

**PATIENT**

Lucy Haggarty

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

7 Years 9 Months

WEIGHT

14 Pounds

INTERPRETED BYBeth Johnson, DVM
DACVIM**IMAGING PERFORMED BY**

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Craig

INVOICE

44653

DATE

8/15/23

PRESENTING CLINICAL SIGNS

DVM recommended that Lucy get AUS and chest rads every 3-4 months to monitor for possible reoccurrence or spreading of mammary tumors following removal of Cystic Papillary Mammary Carcinoma (intermediate grade) Feb 2023

Abnormal PE/Chem/CBC/UA Results: Her histopath results are supportive of an intermediate (Grade 2) Cystic mammary carcinoma

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is moderately 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 in size (4.98 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 in size (4.53 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 enlarged, primarily at the cranial pole (2.6 cm x 2.1 cm). The caudal pole measures 0.45 cm. Mild heterogenous parenchymal changes. Swollen capsular expansion is noted without evident capsular escape or vascular invasion.

The left adrenal gland is plump/swollen in size (1.2 cm at the cranial pole and 0.55 cm at the caudal pole), with normal shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). A 0.60 cm x 0.90 cm non-capsule disrupting, hypo- to anechoic nodule is noted in the mid body. 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 homogenous in echotexture. A small, discreet, 0.4 cm homogeneous, hyperechoic nodule is noted in the mid caudal liver. 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.

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Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with very echogenic reverberation artifact from intraluminal gas. There is no evidence of obstruction, foreign material or infiltrative disease; however, complete visualization of far wall is partially inhibited by gas. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). 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.

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 appears appropriately isoechoic to surrounding omental fat. The capsule is mildly irregular in shape. Parenchyma is mildly heterogenous and coarse. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of 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. The left measured 0.42 cm thick. The right measured 0.49 cm thick.

ULTRASONOGRAPHIC FINDINGS

- The adrenal changes, given the bilateral nature, likely represent hyperplasia secondary to pituitary dependent hyperadrenocorticism versus potentially bilateral adenomas or even normal patient variant. There are no characteristics of malignancy to support adenocarcinoma, metastatic disease, etc. over benign disease. This finding is relatively static from previous ultrasounds and should be interpreted in combination with clinical signs of adrenal disease or lack thereof.
- Reactive medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely. There is no significant change in this finding from previous ultrasound.
- Hypo to anechoic splenic nodule – likely represents a benign lesion such as a cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out. This is static without evident progression.
- Liver nodule- Differentials for a discrete liver nodule include primarily benign changes such as nodular hyperplasia, fibrosis of an old hematoma, granuloma, myelolipoma, etc.; however, while considered less likely, primary hepatic neoplasia, infiltrative round cell neoplasia and metastatic disease can mimic benign lesions and cannot be definitively ruled out.

IMAGING PERFORMED BY

SVS Mobile Imaging MI SVS 734-637-7711
svsimagingmi@gmail.com



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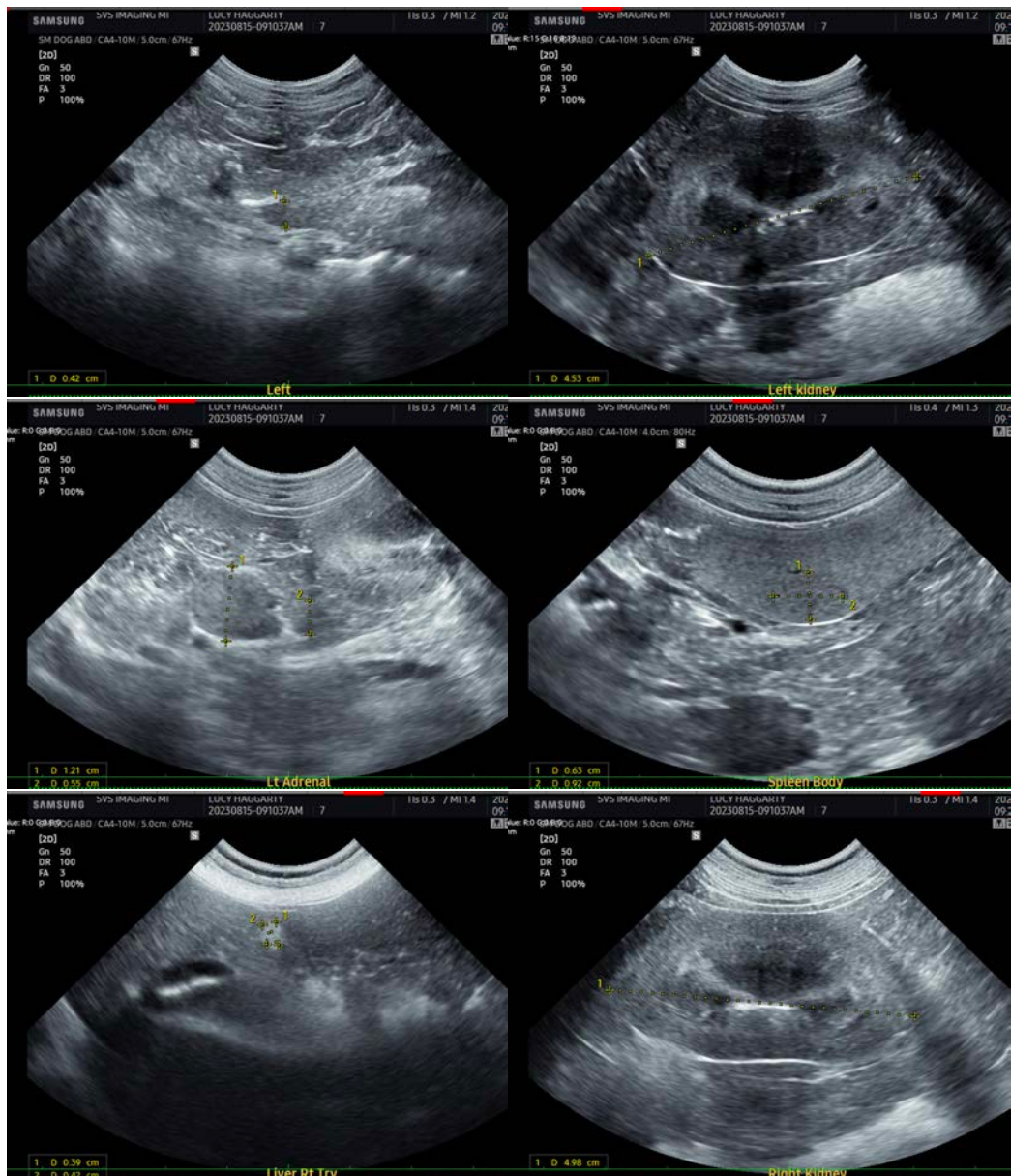
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- Pancreatic age-related remodeling – Mild irregularities are consistent with benign age-related change. Low-grade smoldering chronic pancreatitis cannot be ruled out and should be suspected in the face of appropriate clinical signs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no ultrasonographically visible definitive evidence of intraabdominal metastatic disease noted in these images currently.

Continued treatment/monitoring, etc., and potential consultation with a veterinary oncologist, etc. is recommended.



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EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

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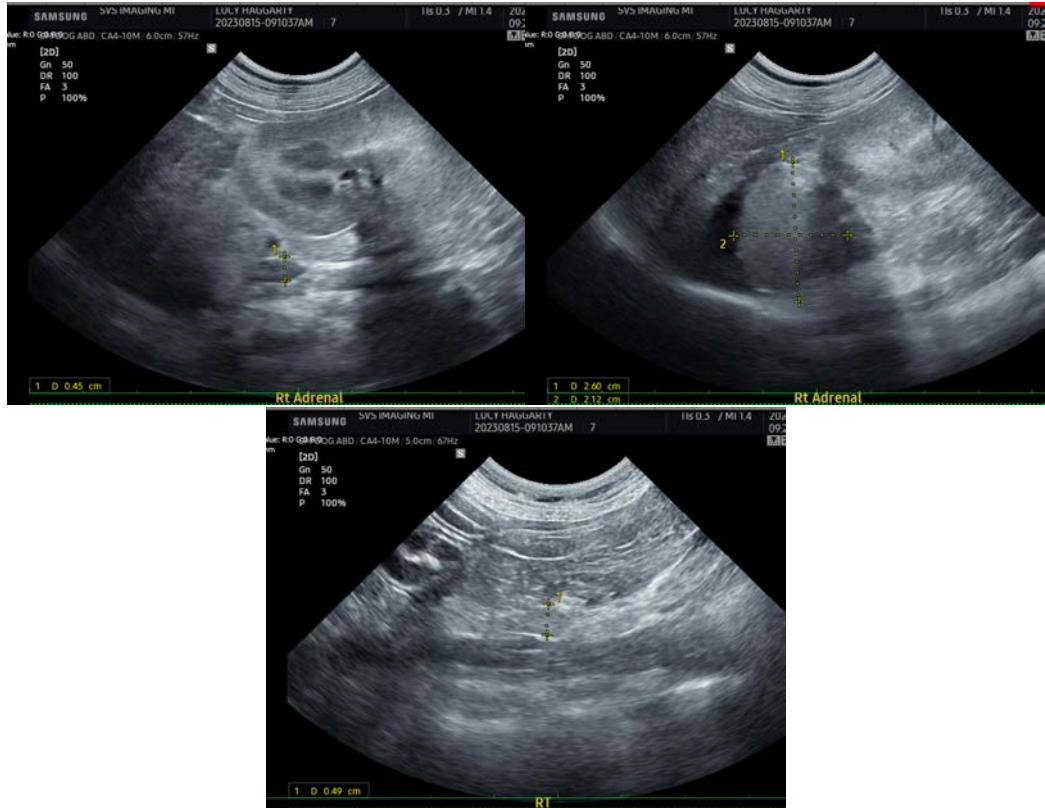
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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