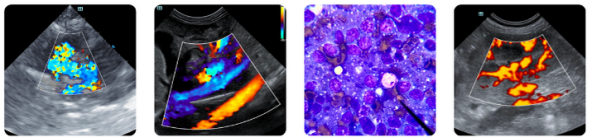


SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Max Galari

SPECIES

Canine

BREED

Mixed

SEX

MN

AGE

12

WEIGHT

25

INTERPRETED BY

Alicia Angosto Guerrero, DMV, PgDip, MSc.

IMAGING PERFORMED BY

Melissa Pascucci

HOSPITAL NAME

American Animal Hospital

REFERRING VET

Dr. Arculli

INVOICE

12099

DATE

6/5/2026

PRESENTING CLINICAL SIGNS

12 mo Post bilateral anal sacculectomy for anal gland adenocarcinoma. Has had splenic nodule. Has had normal visible illiac lymph node. Has had stable renal cortical cyst.

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 anechoic. 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 4.44×2.76 cm, with a cortical thickness of 0.52 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 4.39×2.34 cm, with a cortical thickness of 0.45 cm in the sagittal plane. The renal cortex demonstrates normal echogenicity. A small cortical cyst measuring 3.44×4.30 mm is present. The corticomedullary ratio is normal, and corticomedullary distinction is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler evaluation 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 0.40 cm at the cranial pole and 0.51 cm at the caudal pole. The right adrenal gland measures 0.54 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

Splenic thickness measures 1.58 cm. The splenic parenchyma demonstrates normal overall echogenicity and homogeneous echotexture. A subtle hypoechoic focus measuring 3.8×4.8 mm and an additional hypoechoic nodule measuring 3.8×4.3 mm are identified within the splenic parenchyma. 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. No focal hepatic lesions or hepatic lymphadenopathy are identified.

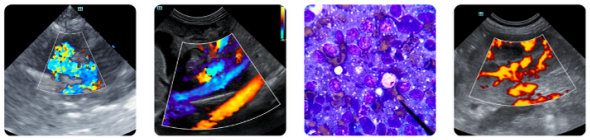
The gallbladder lumen is normally distended. The wall is thin, and the contents are predominantly anechoic. No dilation of the cystic duct or common bile duct is identified.

Gastrointestinal tract

The stomach is empty and folded, with a mural thickness of 3.31 mm and preserved wall layering.

The duodenal wall measures 3.31 mm.

The jejunal wall measures 3.39 mm.



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Normal wall layering is preserved throughout the examined gastrointestinal tract. No evidence of gastrointestinal obstruction, ileus, inflammatory mural changes, or foreign material is identified.

The colonic wall measures 1.12–1.18 mm and contains a small amount of soft fecal material within the descending colon.

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

- Two small splenic hypoechoic nodules measuring 3.8×4.8 mm and 3.8×4.3 mm.
- Small right renal cortical cyst measuring 3.44×4.30 mm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Two very small hypoechoic splenic nodules are identified. These splenic nodules are extremely small and nonspecific. In a dog of this age, benign age-related lesions such as nodular hyperplasia, lymphoid hyperplasia, or extramedullary hematopoiesis are statistically more likely than metastatic disease. Furthermore, the spleen is not considered a common site of metastasis for anal sac adenocarcinoma compared with regional lymph nodes, liver, and lungs. However, if desired, cytologic sampling of the splenic nodules may be pursued.

The small right renal cortical cyst is visualized and is considered an incidental and clinically insignificant finding.

Recommendations:

• Comparison with previous examinations is recommended whenever available to assess long-term stability of the splenic nodules and renal cortical cyst.

• Continued abdominal ultrasound surveillance with monitoring of regional lymph nodes remains recommended given the patient's history of anal sac adenocarcinoma.

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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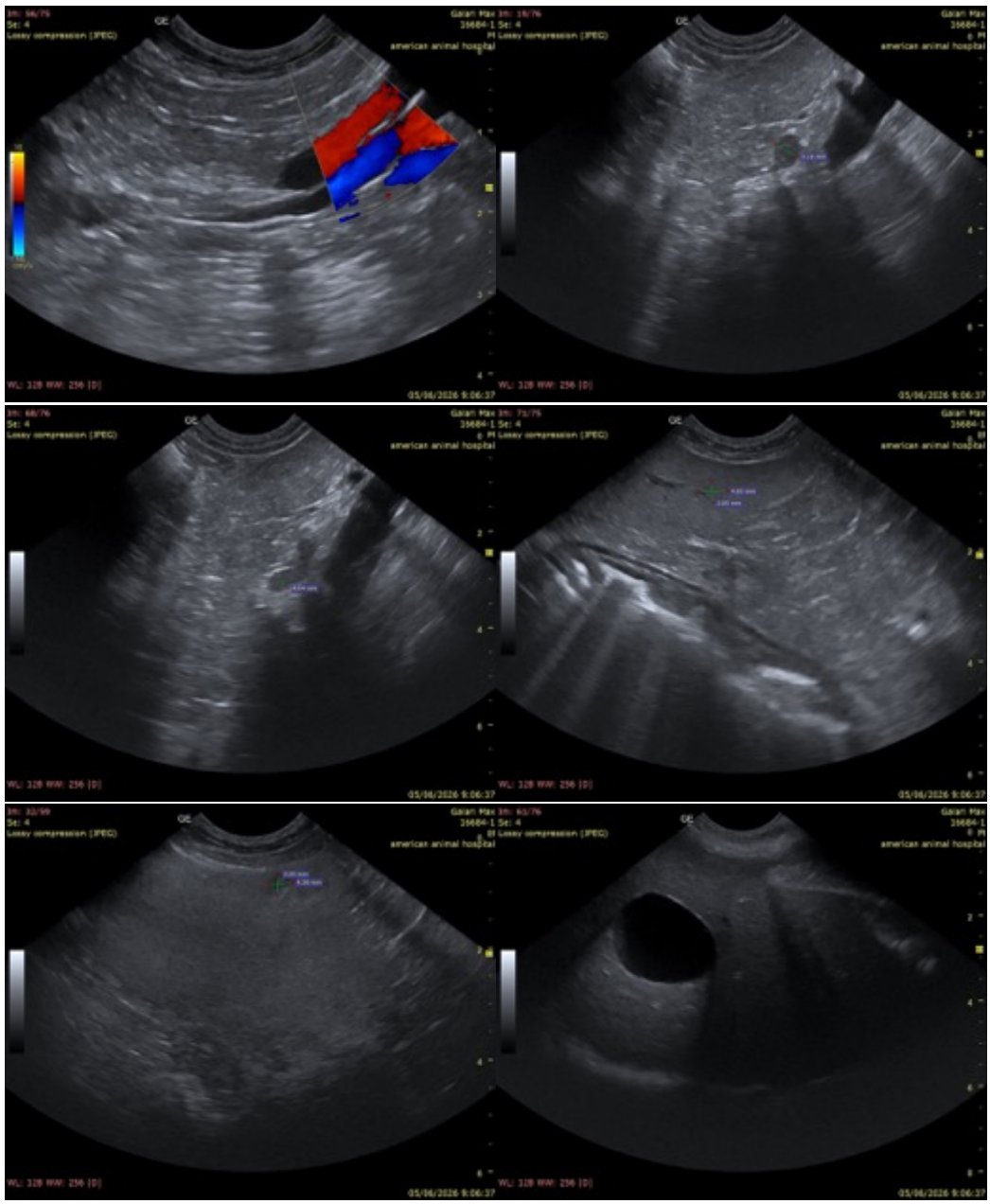

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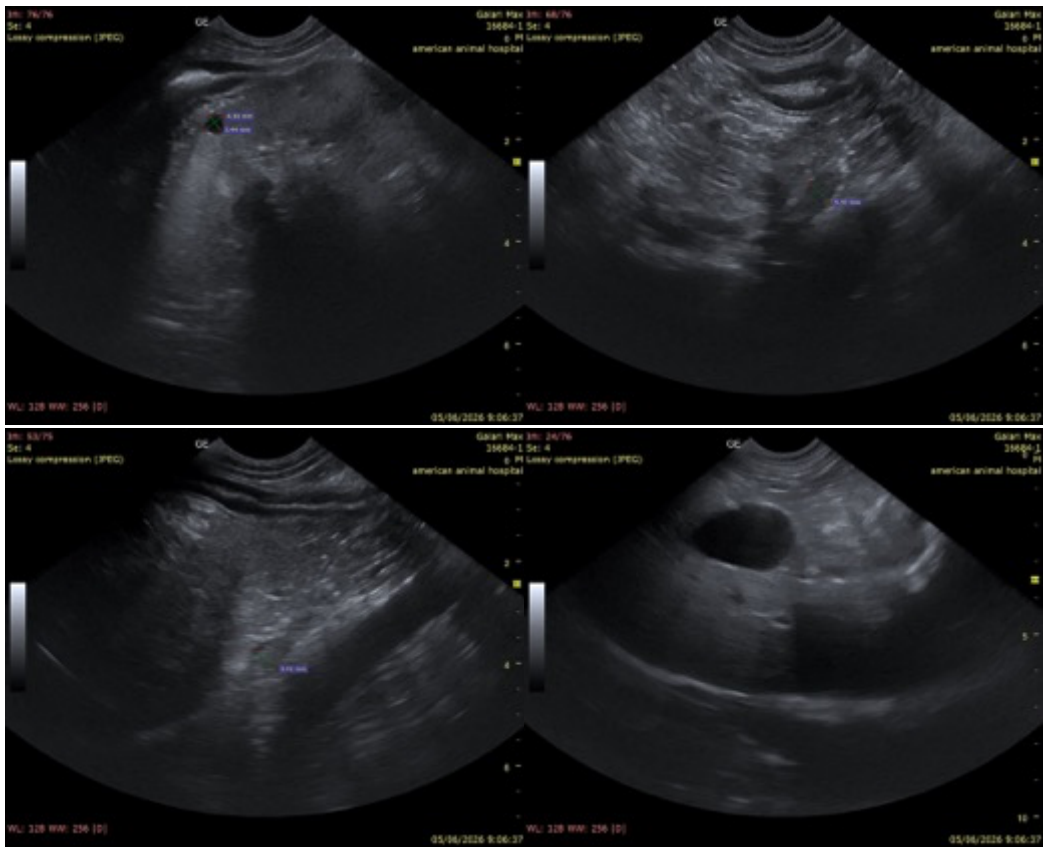

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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