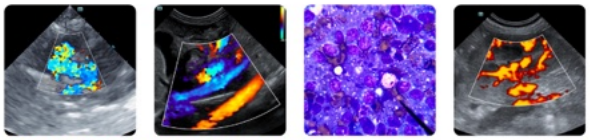


PATIENT

Addison Hoffland

SPECIES

Canine

BREED

Pitbull Mix

SEX

Spayed female

AGE

12 years

WEIGHT

61 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Frankenthal

INVOICE

68740

DATE

11/17/25

PRESENTING CLINICAL SIGNS

History: Weight loss from 68 lbs to 61 lbs since August. Refusing food. No vomiting, diarrhea, coughing, or sneezing. History of proteinuria well controlled with telmisartan. Current food: Purina One canned food - 1/2 can BID. Current meds: Telmisartan.
Abnormal PE/Chem/CBC/UA Results: CHEM: Cr 1.6, rest nsf CBC: nsf Reticulocyte count: mild elevation at 1.2 (normal 0-1) UPC: wnl T4: wnl UA: unremarkable, USG 1.028 August: HWT neg Feb: fecal neg

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 6.3 cm, right measured 5.7 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. A small, incidental cortical cyst was present and measured 0.5 cm in the left kidney. No infarcts, mineralization or renoliths evident.

Adrenal Glands

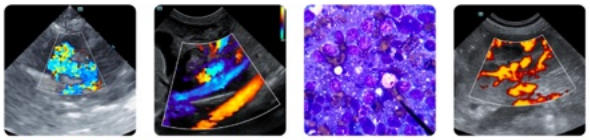
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.67 cm and 0.38 cm in width. The right adrenal gland measured 0.67 cm and 0.68 cm in width.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. A few, small, hypoechogenic, parenchymal nodules measuring 0.8 cm in size. The spleen measures 2.5 cm in width.

Liver

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



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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

There is a small amount of ingesta and fluid present within the stomach, compatible with a recent meal. 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. Patchy mucosal fogging is present within the duodenum. The duodenum measured 0.4 cm, small intestine measured up to 0.36 cm.

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.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodules.
- Fogging of the duodenal mucosa.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic nodules would be reactive hyperplasia/extramedullary hemopoiesis with hematomas and granulomas differential diagnosis and emerging neoplasia a less likely differential diagnosis.

Although the mucosal fogging may be associated with the recent meal, with the presenting clinical signs, an underlying enteropathy such as dietary hypersensitivity and inflammatory bowel disease should still be considered.

Further assessment would be cobalamin and folate assay and endoscopy of the upper GI tract with biopsies.

Specific therapy would be dependent on an etiological diagnosis. Symptomatic management that can be considered would be feeding a novel protein/hypoallergenic diet, cobalamin supplementation and possibly a course of Prednisolone.

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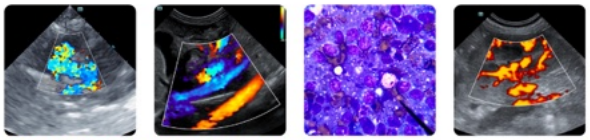

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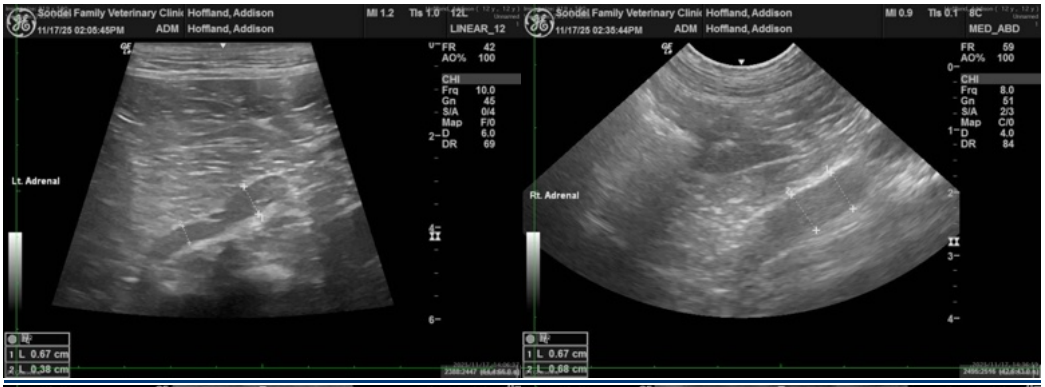

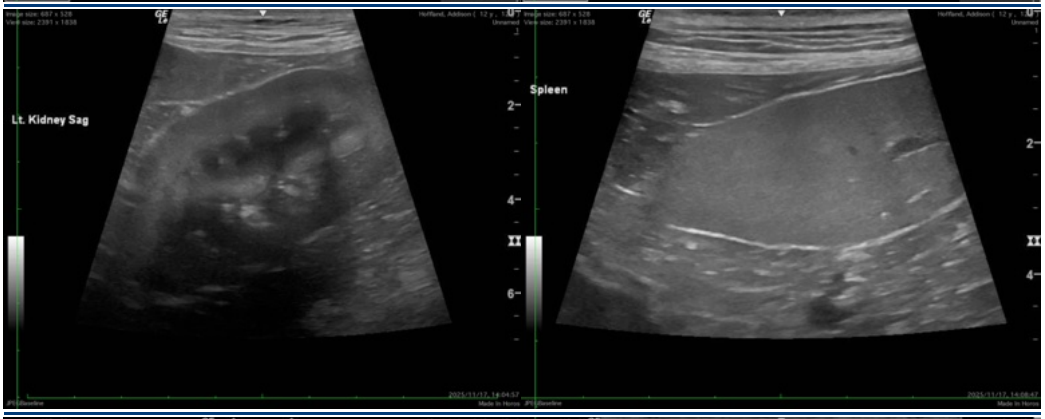

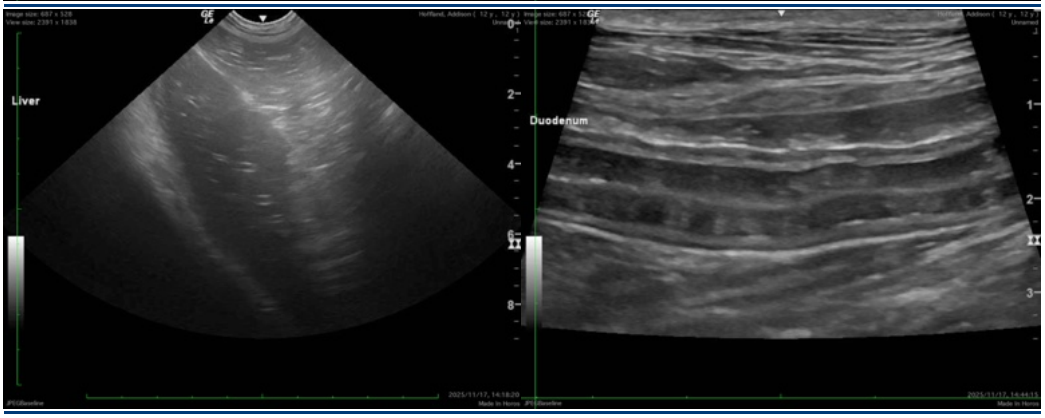

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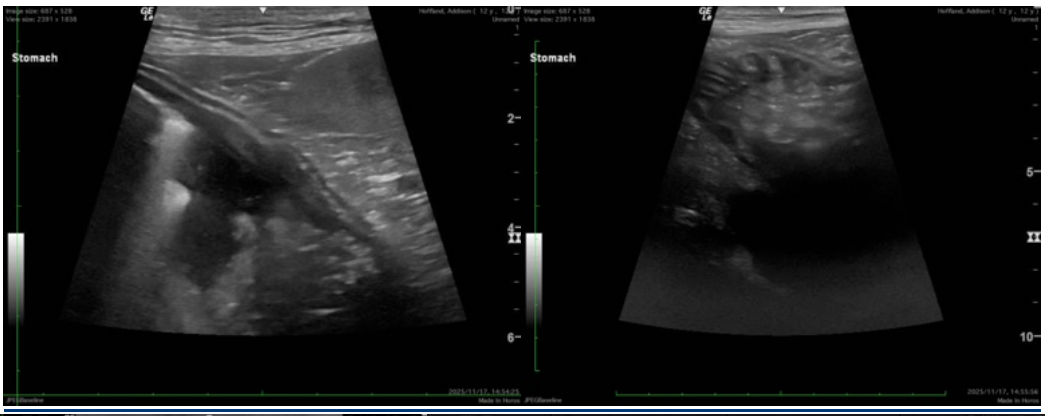

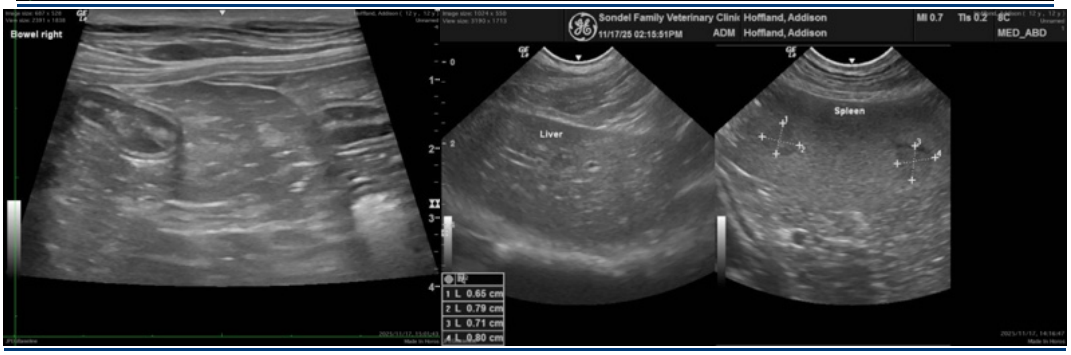

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com