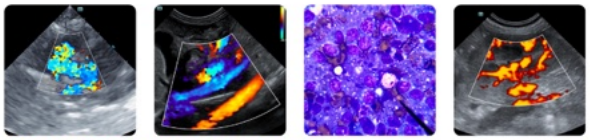


PATIENT

Bella Baker

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

7 years

WEIGHT

23.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane AC

REFERRING VET

Dr. Corbeil

INVOICE

69756

DATE

12/31/25

PRESENTING CLINICAL SIGNS

History: R cranial abdominal mass suspect on POCUS, presented for full AUS and FNA mass. Approx 8 week history reduced appetite, weight loss, vomiting and diarrhea. Started on prednisone 12.5mg PO SID on Dec 27th and has improved significantly. Previously treated with Sucralfate, omeprazole, metronidazole, fenbendazole, interceptor plus dewormer, cerenia, mirtazapine, forti flora. Significantly improved appetite and energy since starting pred 4 days ago, vomiting diarrhea currently resolved. Abnormal PE/Chem/CBC/UA Results: Dec 27, 2025 - electrolytes panel - Potassium mild decrease 3.4 mmol/L rr 3.5 - 5.8 Dec 19, 2025 - resting cortisol 37 nmol/L rr 28- 120 - 'normal'- however basal cortisol levels >55 nmol/L to rule out Addisons - consider ACTH stim test to further rule out Addisons if needed Nov 21, 2025: CBC: HCT 57, WBC 11.6,N, no neutrophilia, Chem: no liver enzyme elevations, normal Glu, no azotemia. cPLI SNAP: Normal Radiographs (skull, cervical, thoracic, abdomen - all NSAF)

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 7.2 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 was noted.

Adrenal Glands

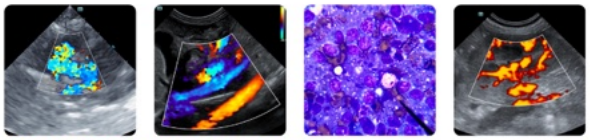
The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.56 cm in width. The right adrenal gland revealed a large, irregular, mottled echogenic mass measuring 2.5 x 5.5 cm in size maintaining its normal position and appearance of the visible periadrenal vasculature.

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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 1.8 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 not clearly visualized, but appears to be normal size and contains normal anechoic bile. The cystic and common bile ducts were not visualized.

Gastrointestinal

Normal appearance of the stomach, duodenum, 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. Focal thickening of the small intestine with a hypoechogenic appearance and measured 0.7 cm in size. No luminal obstruction is evident. The rest of the small intestine had no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen.

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

- Right adrenal mass.
- Focal small intestinal thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the right adrenal mass would be a non-functional carcinoma with a pheochromocytoma a differential diagnosis.

Etiologies for the small intestinal thickening would be granulomatous disease, severe inflammatory bowel disease and possibly neoplasia.

Further assessment and therapy needs to be based on pending cytology results.

FNA cytology of the small intestinal thickening would be recommended. A laparotomy may be considered as it could be both diagnostic and therapeutic.

Specific therapy would be dependent on an etiological diagnosis.

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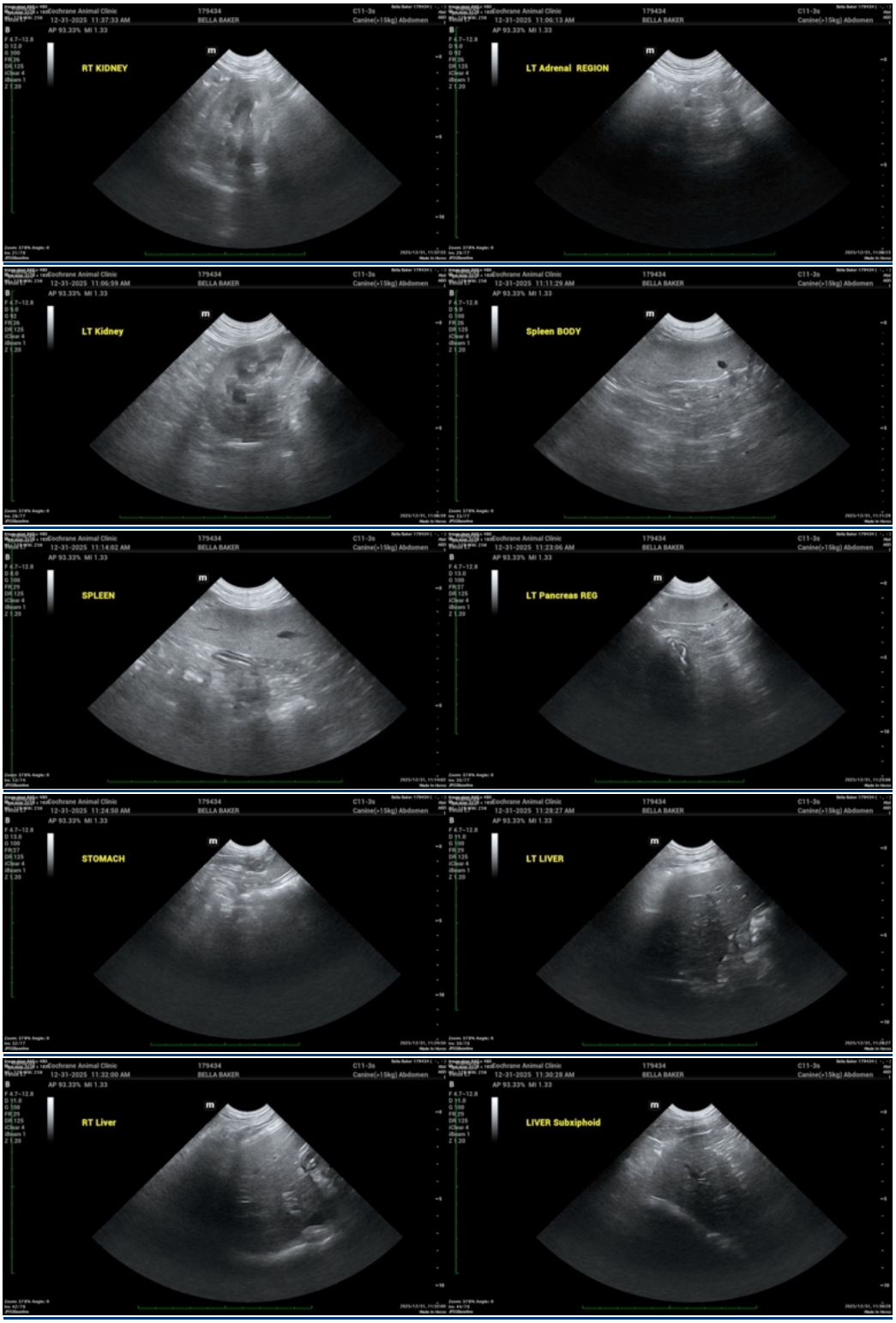

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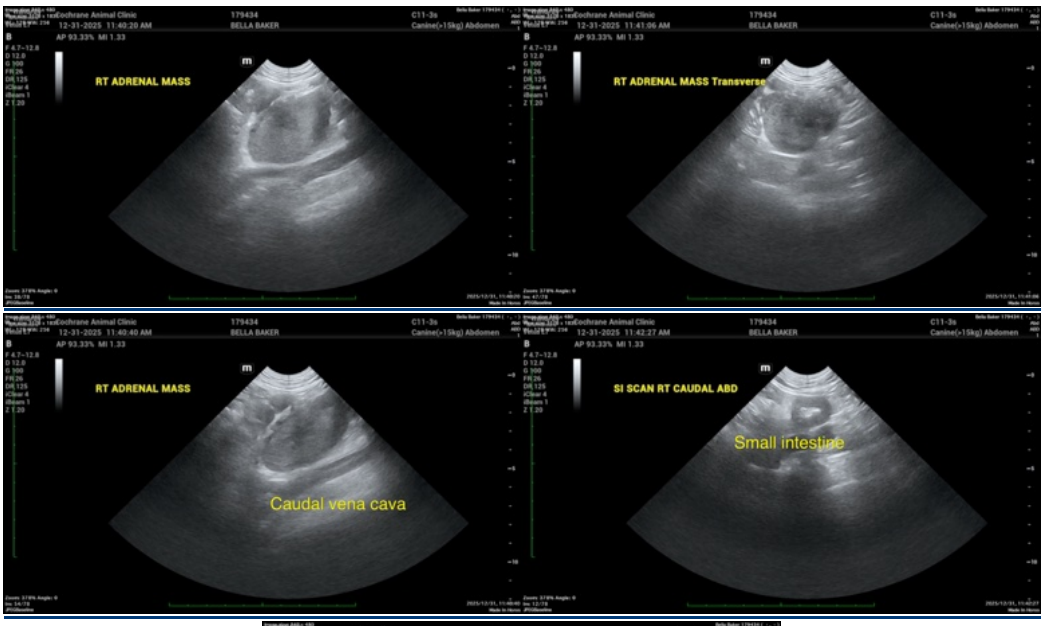

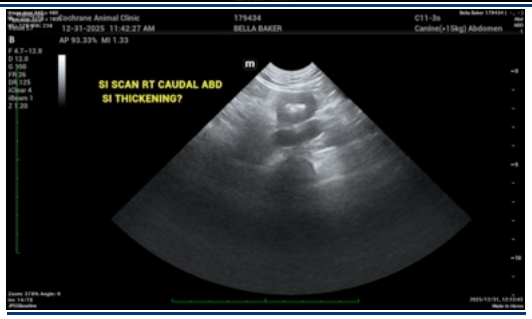

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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