



PATIENT

Argo Berlanga

SPECIES

Canine

BREED

Husky

SEX

Male, neutered

AGE

11 Yrs.

WEIGHT

78 lbs.

INTERPRETED BY

Andrea Nicastro, DVM,
Diplomate ACVIM
(*Small Animal Internal
Medicine*)

IMAGING PERFORMED BY

Dr. Jenny Russell

HOSPITAL NAME

Southwest Texas VMC

REFERRING VET

Dr. Jenny Russell

INVOICE

13635

DATE

3/24/26

PRESENTING CLINICAL SIGNS

Argo, an 11 year old male neutered dog, presents for evaluation of a rapidly growing mass on the left front foot present for approximately 3 months, now bleeding and causing constant licking. He has been experiencing anorexia for approximately 1 week, with minimal food intake. He has had chronic diarrhea for approximately 2 months, progressing to dark, tarry stools for the past 3 weeks. On Wednesday, he developed dyspnea and labored breathing. He has lost 4-6 lbs. Owner reports he was seen by a veterinarian in Mexico who prescribed cardiac medication and diuretics for suspected cardiomegaly and pulmonary edema. O did not give them. Previous veterinarian in Texas referred for surgical and oncological evaluation. Records from Roots Veterinary Care (03/10/2026) note elevated calcium (12.3), slightly elevated alkaline phosphatase and SDMA.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is moderately distended. The wall is normal in thickness with a smooth mucosal surface. A small amount of gravity-dependent mineralized sand is observed within the lumen. The region of the trigone is normal.

The prostate is not definitively visualized due to its pelvic location.

The left kidney is normal in size (8.57 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Non-obstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

The right kidney is normal in size (8.74 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal to mild loss of corticomedullary distinction. Non-obstructive mineralized foci are visualized. There is no evidence of pyelectasia, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (0.49 cm at cranial pole) (0.58 cm at caudal pole) with a normal shape and homogenous parenchyma. The glandular echogenicity and detail are unremarkable. Capsule, cortex, and medullary definition are normal. The phrenicoabdominal vein and surrounding vasculature are normal.

The region of the right adrenal gland is evaluated. No obvious pathology is observed in this region.

Spleen

The spleen is normal in size (2.27 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. See also *Other*. Splenic vasculature is normal.

Liver

The liver is subjectively enlarged with irregular peripheral contours. A >8.5 cm heterogeneous slightly cavitated mass appears to be arising from the parenchyma. In addition, a 1.5 cm hypoechoic to heterogeneous nodule is observed adjacent to the diaphragm. In the remainder of the liver, the parenchyma is isoechoic relative to the spleen. Vascular and biliary tracts are of normal volume with no evidence of congestion.



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The gall bladder lumen is moderately distended. The wall is thin and smooth. Luminal contents are mostly anechoic. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall is normal in thickness with a normal layering pattern. The small intestinal lumen is not dilated. The small intestinal wall thickness is normal. There is slight disruption in the normal 1:3 muscularis: mucosal ratio in several segments. Discreet masses are not identified. The colonic wall is normal. There is no obvious evidence of an obstructive pattern.

Pancreas

See *Other*.

Lymph nodes

A 2.1 x 1.1 cm lymph node is observed in the cranial abdomen.

Free Abdomen

There is no obvious evidence of free fluid .

Other

In the mid-abdominal region, a 6.6 x 3.7 cm heterogeneous mass is visualized. Adjacent mesentery is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

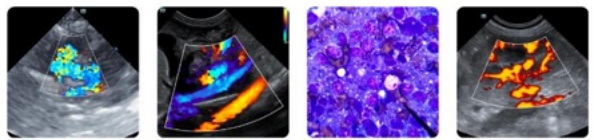
- Large cranial abdominal mass, suspected to be of hepatic origin. Neoplasia (i.e., sarcoma, carcinoma, round cell tumor) is suspected with a low possibility of a non-neoplastic process. The hepatic nodule adjacent to the diaphragm may represent a metastatic lesion, a benign focus (i.e., regenerative nodule, inflammatory lesion), other.
- The origin of the mid-abdominal mass is unclear. It may be arising from spleen, pancreas, mesentery, lymph node, other. Again, neoplasia is suspected with a lower possibility of a benign lesion (i.e., inflammatory).
- The prominent cranial abdominal lymph node could be consistent with infiltrative neoplasia or reactive change.

Secondary Findings:

- Bilateral nonspecific, age-related renal changes with non-obstructive nephrocalcinosis.
- Urinary bladder sand
- The small intestinal wall changes could be consistent with inflammatory bowel disease or may be a normal variant for this patient. Correlation with the patient's long term clinical history is recommended.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Three-view thoracic radiographs are recommended to assess for pulmonary metastases.



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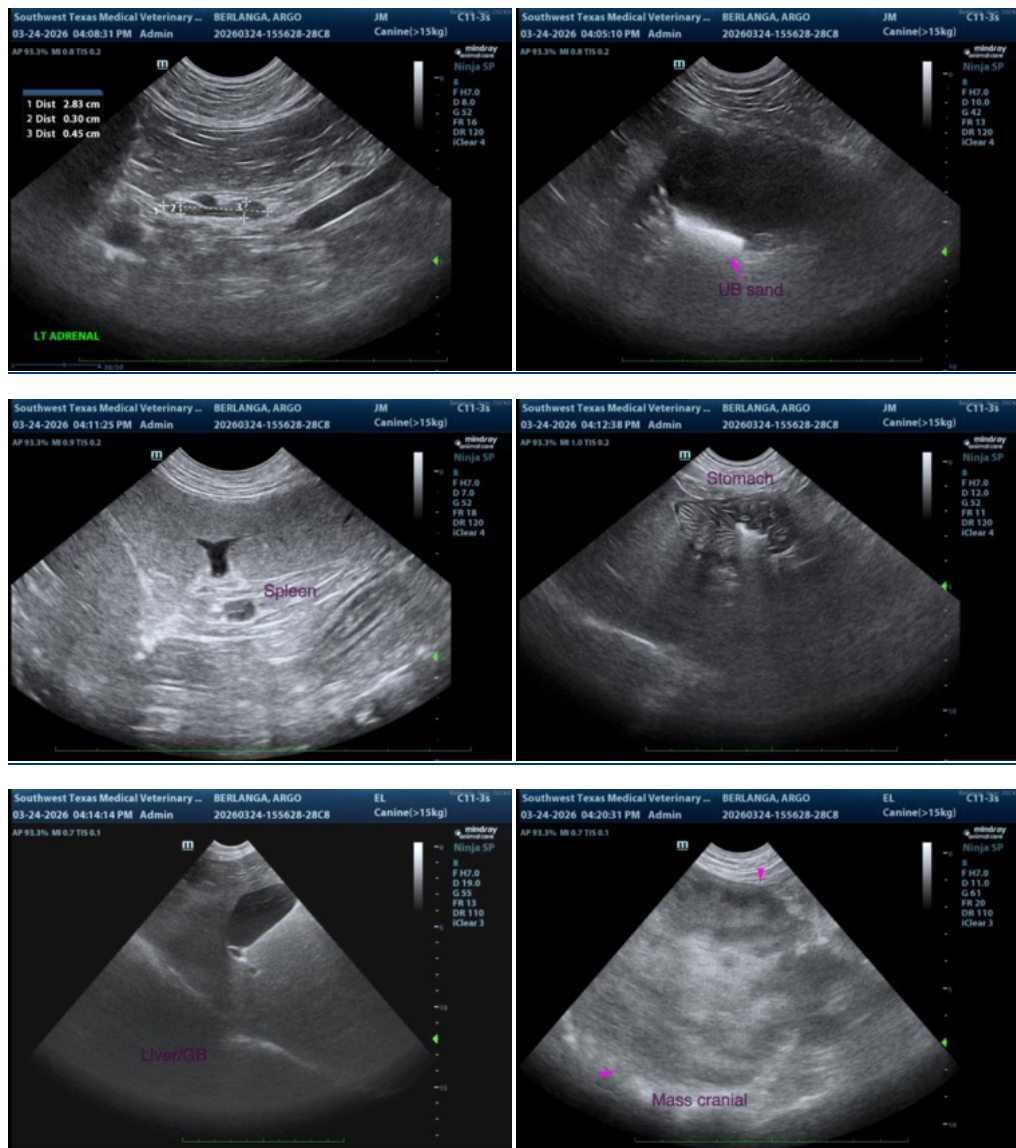
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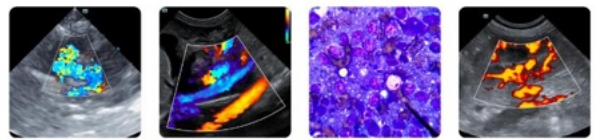
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2. Consider fine needle aspiration of one or both of the abdominal masses (assuming normal clotting status). 25-gauge needles should be used.
3. Also consider an abdominal CT scan to further evaluate abdominal pathology.
4. Depending on results of the above diagnostics, consultation with a board-certified oncologist and/or surgeon may be warranted.
5. If further testing is not pursued, palliative care is recommended.





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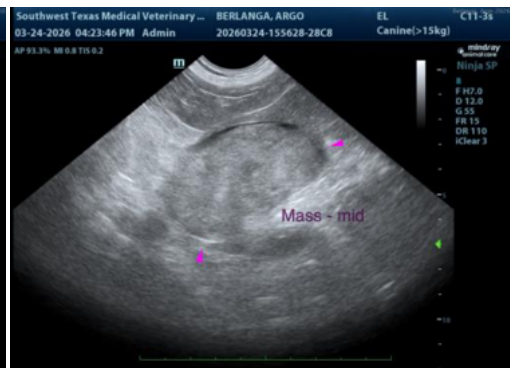
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Andrea Nicastro, MPH, DVM, Diplomate DACVIM (Small Animal Internal Medicine)
info@SonoPath.com