abdominal abnormalities support a low suspicion for aggressive splenic disease.

However, infiltrative conditions such as lymphoma or other round cell neoplasms cannot be completely excluded based on ultrasonography alone, particularly when multiple nodules are present.

The remainder of the abdominal ultrasound is unremarkable, with no evidence of gastrointestinal disease, hepatobiliary abnormalities, or peritoneal pathology.

Recommendations

- Given the presence of concurrent mass lesion and planned surgical removal, interpretation of the splenic nodules should be performed in the context of the histopathologic results of the excised tissue.
- Fine-needle aspiration of the spleen may be considered, particularly if the primary lesion is confirmed to be neoplastic or if there is ongoing clinical concern for systemic or metastatic disease.
- Alternatively, if the primary lesion is determined to be benign, sonographic monitoring of the splenic nodules may be appropriate to assess stability over time.

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

Julia Donnelly

SPECIES

Canine

BREED

Miniature Poodle Mix

SEX

Spayed female

AGE

13 years

WEIGHT

7.72 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Ryan Bergner, LVT

HOSPITAL NAME

Waterville VC

REFERRING VET

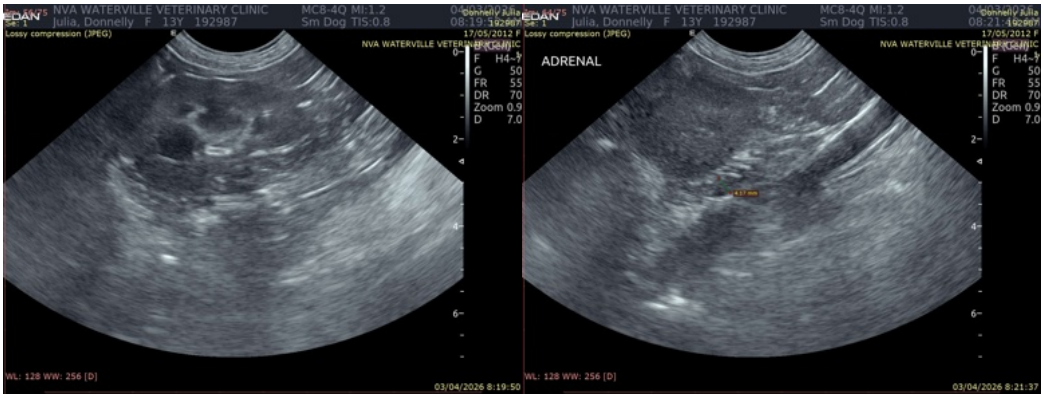
Dr. Culbertson

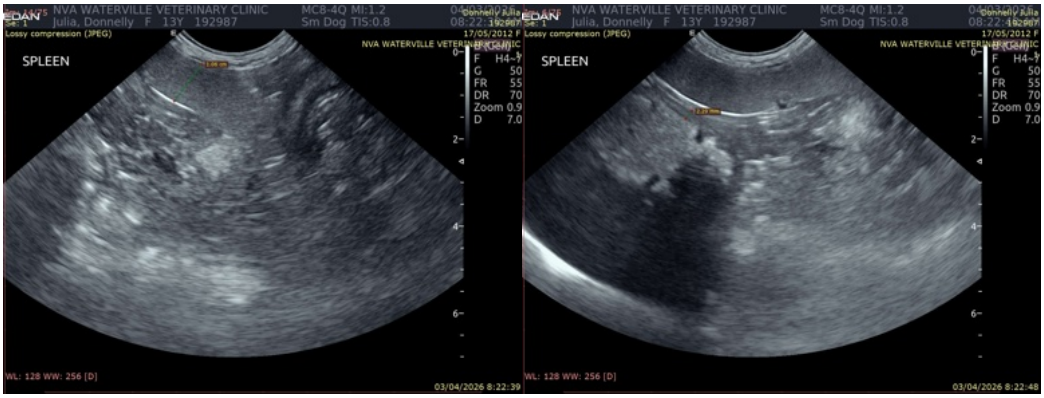
INVOICE

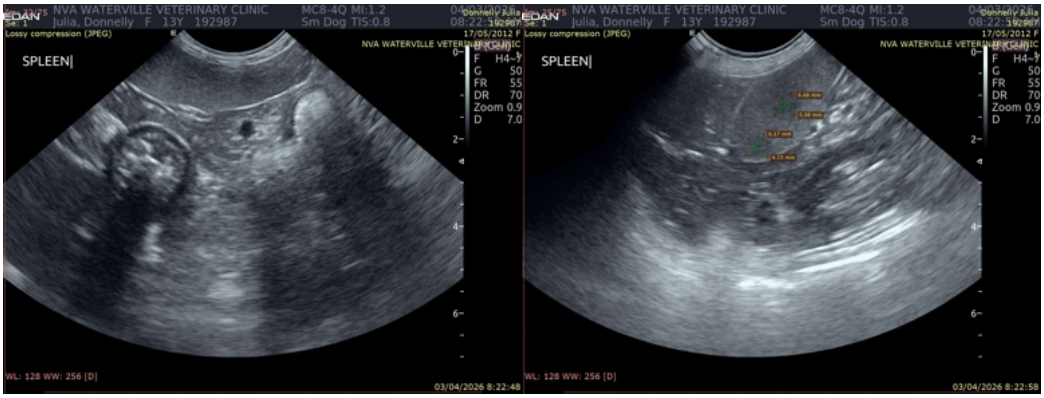
74229

DATE

4/3/26







PATIENT

Julia Donnelly

SPECIES

Canine

BREED

Miniature Poodle Mix

SEX

Spayed female

AGE

13 years

WEIGHT

7.72 kg

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Ryan Bergner, LVT

HOSPITAL NAME

Waterville VC

REFERRING VET

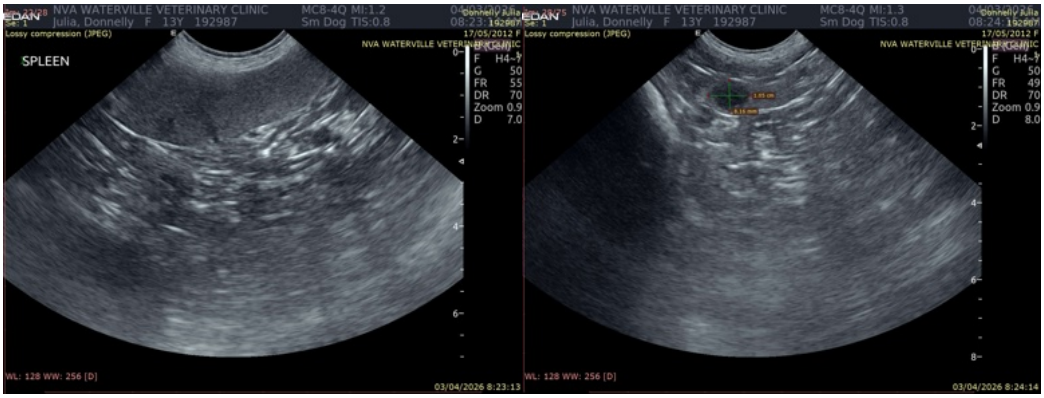
Dr. Culbertson

INVOICE

74229

DATE

4/3/26



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