



PATIENT

Claude Johansen

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered male

AGE

8 years

WEIGHT

63 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Lexi Naylor

HOSPITAL NAME

Malletts Bay VH

REFERRING VET

Dr. Naylor

INVOICE

74346

DATE

4/9/26

PRESENTING CLINICAL SIGNS

History of MCTs, multiple removed in the last few years (10+). 2 more removed today, O wishes to screen for systemic mets. CXR clear, BW WNL, PE WNL. P doing great, O just concerned

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is markedly distended, with a thin and smooth wall. The urine is predominantly anechoic with scant suspended echoes. The bladder neck and proximal urethra have a normal appearance. No calculi are identified, and there is no ultrasonographic evidence of inflammatory or neoplastic disease.

The left kidney is normal in shape and size (5.81×3.59 cm), with a cortical thickness of 0.61 cm in the sagittal plane. The right kidney is normal in shape and size (6.07×3.42 cm), with a cortical thickness of 0.66 cm in the sagittal plane. In both kidneys, the cortex demonstrates normal echogenicity. 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 0.51 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measures 0.79 cm at the cranial pole and 0.52 cm at the caudal pole.

Spleen

The spleen is subjectively mildly enlarged (approximately 2.76×3.41 cm in thickness depending on plane) and demonstrates a mildly coarse and heterogeneous echotexture, without discrete nodules or masses. 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 wall thickness of 1.83 mm and preserved layering. The pylorus measures 6.21 mm. The duodenum measures 4.88 mm. The jejunum measures 3.24–3.93 mm, and the ileum measures 1.67 mm. No ultrasonographic evidence of inflammation, ileus, or foreign material is identified. The colon measures 1.21 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 identified. Cranial mesenteric lymph nodes measure 5.83 mm and are normal in shape and echogenicity. The iliac trifurcation appears unremarkable.

PRIMARY FINDINGS

- Mild splenomegaly with mildly heterogeneous/coarse echotexture.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This study demonstrates splenomegaly with a mildly heterogeneous and coarse parenchymal echotexture.

In a patient with a history of multiple mast cell tumors, this finding is nonspecific and may represent:

- Reactive or benign splenic change
- Extramedullary hematopoiesis
- Early or diffuse infiltrative disease (including mast cell tumor metastasis).

The liver and regional lymph nodes appear unremarkable.

Recommendations

Ultrasound-guided fine-needle aspiration of the spleen for cytologic evaluation, given the patient's oncologic history and splenic echotexture changes.



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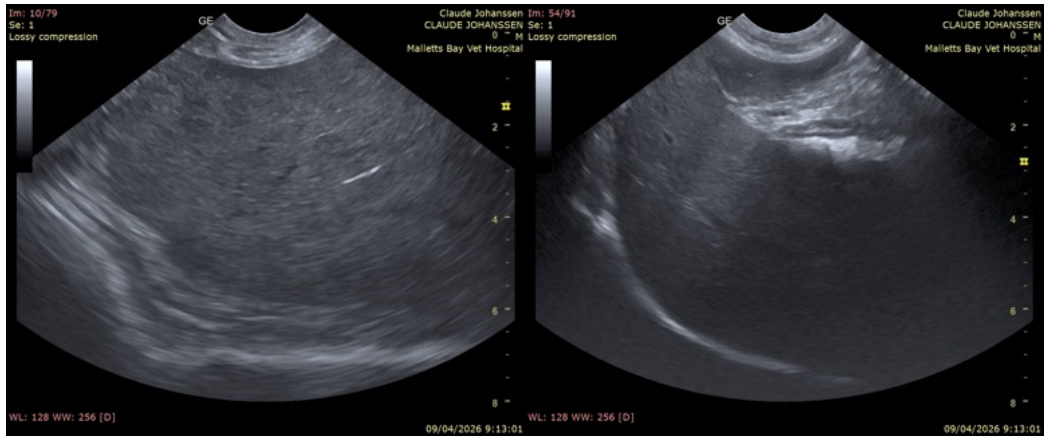
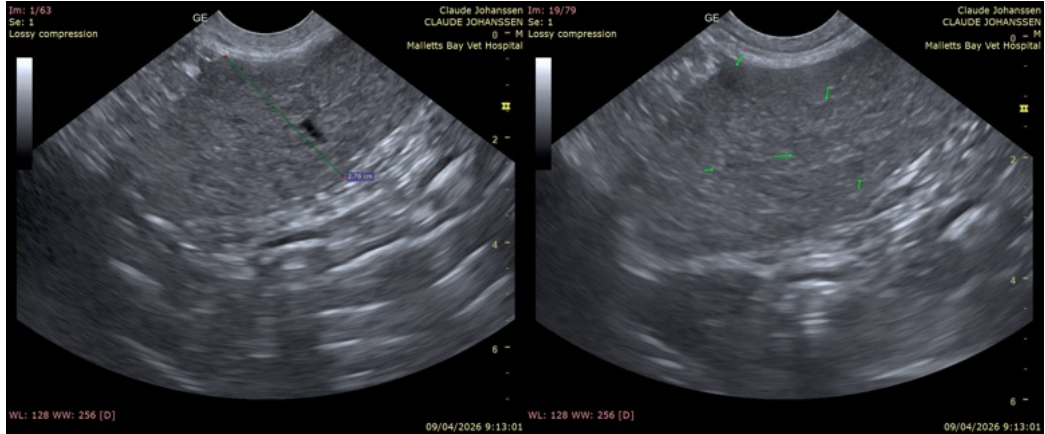
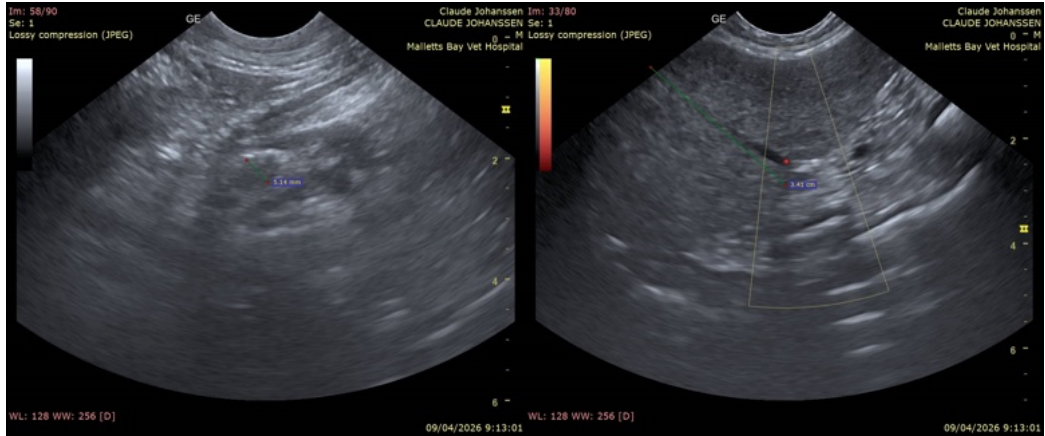
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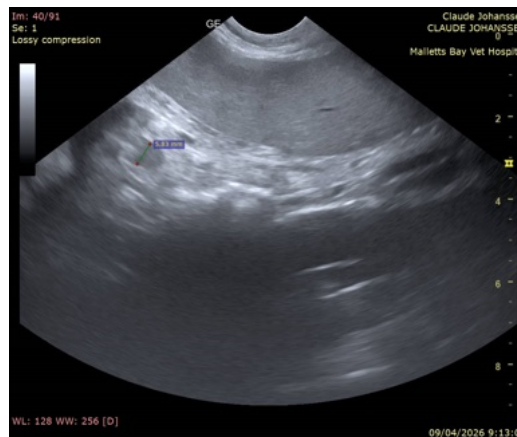
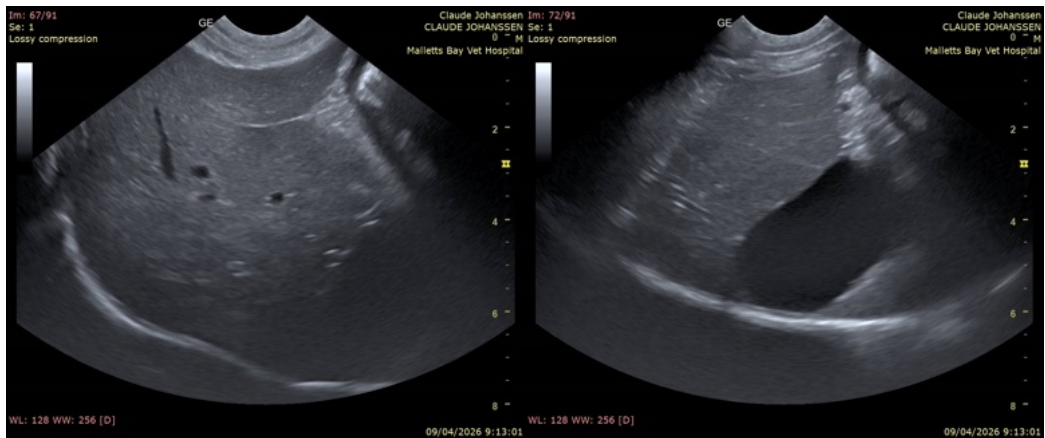
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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