



## PATIENT

Nestle Hanna

## SPECIES

Canine

## BREED

French Bulldog

## SEX

FS

## AGE

12Y, 3M

## WEIGHT

19.4lbs

## INTERPRETED BY

Beth Johnson, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Lucas Budden

## HOSPITAL NAME

Frontier Veterinary  
Hospital

## REFERRING VET

Lucas Budden

## INVOICE

73571

## DATE

2-2-26

## PRESENTING CLINICAL SIGNS

History:

- Clinical signs:
- Mammary mass, ultrasound for staging, inappetence of 3 days duration
- History:
- Presented for mammary mass on 1/11/26. Diagnosed as likely carcinoma. Ultrasound for staging. Mass is in the left caudal mammary chain associated with gland 4. Appetite dropped starting on 1/30/26 and is anorexic at this time.
- Current medications:
- Butorphanol to facilitate ultrasound

Abnormal PE/Chem/CBC/UA Results: Physical exam: BCS 5/9, lost 0.8# since 1/11/26, left ear appears to be infected (lichenification and moderate waxy yellow debris), hyperpigmentation caudal ventral abdomen and around vulva, peripheral LNs all normal, 5-6% dehydrated today Lab work: CBC/Chem/UA pending Chest rads: no mets seen

## 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.

The right kidney is normal is size (4.33 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (4.64 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

### *Adrenal Glands*

The right adrenal gland is normal in size (0.56 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.49 cm at cranial pole and 0.48 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### *Spleen*

The spleen is subjectively normal in size (1.5 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*

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and



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homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

Gallbladder is moderately distended with anechoic bile as well as suspended and gravity dependent echogenic debris. The wall is smooth without visible thickening. There is no evidence of cystic or CBD dilation. There is no evidence of effusion or inflammation.

### *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 intestine demonstrates areas of mildly thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

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

### *Pancreas*

The observed pancreas is prominent (enlarged) in size, hypoechoic to surrounding tissue and irregular in shape with a swollen undulating contour. Enhanced hyperechoic ill-defined surrounding fat is noted.

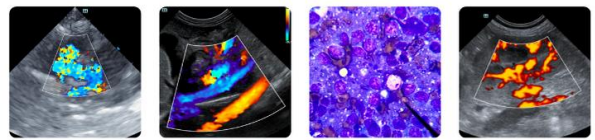
### *Free Abdomen*

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

The medial iliac lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

## ULTRASONOGRAPHIC FINDINGS

- The pancreatic changes are very mild/subtle but mild vs potentially emerging vs resolving acute pancreatitis may be contributing to the patient's reportedly decreased appetite.
- Similarly, the bowel changes are very mild/subtle but early or emerging infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplastic differentials (while infiltrative neoplasia is considered less likely) cannot be ruled out and should be suspected in the face of appropriate clinical signs.
- Mild canine gallbladder debris - Cholecystic debris is of unknown clinical significance. It can be seen with biliary stasis from fasting or illness. Cholecystic debris is not necessarily related to hepatobiliary disease. Echogenic bile is most commonly an incidental finding in dogs and should be interpreted in combination with clinical signs such as nausea, inappetence, cranial abdominal discomfort and/or laboratory changes such as increased ALP and/or increased Tbili.
- Very mild reactive medial iliac lymph nodes - infiltrative neoplastic disease cannot be ruled out but is considered less likely.



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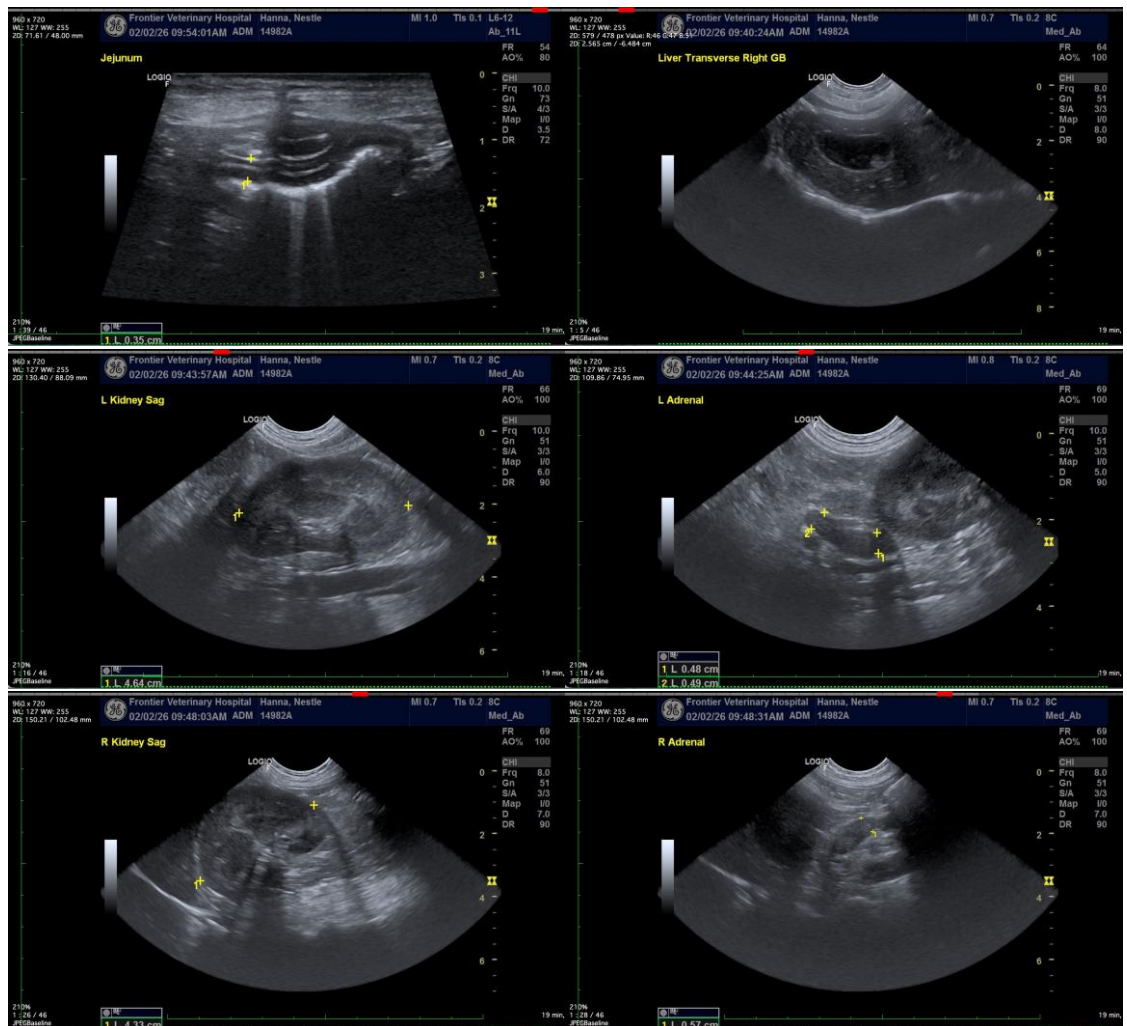
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infiltrative neoplasia/metastatic disease resulting in the mild medial iliac lymphadenopathy cannot be ruled out. Having said that, the lymph nodes have a more characteristic reactive appearance and are likely too small to be sampled at this time.

The pancreatic and bowel changes potentially warrant further investigation, especially in patients reported anorexia, beginning with a gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

As is reportedly already pending, additionally a full general metabolic health screen is recommended, to include CBC, chemistry panel, electrolytes, and urinalysis. Otherwise, there is no definitive ultrasonographically visible evidence of intraabdominal metastatic disease present in these images at this time and further investigation/surgical excision/removal of the reported mammary mass could be considered following consultation with veterinary surgeon +/- veterinary oncologist. Having said that, given the mild lymphadenopathy, close monitoring of the lymph nodes is also recommended.





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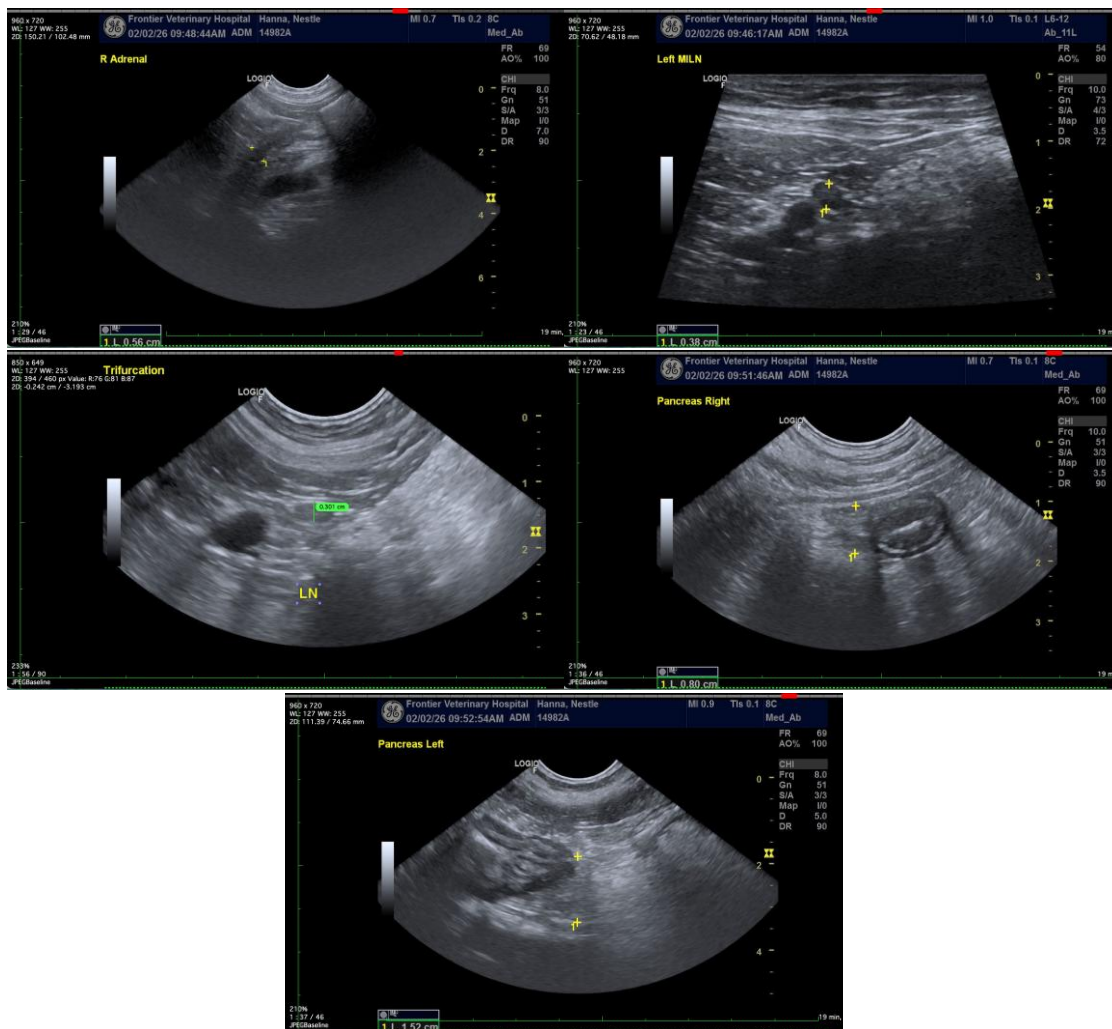
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com