



PATIENT

Miss Pippa Colbert

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

10 years

WEIGHT

5.6 kg

INTERPRETED BY

Dr. Alicia Angosto
Guerrero

IMAGING PERFORMED BY

Melinda Persson

HOSPITAL NAME

At Home Veterinary

REFERRING VET

Dr. Persson

INVOICE

73434

DATE

3/11/26

PRESENTING CLINICAL SIGNS

- Mammary carcinoma of the left fourth gland removed in June with clean margins
- Local SQ LN met
- Chemo finished 1-2 months ago
- This is a met check
- Last AUS in October no evidence of metastasis

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The bladder lumen is moderately distended, and the wall of the urinary bladder appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi are identified and there is no evidence of inflammatory or neoplastic changes.

The left kidney is normal in shape and size, measuring 4.29×2.08 cm, and the cortical thickness measures 0.36 cm in the sagittal plane. The cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

The right kidney is normal in shape and size, measuring 3.76×1.84 cm, and the cortical thickness measures 0.37 cm in the sagittal plane. The cortex is isoechoic compared with the hepatic parenchyma. The corticomedullary ratio is normal and corticomedullary definition is preserved. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

Both adrenal glands demonstrate normal shape and echogenicity. Dorsoventral diameters measured in the sagittal plane: the left adrenal gland measures 0.40 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measures 0.65 cm at the cranial pole and 0.59 cm at the caudal pole.

Spleen

Splenic thickness measures 1.20 cm. The parenchyma demonstrates normal echogenicity and a fine homogeneous echotexture without focal abnormalities. The splenic capsule is smooth and regular. The splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The hepatic parenchyma appears uniform and isoechoic compared with the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is normally distended. The wall is thin and the contents are primarily anechoic with a very small amount of biliary sludge. No dilation of the cystic duct or common bile duct is observed.

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The stomach is empty and folded, with mural thickness measuring 1.70 mm and preserved wall layering. The duodenum measures 2.12 mm. The jejunum measures 2.47 mm. The ileum measures 1.68 mm. Wall layering is preserved. No sonographic evidence of inflammation, ileus, or foreign material is identified.

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The colon measures 0.98 mm, with formed fecal material present within the descending segment.

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Pancreas

The evaluated pancreatic regions do not demonstrate sonographic evidence of inflammation or neoplastic disease.

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Peritoneal Cavity

There is no sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly. The iliac trifurcation region appears normal.

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ULTRASONOGRAPHIC FINDINGS

No ultrasonographic evidence of metastatic disease is identified within the abdominal cavity.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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A thorough and systematic evaluation of the abdominal organs and regional lymph nodes was performed, and no focal lesions suggestive of metastatic spread were detected. The examination was conducted using both a microconvex transducer for global abdominal assessment and a high-frequency linear transducer to allow detailed evaluation of smaller structures and lymph nodes, increasing the sensitivity of the study for detection of subtle lesions. The abdominal ultrasound examination is negative for detectable metastatic disease.

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Recommendations

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- Continue periodic oncologic monitoring, including follow-up abdominal ultrasound examinations as clinically indicated.
- Given the history of mammary carcinoma, thoracic imaging (radiography or CT) is recommended as part of routine metastatic surveillance.
- Further monitoring and diagnostic decisions should be guided by the attending veterinarian based on the patient's overall clinical status and oncologic plan.



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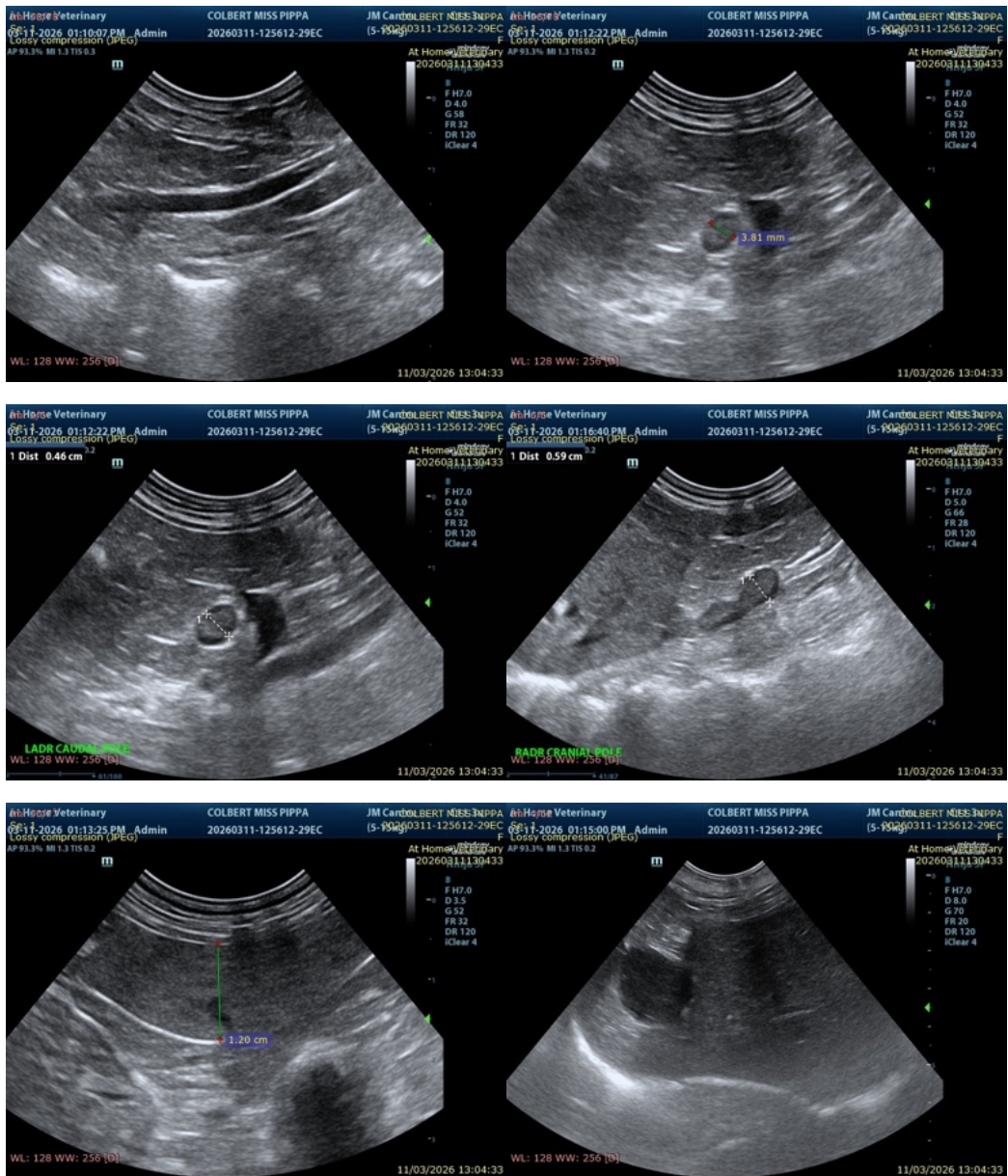
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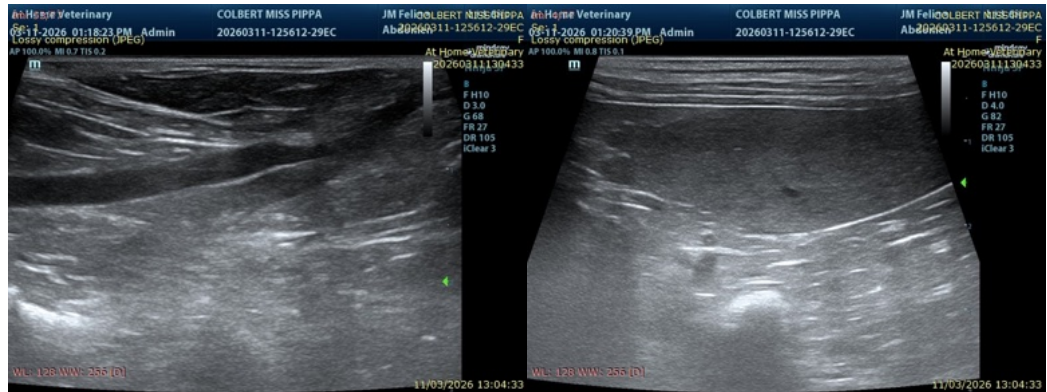
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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