



PATIENT

Molly Meyers

SPECIES

Canine

BREED

Poodle Shih Tzu Cross

SEX

Spayed female

AGE

13 years

WEIGHT

8.3 kg

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Jessica Morgan, RVT

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Canning

INVOICE

69106

DATE

11/26/25

PRESENTING CLINICAL SIGNS

History: 13 year old mix, did have lymphoma in 2024, was seen at OVC onco, received chemo is in remission with month checks with oncologist. no clinical illness seen. Mildly elevated ALP for last 3 years, ranging from 230 to 264)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is normally distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. Normal appearance of the proximal urethra and vesicoureteral junction. There are no calculi, and no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size: 4.38 x 2.23 cm, and the thickness of the cortex is 0.36 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

The right kidney is normal in shape and size: 4.22 x 2.01 m, and the thickness of the cortex is 0.40 cm, in the sagittal plane. The cortical is isoechoic compared to liver parenchyma. The corticomedullary ratio is normal and the corticomedullary definition is preserved. There is no evidence of pyelectasia, nephroliths or hydronephrosis. Doppler color shows normal pattern.

Adrenal Glands

The left adrenal gland is only partially visualized, with the caudal pole measuring 0.63 cm. The right adrenal gland is not visualized.

Spleen

Splenic thickness is 1.41 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 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 with a small amount of biliary sludge. 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 mural thickness of 3.64 mm and preserved wall layering. Pylorus: 4.65 mm.

Duodenum: 3.13 mm. Jejunum: 3.79 mm. Ileum: 2.19 mm. Normal wall layering throughout. No signs of obstruction, ileus, or foreign material are identified.

Colon: transverse 0.93 mm; descending colon 1.21 mm, containing formed feces.

Pancreas

Pancreatic thickness is 0.97 cm. The pancreatic parenchyma is isoechoic to the adjacent omental fat. No signs of active inflammation or neoplastic disease are evident.

Peritoneal Cavity

No abdominal effusion or peritonitis is observed. Cranial mesenteric lymph nodes are not visualized, but the surrounding regions appeared unremarkable. The iliac trifurcation is normal.

ULTRASONOGRAPHIC FINDINGS

The abdominal ultrasound is unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No abdominal masses, lymphadenopathy, or signs of recurrent neoplastic disease are identified. The gallbladder contains a small amount of non-obstructive sludge, which is commonly incidental in older dogs.

The left adrenal gland is only partially visualized, and the right adrenal gland is not visualized, which is a limitation of the study rather than an indication of pathology. No peri-adrenal masses or surrounding abnormalities are present.

There is no ultrasonographic evidence of lymphoma recurrence or other structural abdominal disease at this time.

The liver appears normal, despite the history of mildly elevated ALP over several years, which may reflect chronic benign steroid-associated hepatopathy, prior therapy, or age-related changes.

Overall, the findings are consistent with a stable abdominal ultrasound in a geriatric dog with a history of lymphoma in documented remission.

Recommendations

- Continue current oncologic monitoring.
- Monitor liver enzymes periodically.



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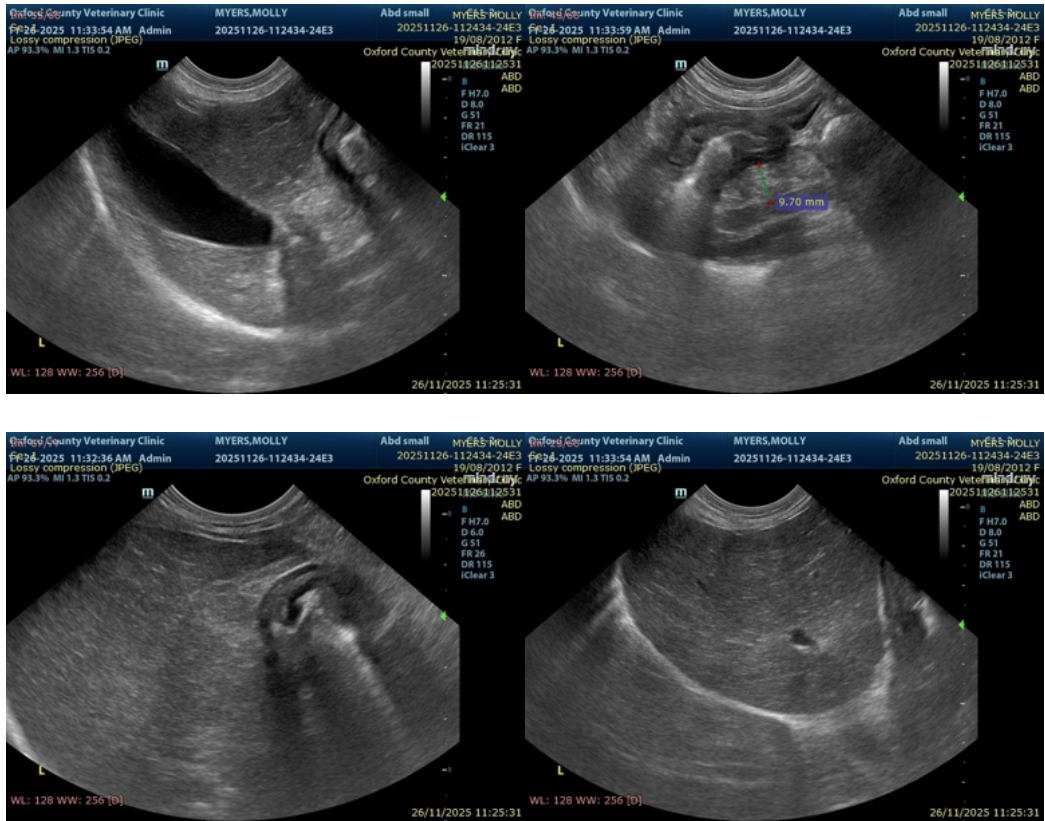
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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