



PATIENT

Aspen Parsons

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered male

AGE

8 years

WEIGHT

41 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Brandon Holmes

HOSPITAL NAME

West Newton AC

REFERRING VET

Dr. Holmes

INVOICE

74261

DATE

4/7/26

PRESENTING CLINICAL SIGNS

- Subcutaneous mast cell tumors removed from the left hock 2/3/2026, considered low grade with incomplete margins
- Negative for both ckit mutations
- Ultrasound and chest rads today taken for staging
- No metastases seen on chest radiographs

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is poorly distended. The bladder wall appears thickened (6.58 mm) and irregular; however, due to underdistension, wall assessment is unreliable and measurements may be overestimated. The luminal contents are anechoic. The bladder neck and proximal urethra have a normal appearance. No uroliths are identified.

The left kidney is normal in shape and size, measuring 4.81×3.03 cm in the sagittal plane. Cortical thickness is 0.38 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 4.48×2.16 cm in the sagittal plane. Cortical thickness is 0.35 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 0.55 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measures 0.52 cm at the cranial pole and 0.56 cm at the caudal pole.

Spleen

Splenic thickness is 2.16 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.

Gastrointestinal

The stomach is empty and folded, with a wall thickness of 2.20 mm and preserved layering. The pylorus measures 4.63 mm. Duodenum: 3.02 mm. Jejunum: 2.46–2.96 mm, with preserved wall layering. No evidence of ileus, obstruction, or intraluminal foreign material is identified.

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

- No significant abdominal abnormalities identified
- Urinary bladder wall not reliably assessed due to underdistension

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This abdominal ultrasound does not identify evidence of metastatic disease within the liver, spleen, or abdominal lymph nodes.

The spleen and liver, which are the most common sites of visceral metastasis for mast cell tumors, demonstrate normal echotexture without focal or diffuse infiltrative changes, and no abdominal lymphadenomegaly is identified.

The urinary bladder wall appears subjectively thickened; however, this finding is considered artifactual due to underdistension, and no definitive pathology can be concluded.

Overall, within the limitations of ultrasound, there is no sonographic evidence of abdominal metastasis at this time.

Recommendations

- Periodic monitoring may be considered given history of incomplete margins.
- If concern persists: Cytology of spleen/liver can be considered, although not routinely required in low-grade MCT without suspicious findings.



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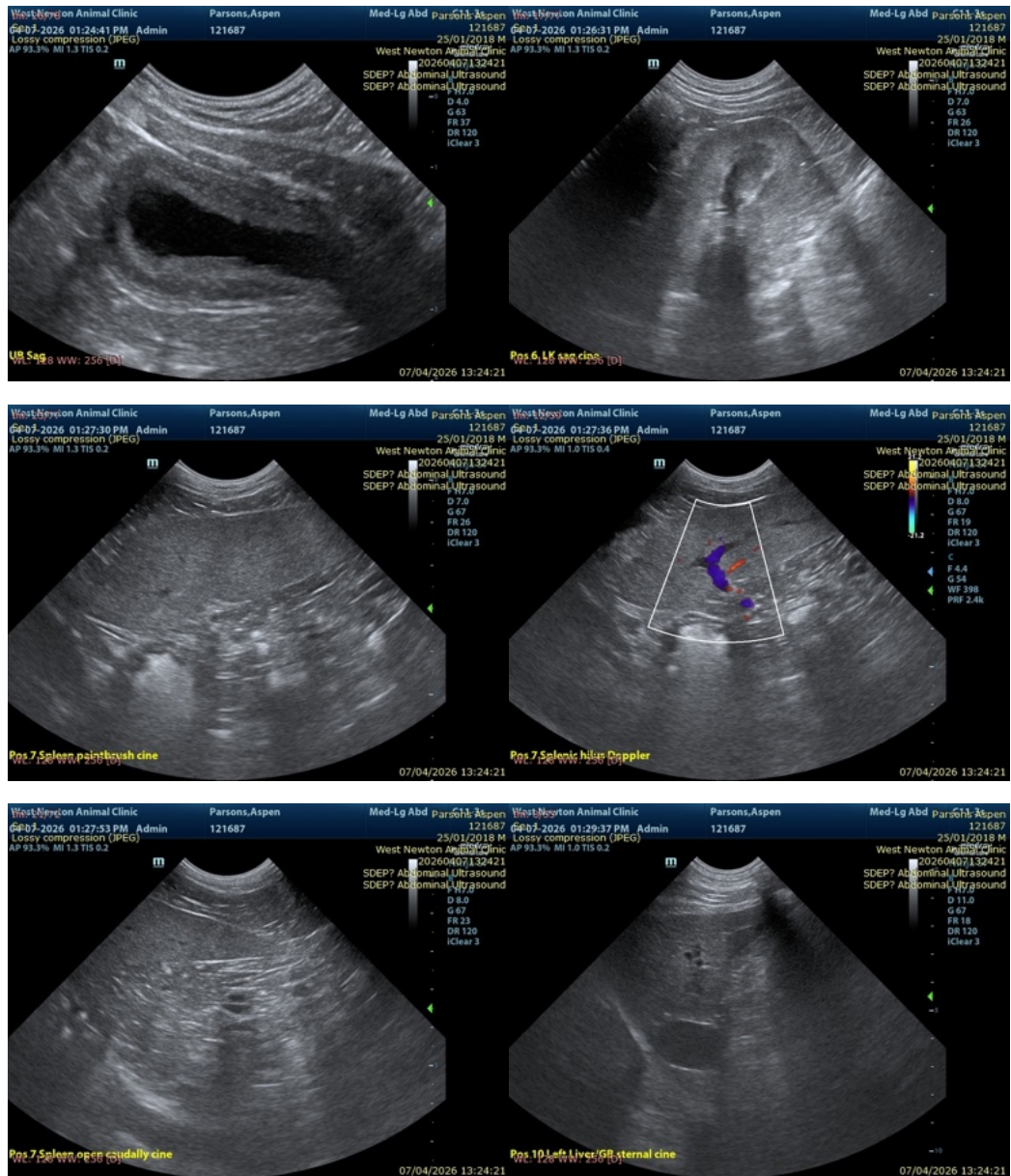
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Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.





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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