



## PATIENT

Caitlin Wolfe

## SPECIES

Canine

## BREED

Rought Collie

## SEX

Spayed Female

## AGE

10 Years 11 Months

## WEIGHT

48 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Kaitlyn Rudie, DVM

## HOSPITAL NAME

Sherwood Family Pet  
Clinic

## REFERRING VET

Kaitlyn Rudie, DVM

## INVOICE

71555

## DATE

11/4/25

## PRESENTING CLINICAL SIGNS

2/12/25 ultrasound performed and submitted to SonoPath. Growth removal from R antebrachium performed on same day with histopathology results consistent with liposarcoma (incomplete margins). No regrowth appreciated in this area. Caitlin has been doing well overall at home aside from arthritis which is managed with Librela. AUS to follow up after liposarcoma and d/t lymphopenia on BW. She is undergoing a dental cleaning today.

Abnormal PE/Chem/CBC/UA Results: See attached recent BW results

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 5.2 cm. Right kidney measured 5.4 cm. Pinpoint non-obstructive nephroliths are present bilaterally.

### *Adrenal Glands*

The adrenal glands are unable to be well visualized in these images.

### *Spleen*

The spleen is subjectively normal in size (1.9 cm thick at the hilus) with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### *Liver*

Liver is subjectively enlarged with mildly irregular margins. Parenchyma is mildly heterogenous characterized by multiple poorly defined hypoechoic nodules within otherwise hyperechoic liver parenchyma. Visible vasculature and biliary tree appear normal without distension or congestion

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

### *Gastrointestinal*

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.



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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**Free Abdomen**

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

**PRIMARY FINDINGS**

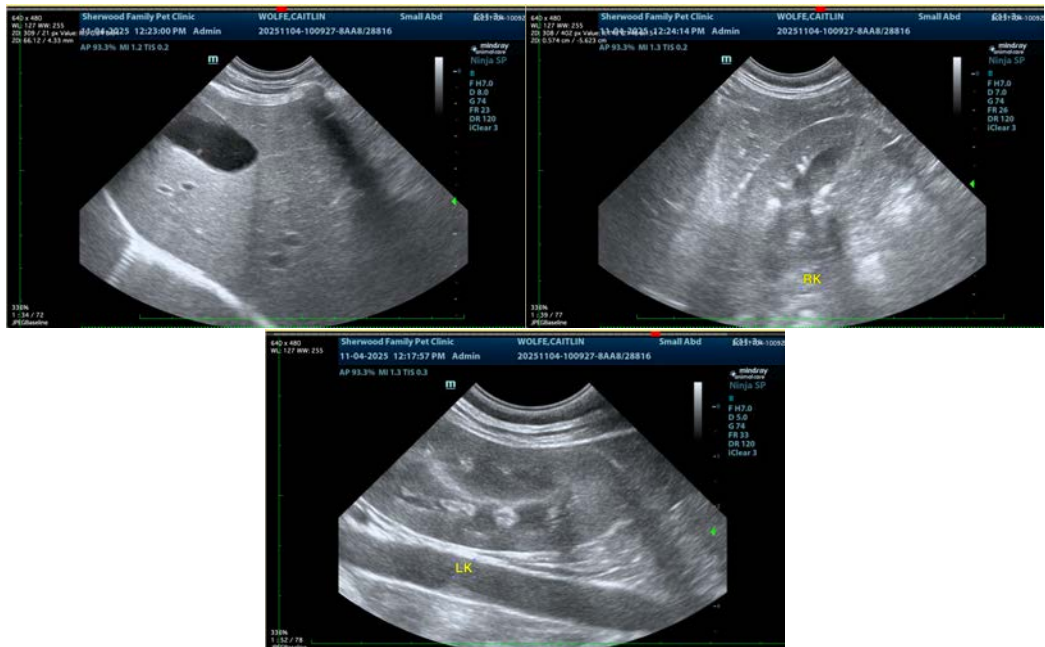
- Mildly heterogenous liver – These changes are most consistent with benign processes such as nodular hyperplasia, steroid (vacuolar) hepatopathy, extramedullary hematopoiesis or possibly chronic inflammatory disease and less commonly infiltrative round cell or metastatic neoplasia.

**SECONDARY FINDINGS**

- Age related kidney changes with pinpoint non-obstructive nephroliths bilaterally.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This is a largely unremarkable/structurally normal abdomen without any definitive ultrasonographically visible evidence of intraabdominal metastatic disease. Therefore, follow ups based on the ultrasound images aren't indicated. Having said that, given the patient's reported CBC changes, further evaluation, beginning potentially with a pathology review, could be considered.





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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.

**Beth Johnson, DVM, DACVIM**  
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