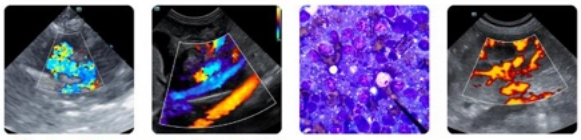

DATE

11/10/25

PATIENT

Honey Stevens

SPECIES

Canine

BREED

Mixed breed

SEX

Female, spayed

AGE

5/23/2016

WEIGHT

30.8 lbs.

INTERPRETED BY

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

HOSPITAL NAME

Banfield Columbia

REFERRING VET

Dr. Hirsch

INVOICE

13323

PRESENTING CLINICAL SIGNS

Patient History: 9 year old mixed breed terrier FS Dog. 4/25 had a mammary mass removed and came back intraductal cystic papillar mammary carcinoma with incomplete margins. Mass is now returning . Preanesthetic
workup prior to mammary mass removal

Current Medications: N/A.
Labwork Results: Labwork not attached, reported as: 11/10/25- Radiographs showed no evidence metastasis in thorax. Spleen enlarged on radiographs, but edges appear normal and not irregular. 10/8/25- cbc/chem ALT 143, otherwise unremarkable.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder wall is normal in thickness and the mucosal surface is smooth. The bladder is moderately distended. Luminal contents are anechoic. No cystic calculi are observed. The region of the trigone and the proximal urethra, visible to a depth of 2 cm, are normal.

The left kidney is normal in size (5.48 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney is normal in size (5.41 cm in length) with a normal shape, architecture and smooth peripheral margins. There is a normal 1:3 cortex to medulla ratio with minimal loss of corticomedullary distinction. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size (0.57 cm at cranial pole) (0.68 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 right adrenal gland is normal in size (0.67 cm at cranial pole) (0.55 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.

Spleen

The spleen is normal in size (1.73 cm in width at the level of the hilus) with a normal capsular contour. The parenchyma is subtly mottled in appearance. No focal lesions are observed. Splenic vasculature is normal.

Liver

The liver is subjectively normal in size with normal contours and structure. There is appropriate echogenicity and echotexture. No overt structural evidence of inflammatory, infiltrative, or regenerative pathology is evident. Vascular and biliary tracts are of normal volume with no evidence of congestion. The portal vein to caudal vena cava ratio is approximately 1:1.

The gall bladder lumen is moderately distended. The wall is thin and smooth. A small amount of mobile hyperechoic debris/sand is observed within the lumen. The cystic and common bile ducts are normal/not seen.

Gastrointestinal

The gastric lumen is not distended. The gastric wall and pylorus are normal in thickness with a normal layering pattern. The pyloric outflow tract is patent. The small intestinal lumen is not dilated. The small intestinal wall is normal in thickness with a normal layering pattern and appropriate mural detail. Discreet masses are not identified. The colonic wall is normal. There is no evidence of an obstructive pattern.

Pancreas

The region of the pancreas is isoechoic relative to surrounding omental fat. No obvious parenchymal abnormalities are observed. There is no evidence of regional inflammation or effusion.

Lymph nodes

The abdominal lymph nodes are normal/not visible.

Free Abdomen

There is no obvious evidence of free fluid.

Other

Coalescing hypoechoic nodules are observed subcutaneously along the caudoventral abdomen. Surrounding tissue is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

- Subcutaneous masses in the region of the caudoventral abdomen.
- The splenic parenchymal changes are most consistent with a benign process such as lymphoid hyperplasia, extramedullary hematopoiesis, splenitis or antigenic stimulation with a lower possibility of infiltrative neoplasia (i.e., lymphoma, mast cell neoplasia).

* The elevated ALT may represent a reactive hepatopathy or an emerging microscopic hepatopathy (i.e., cholangiohepatitis, chronic hepatitis, copper hepatotoxicosis, Leptospirosis, other).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. Regarding the elevated ALT, consider pre and post-prandial serum bile acids +/- Leptospirosis testing (i.e., blood and urine PCR, serology) particularly if clinical suspicion for disease is high. If the ALT continues to increase, hepatic tissue sampling (i.e., aspirates or biopsies) with aerobic and anaerobic bile cultures and hepatic copper quantitation may be warranted.
2. Regarding the mammary masses, consider consultation with a board-certified oncologist and/or surgeon for follow up recommendations.


IntraPet Imaging SPIILLC
STEVENS,HONEY
IntraPet abd...
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11-10-2025 01:36:51 PM Admin
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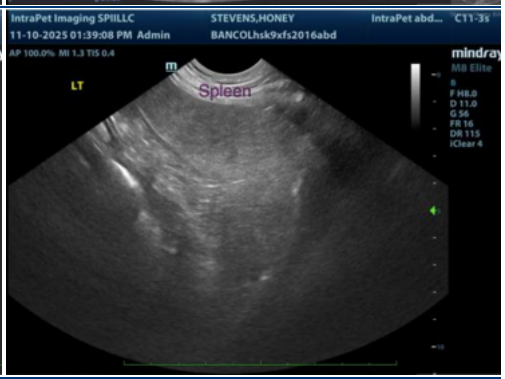
Liver


IntraPet Imaging SPIILLC
STEVENS,HONEY
IntraPet abd...
C11-3s
11-10-2025 01:37:47 PM Admin
BANCOLhsk9xfs2016abd
Liver Sag


IntraPet Imaging SPIILLC
STEVENS,HONEY
IntraPet abd...
C11-3s
11-10-2025 01:40:38 PM Admin
BANCOLhsk9xfs2016abd
LT
Lt adr
1 Dist 2.16 cm
2 Dist 0.68 cm
3 Dist 0.57 cm


IntraPet Imaging SPIILLC
STEVENS,HONEY
IntraPet abd...
C11-3s
11-10-2025 01:42:53 PM Admin
BANCOLhsk9xfs2016abd
RT
Rt adr
1 Dist 2.30 cm
2 Dist 0.55 cm
3 Dist 0.67 cm


IntraPet Imaging SPIILLC
STEVENS,HONEY
IntraPet abd...
C11-3s
11-10-2025 01:44:39 PM Admin
BANCOLhsk9xfs2016abd
1 Dist 1.55 cm
2 Dist 0.72 cm
3 Dist 0.54 cm
CAUDAL SAG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C11-3s
11-10-2025 01:39:08 PM Admin
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LT
Spleen


IntraPet Imaging SPIILLC
STEVENS,HONEY
IntraPet abd...
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11-10-2025 01:43:11 PM Admin
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RT SAG
PV
CVC

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