



## PATIENT

Charley Leaver

## SPECIES

Canine

## BREED

Multipoo

## SEX

Female

## AGE

11 years old

## WEIGHT

12.16

## INTERPRETED BY

Alicia Angosto  
Guerrero, DMV,  
PgDip, MSc.

## IMAGING PERFORMED BY

Dr. Celia Galanti

## HOSPITAL NAME

Craig Road Animal  
Hospital

## REFERRING VET

Dr. Celia Galanti

## INVOICE

12107

## DATE

6/5/2026

## PRESENTING CLINICAL SIGNS

Patient has multiple masses in bilateral mammary chains. Recently left caudal mammary mass grew rapidly and began bleeding with suspected secondary infection. Liver elevations and mild hypoalbuminemia on pre-op bloodwork. This morning mass acutely erupted with new bleeding. Patient not showing interest in eating this morning.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder lumen is normally distended, and the urinary bladder wall appears thin and smooth. The urine is predominantly anechoic with scant suspended echoes. Normal appearance of the trigone and proximal urethra is observed. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 3.91×2.05 cm, with a cortical thickness of 0.30 cm in the sagittal plane.

The right kidney is normal in shape and size, measuring 3.74×2.18 cm, with a cortical thickness of 0.31 cm in the sagittal plane.

Both kidneys demonstrate normal cortical echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis.

### Adrenal Glands

Dorsoventral diameters measured in the sagittal plane: The left adrenal gland measures 0.49 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measures 0.38 cm at the cranial pole and 0.61 cm at the caudal pole.

### Spleen

Splenic thickness is 1.05 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular.

### Liver

The liver is subjectively normal in size, with sharp margins and a regular contour. The hepatic parenchyma is homogeneous with normal echogenicity and echotexture. Within the caudate liver lobe, there is a well-defined homogeneous hyperechoic focus measuring 6.19×8.03 mm. No hepatic lymphadenopathy is identified.

The gallbladder lumen is normally distended. The wall is thin, and the contents contain a small amount of biliary sludge. No dilation of the cystic duct or common bile duct is identified.

### Gastrointestinal tract

The stomach is empty and contains a moderate amount of gas. Gastric mural thickness measures 1.92 mm with preserved wall layering.

The pyloric wall measures 4.0 mm.



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The duodenal wall measures 2.0 mm.

The jejunal wall measures 2.08–2.37 mm with preserved wall layering.

No evidence of gastrointestinal obstruction, inflammatory mural changes, ileus, or foreign material is identified.

The colonic wall measures 0.86 mm and contains predominantly liquid luminal contents.

## *Pancreas*

The pancreatic regions included in the examination 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

- Small homogeneous hyperechoic hepatic nodule within the caudate liver lobe measuring 6.19×8.03 mm.

## SECONDARY FINDINGS

- Small amount of biliary sludge.
- Predominantly liquid colonic contents.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A small, well-defined, homogeneous hyperechoic hepatic nodule is identified within the caudate liver lobe. Given its small size, homogeneous appearance, and lack of associated hepatic architectural distortion, this lesion most likely represents a benign incidental finding such as focal nodular hyperplasia, focal vacuolar change, or a small regenerative nodule. Metastatic disease cannot be completely excluded based on ultrasonographic appearance alone; however, the imaging characteristics are not strongly suggestive of metastatic disease.

No sonographic evidence of abdominal metastatic disease is identified. Specifically, no abdominal lymphadenopathy, peritoneal effusion, hepatic metastatic pattern, or other sonographic evidence of disseminated neoplasia is observed within the videos provided.

A small amount of biliary sludge is present and is considered of doubtful clinical significance in the absence of additional hepatobiliary abnormalities.

The reported liver enzyme elevations and mild hypoalbuminemia are not explained by a significant structural abdominal abnormality on the current examination. Mild reactive hepatopathy, inflammatory change associated with the ulcerated mammary mass, or early diffuse hepatocellular disease not detectable sonographically remain possible considerations.

The liquid colonic contents are nonspecific and may reflect recent dietary intake, stress-related intestinal transit changes, or mild colonic dysfunction.



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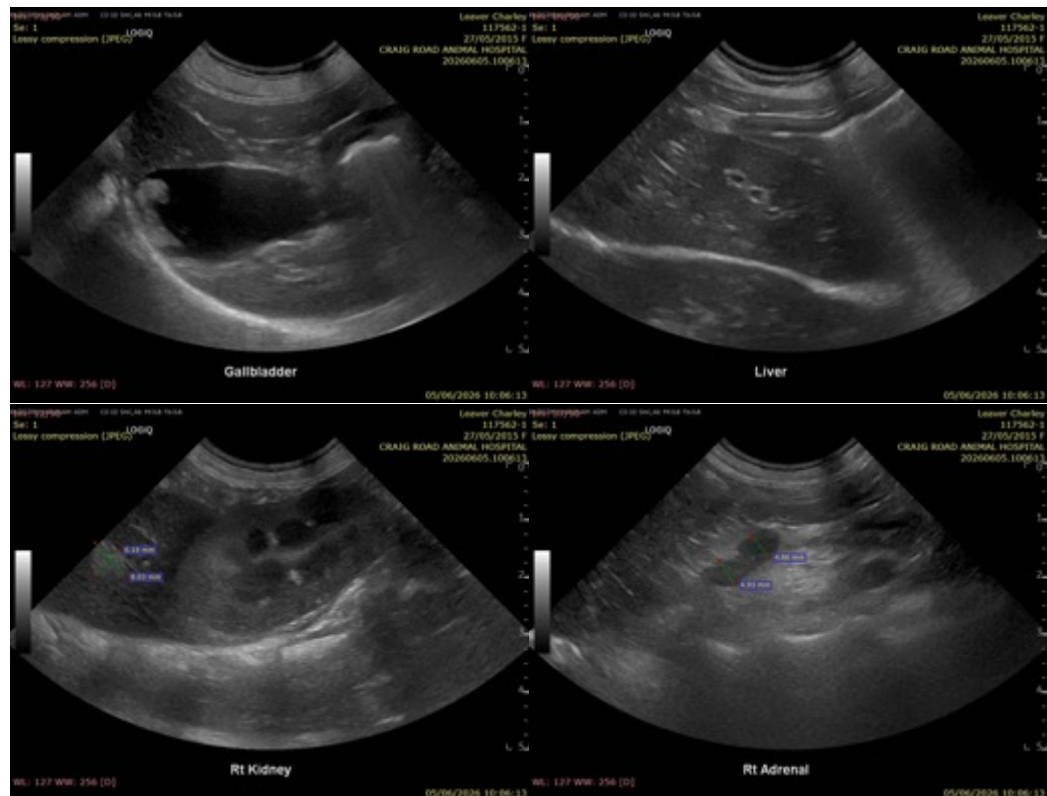
6/5/2026

## Recommendations:

- Proceeding with histopathologic evaluation of the mammary masses is recommended as clinically indicated.
- Correlation with thoracic imaging is recommended for complete oncologic staging if not already performed.
- Periodic ultrasonographic monitoring of the hepatic nodule may be considered if clinically warranted.
- Continued monitoring of liver enzyme activities, albumin concentration, and clinical status.

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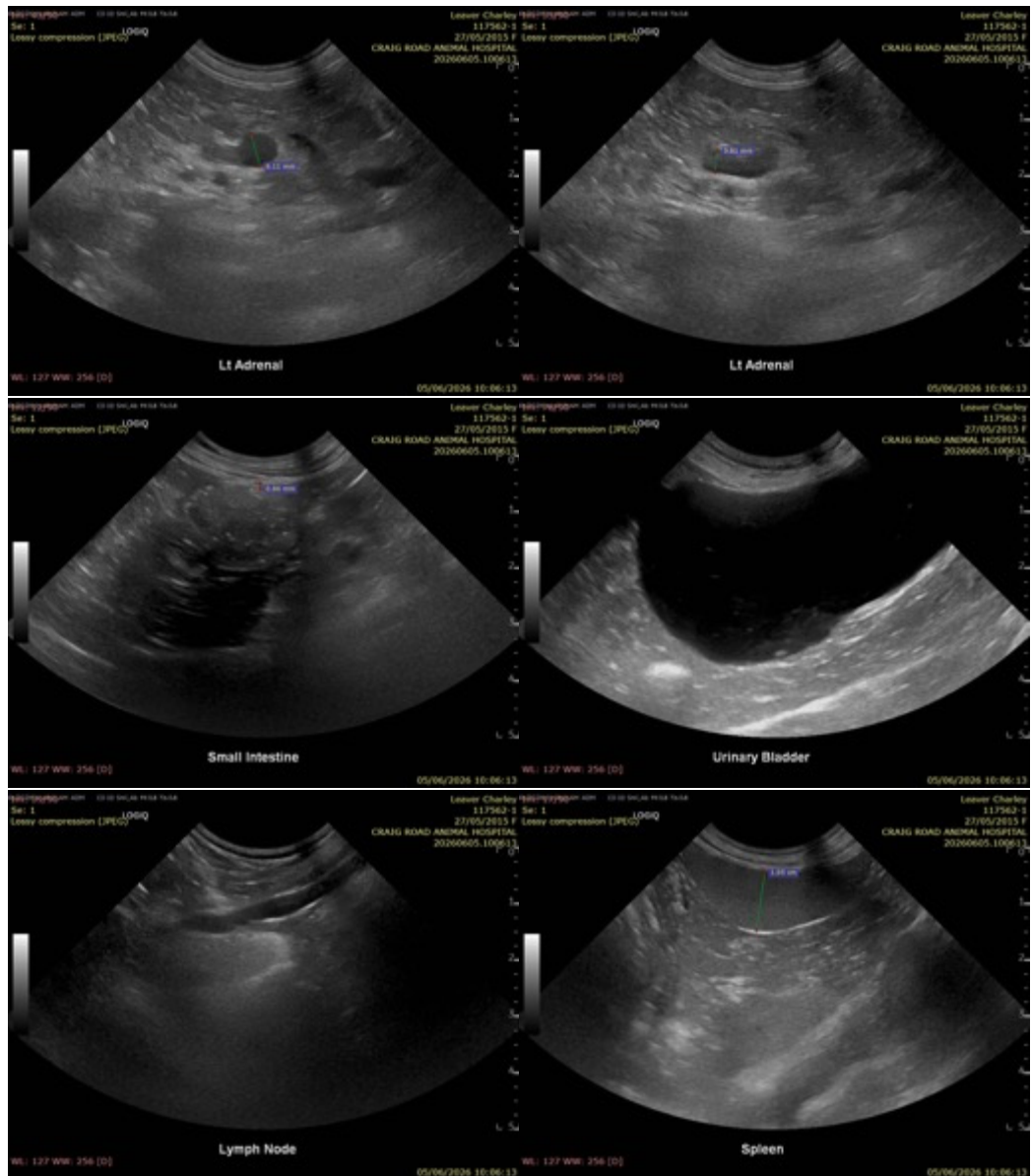
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)