



PATIENT

Auri Mitchell

SPECIES

Rodent

BREED

Chinchilla

SEX

Spayed female

AGE

12 years

WEIGHT

1.18 lbs

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Giddens

INVOICE

71793

DATE

2/23/26

PRESENTING CLINICAL SIGNS

- Clinical Exam Findings:
- We're doing the follow up ultrasound with them as they recommended after removing an odd uterine mass and we are just doing the follow up to make sure there is no issues, Or metastasis from uterine mass removal.
- P is doing well currently (as of 1/22/26), no clinical signs and no discharge from vulva.

- Results from previous Ultrasound:

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

- -Abdominal ultrasound reveals no evidence of recurrence or complications at the site of the previously resected uterine mass. No nodules, fluid collections, or lymphadenopathy are detected in the postoperative region or in the other abdominal areas observed.
- -The mild urinary sediment noted is physiologic in chinchillas, attributed to normal calcium excretion and not indicative of pathology in this moment.

- Recommendations:

While this tumor shows low mitotic activity and no vascular invasion, the mesenchymal component could allow for hematogenous spread (lungs, liver, peritoneum). Routine monitoring is recommended given the histopathologic diagnosis of uterine adenocarcinoma, despite absence of recurrence on current imaging. Periodic imaging follow-up including abdominal ultrasound and thoracic radiographs (to assess for pulmonary metastases).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is normally distended, with a thin and regular wall. The urine is primarily anechoic with a few suspended floating echoes consistent with physiologic calcium excretion. No urinary sludge is identified. The proximal urethra and vesicoureteral junction appear normal. No calculi or sonographic evidence of inflammation or neoplasia are observed.

The left kidney is normal in shape and size: 2.02x1.12 cm, and the thickness of the cortex is 0.19 cm in the sagittal plane. The cortex is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

The right kidney is normal in shape and size: 1.98x1.14 cm, and the thickness of the cortex is 0.20 cm in the sagittal plane. The cortex is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths, or hydronephrosis.

Adrenal Glands

Diameters measured in the sagittal plane: The left adrenal gland was not adequately visualized. The right adrenal gland measures 0.21 cm at the cranial pole and 0.21 cm at the caudal pole.



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Spleen

Partially visualized due to acoustic artifact generated by gastric content. Splenic thickness is 0.5 cm. The observed parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal abnormalities.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears 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 dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is distended with a food pattern. It exhibits normal wall thickness (body: 5.5 mm; pylorus: 1.03 mm) with preserved layering. These measurements are within normal limits for this species.

The small intestine has normal wall thickness (duodenum: 0.73 mm; distal small intestinal segment: 0.66 mm) with intact layering. The lumen is empty, with no signs of ileus, tympanism, or obstruction.

The cecum shows a very thin wall (0.457 mm) with normal contents. The distal colon has a normal wall, with formed feces present in the lumen.

Pancreas

The pancreatic region in herbivorous species is inherently challenging to evaluate due to persistent gastrointestinal content; however, no surrounding inflammatory changes are identified in the areas assessed.

Peritoneal Cavity

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The region surrounding the urinary bladder and the previous uterine surgical site appears unremarkable sonographically.

ULTRASONOGRAPHIC FINDINGS

- No evidence of recurrent uterine mass.
- No abdominal lymphadenopathy.
- No detectable hepatic or splenic metastasis.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

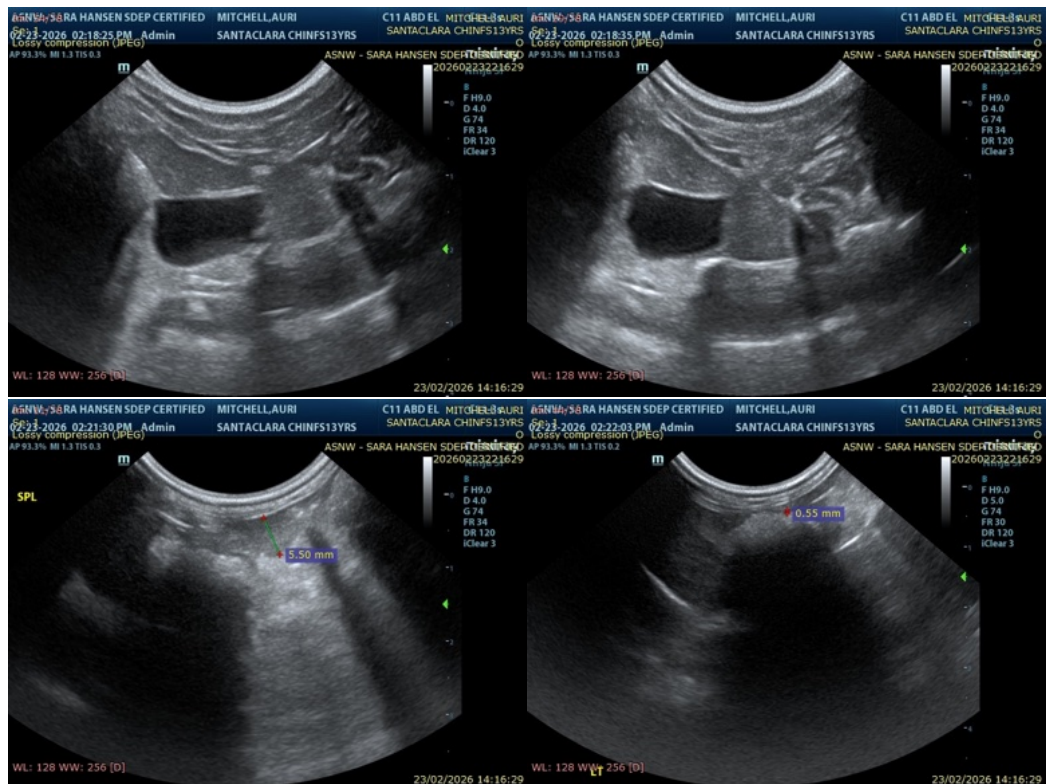
Follow-up ultrasonography does not reveal evidence of local recurrence at the prior uterine surgical site. The pelvic and caudal abdominal regions, including the area previously occupied by the uterus, appear normal without nodular lesions, fluid accumulation, or peritoneal reaction.

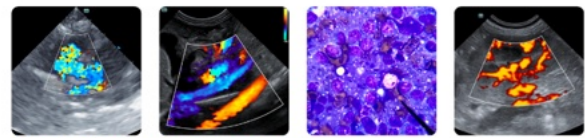
No hepatic, splenic, or abdominal metastatic-appearing lesions are identified on this examination.

Very mild urinary floating echoes are consistent with physiologic calcium excretion in chinchillas and do not represent pathologic sediment.

Recommendations

- Given the low mitotic index and absence of vascular invasion on histopathology, the biologic behavior of this uterine adenosarcoma appears likely to be low-grade; however, due to the limited published data regarding this tumor type in chinchillas, its long-term behavior remains incompletely characterized. In light of the absence of recurrent or metastatic disease on serial imaging, periodic surveillance may be considered, with the monitoring interval determined at the discretion of the attending veterinarian based on clinical progression, overall health status, and client preference.
- Periodic thoracic radiographs to monitor pulmonary metastasis.





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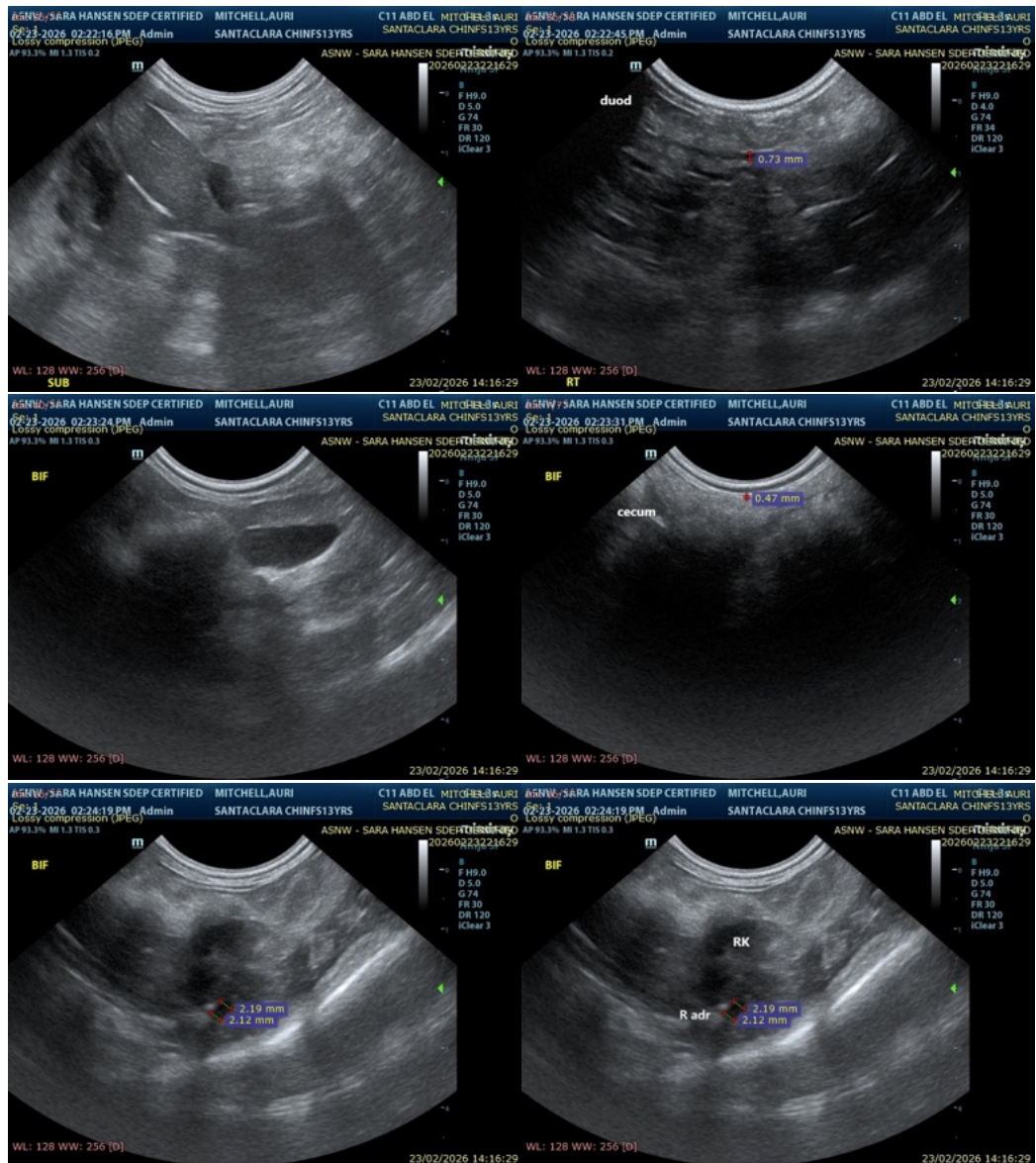
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

MV Esp Ultrasound in Domestic and Wild Animals

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