



## PATIENT

Sophie Olin

## SPECIES

Canine

## BREED

Boston Terrier

## SEX

Spayed female

## AGE

10 years

## WEIGHT

19 lbs

## INTERPRETED BY

Remo Lobetti, BVSc,  
MMedVet (Med),  
PhD, Dipl. ECVIM

## IMAGING PERFORMED BY

Danielle Shemanski,  
DVM, MA

## HOSPITAL NAME

Western New York  
Veterinary Service

## REFERRING VET

Dr. Lefler

## INVOICE

74759

## DATE

4/22/26

## PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Patient present for firm, multilobulated swelling in right inguinal region. Patient had a mastectomy done in November, 2025, to remove both right and left caudal mammary glands. Biopsy of left=grade 1 mammary carcinoma, fully excised; biopsy of right=mammary lobular hyperplasia, completely excised. At recent PE, right submandibular and prescapular LN enlarged. FNA of right prescapular LN=reactive. FNA of inguinal swelling=The cytologic findings are usual and consist of round cells with cytologic features most consistent with mesothelial cells. Mesothelial cells line the abdominal cavity and intra-abdominal organs.. A second population of rounded to polygonal cells with significant atypia are present. These cells are highly concerning for an epithelial neoplasm (carcinoma). Mammary carcinoma in left gland, benign in right gland. Recommend U/S to determine if inguinal mass is hernia vs mass, and if it would be surgically resectable if it is a mass. Also to examine internal organs for any other concerns More irregular masses were found in the cranially in the mammary chains today

CLINICAL SIGNS: firm irregular regrowth of mammary mass at surgical excision site.

MEDICATIONS: Clavamox 125 mg 1 BID, Carprofen 25 mg 1 BID

November 24, 2025 CBC: Lymph-1.01 (1.05-5.10) Pct=0.53 (0.14-0.46)

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.4 cm, right measured 5.1 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

### Adrenal Glands

The adrenal glands are plump in size, but maintained a normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.18 cm in length x 0.76 cm and 0.53 cm in width. The right adrenal gland measured 1.77 cm in length x 0.51 cm and 0.81 cm in width.

### Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. A few, small, hypoechogenic parenchymal nodules measuring 0.6 cm in size. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. The spleen measures 1.4 cm in width.



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## *Liver*

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.

## *Gallbladder*

The gallbladder is full containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

## *Gastrointestinal*

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. A moderate amount of gas was present in the stomach.

## *Pancreas*

The visible sections of the pancreas are of normal size and echogenic appearance with a regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

## *Free Abdomen*

Normal mesenteric lymph nodes.

No ascites evident.

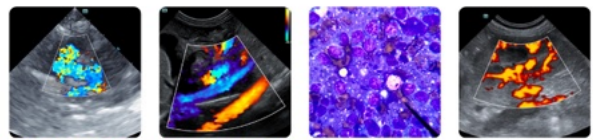
Mammary gland area revealed a large, irregular and mottled echogenic, poorly vascularized mass in the region of the caudal mammary gland/inguinal area measuring 2.3 x 3.5 cm in size. There was no obvious communication with the abdominal cavity.

## *Thorax*

Normal appearance of the heart. No pericardial or pleural effusion evident.

## ULTRASONOGRAPHIC FINDINGS

- Mild bilateral adrenomegaly
- Mammary gland mass
- Splenic nodules



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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

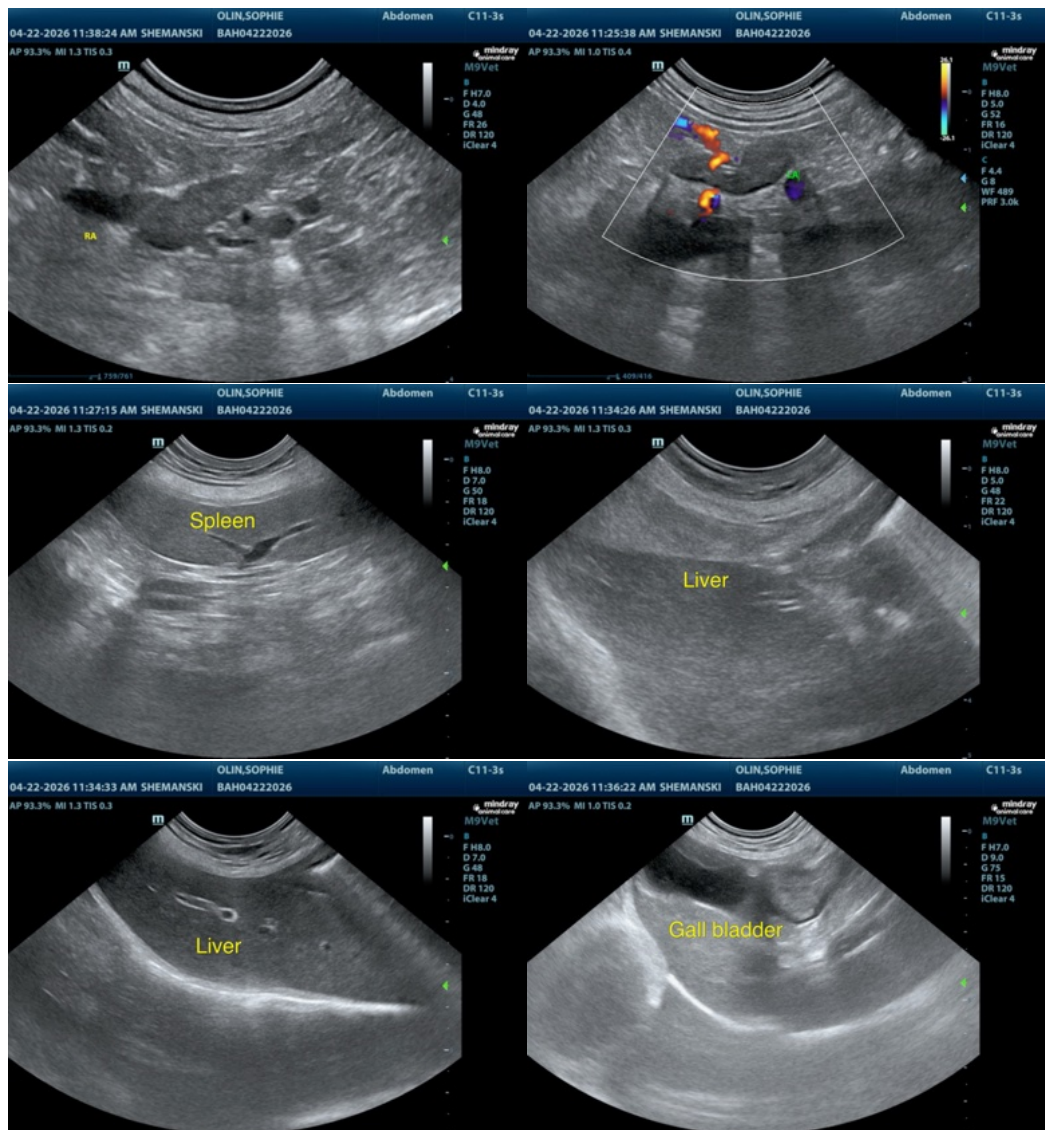
The most likely etiology for the adrenal glands would be age related reactive hyperplasia or disease, stress with emerging pituitary dependent Cushing's disease a less likely differential diagnosis.

The most likely etiology for the mammary mass would be recurrence of neoplasia.

Etiologies would be reactive hyperplasia/extramedullary hemopoiesis, hematoma, and granuloma with infiltrative neoplasia an unlikely differential diagnosis.

Further assessment would be three view thoracic radiographs.

Consultation with an oncologist would be recommended.





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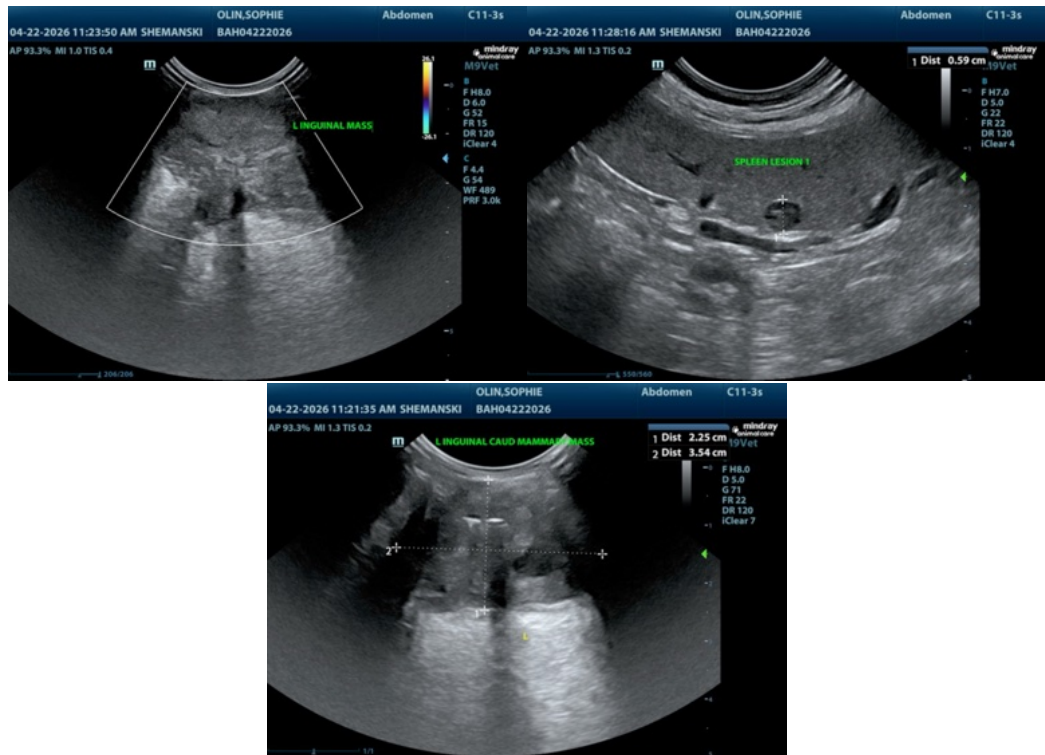
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)

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