



**PATIENT**

Annabelle Leigh Lowman

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

26.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Harris

**HOSPITAL NAME**

TotalBond VH

**REFERRING VET**

Dr. Harris

**INVOICE**

43905

**DATE**

4/20/23

**PRESENTING CLINICAL SIGNS**

History: 11yo FS Boston Terrier with a history of mast cell tumor removal on 3/30/23. Two tumors removed and histopath revealed the following: Right caudal thigh- High grade 2, complete surgical excision cannot be confirmed. Dorsal spine- Low grade 2, complete excision. Chest xrays and abdominal ultrasound performed today as staging prior to sending to oncologist.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed minor dorsal wall thickening and micropolypoid changes. Suspended debris was noted.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.0 cm. The left kidney measured 5.3 cm.

**Adrenal Glands**

Both **adrenal glands** were visualized obliquely, yet structurally unremarkable. The adrenal glands measured approximately 5.0 cm each. The region of the right adrenal gland appeared unremarkable. The region of the left adrenal gland revealed a 1.0 cm irregular structure. This may be oblique view of intestine or adrenal gland. Further imaging is recommended as this structure cannot be defined.

**Spleen**

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Irregular structure, possible angle to normal tissue in the region of the left adrenal gland.

Bladder wall thickening and micropolypoid changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urinalysis is warranted to assess for any evidence of UTI. Further imaging of the irregular structure is recommended. There was no overt evidence of metastatic disease associated with mast cell.

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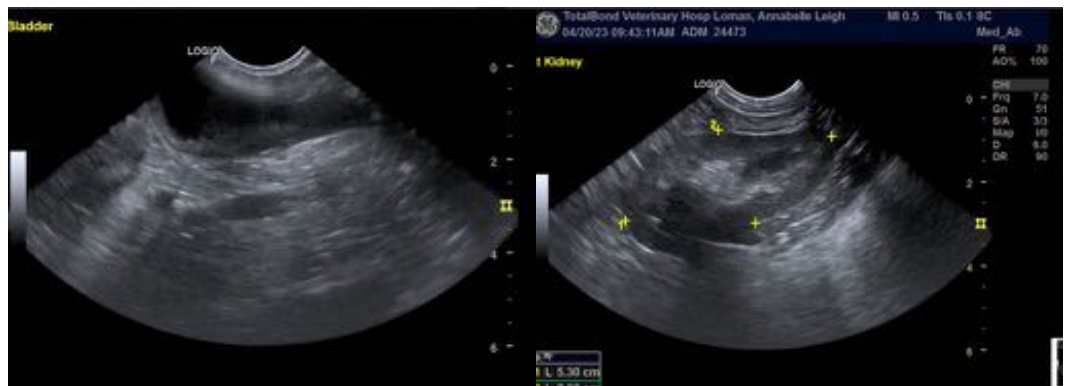
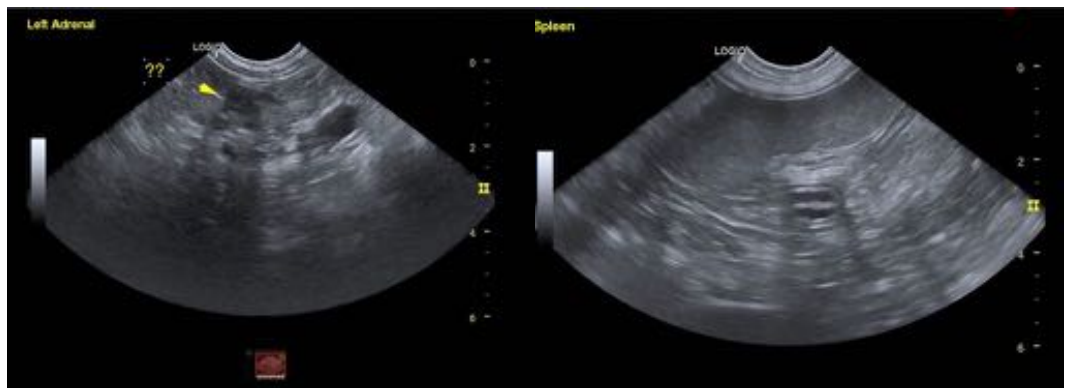
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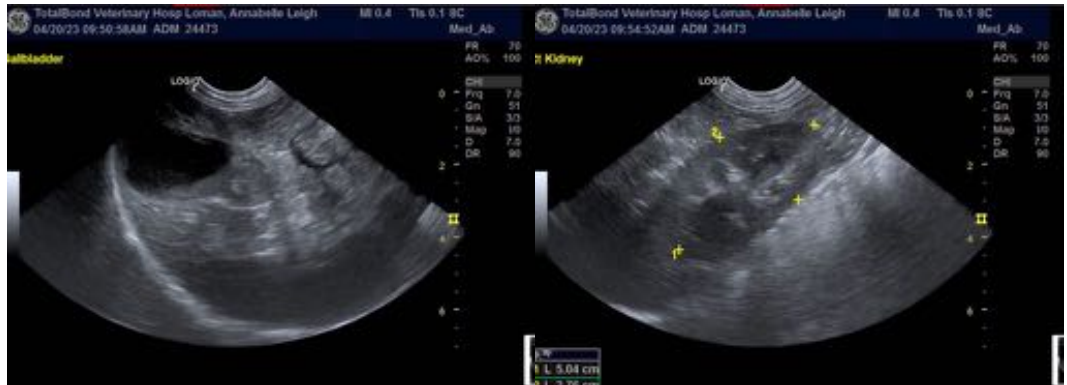
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

Dr. Harris

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.

**HOSPITAL NAME**

TotalBond VH

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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