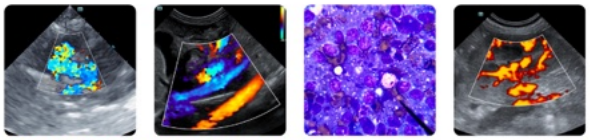


PATIENT

Daisy Francioli

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

4 years

WEIGHT

69.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski, DVM, MA

HOSPITAL NAME

Western New York Vetererinay Service

REFERRING VET

Dr. Sandeep Grewal

INVOICE

75072

DATE

4/30/26

PRESENTING CLINICAL SIGNS

Concern for parathyroid tumor, decreased appetite, PUPD, weight loss.
Brief History: Patient has PUPD. Calcium was >16 mg/dL on 04/22/2026. History of frequent UTIs. 4DX was negative in September of 2025.
Owners report Daisy will not eat but is drinking a lot of water. She has lost a lot of weight and is now 69 lbs. She will eat treats. Appetite stimulants (Mirtazapine) worked for a while but are no longer effective. She does not seem achy when she walks. She is on Stella & Chewy's lamb diet.
CLINICAL SIGNS: PU/PD. Weight loss
4/22/26 Calcium >16 mg/dL
Frequent UTIs
Negative 4Dx 9/2025
BCS = 9/9
MEDICATIONS: Mirtazapine 15 mg, 1 tab PO BID, started 4/22/2026
*Administered 0.5 mL butorphanol IM for sedation for the ultrasound. Patient tolerated well.
Abnormal PE/Chem/CBC/UA Results: April 22, 2026 CBC HGB 13.0 g/dL LOW Plt 103 K/uL LOW MPV 15.7 fL HIGH Blood chem Ca > 16 mg/dL HIGH Glob 4.7 g/dL HIGH Urinalysis (April 2026): USG 1.004 with suspected cocci. (March 2026): USG 1.036 with blood and protein.

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.

Enlarged iliac lymph nodes (left 0.5 x 1.9 cm, right 0.9 x 1.5 cm) maintaining normal shape and echogenic appearance. Ureters not visualized, which can be considered a normal finding.

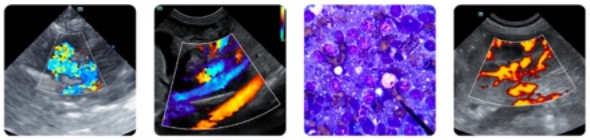
Normal renal size (left measured 6.7 cm, right measured 6.1 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.9 cm in length x 0.5 cm in width. The right adrenal gland measured 2.37 cm in length x 0.76 cm and 0.7 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.4 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.

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.

Thorax

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

Thyroid

A well circumscribed, ovoid nodule in the left thyroid gland measuring 0.4 x 0.9 cm in size.

ULTRASONOGRAPHIC FINDINGS

- Thyroid nodule.
- Iliac lymphadenomegaly.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

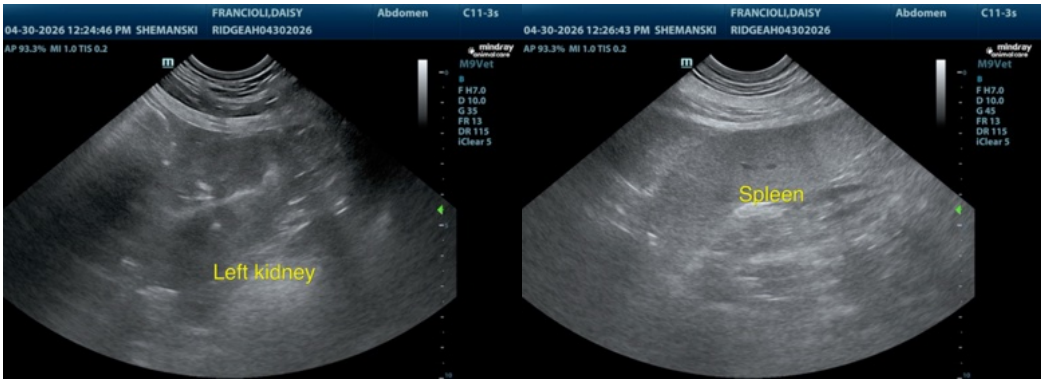
The most likely etiology for the thyroid nodule would be a functional parathyroid gland adenoma.

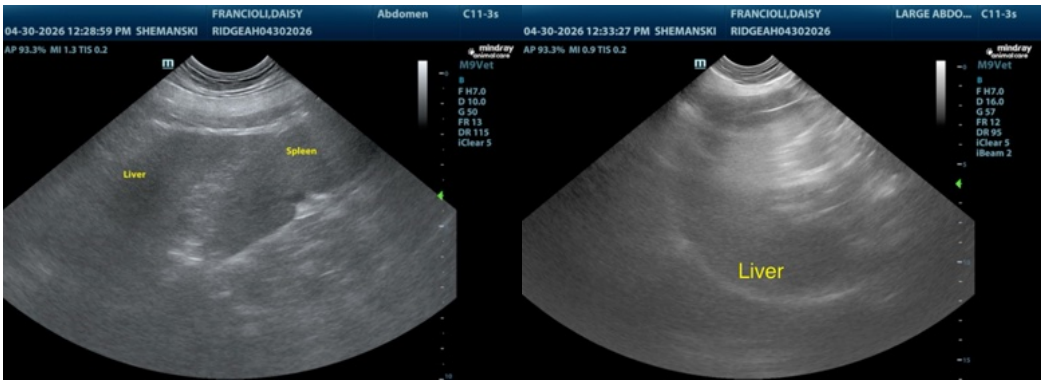
Etiologies for the iliac lymphadenomegaly would be reactive hyperplasia, lymphadenitis and possibly infiltrative neoplasia.

Further assessment would be a hypercalcemia malignancy panel. If the PTHrP is elevated then further assessment would be FNA cytology of the iliac lymph nodes. However, if low or normal and the PTH is elevated then FNA cytology of the thyroid nodule would then be recommended.

Specific therapy would be dependent on an etiological diagnosis.

If the final diagnosis is hyperparathyroidism, then surgical removal of the thyroid nodule would be recommended.





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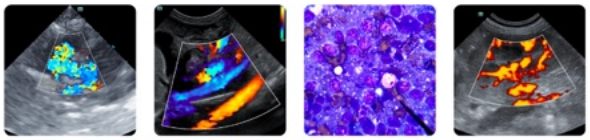

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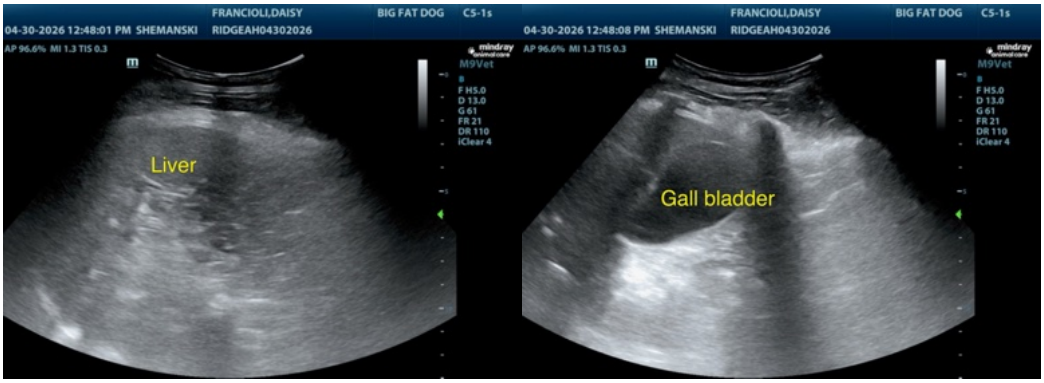

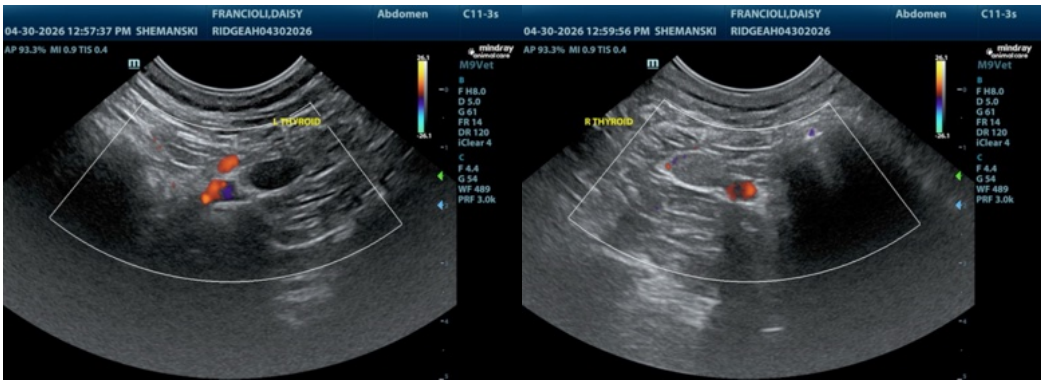

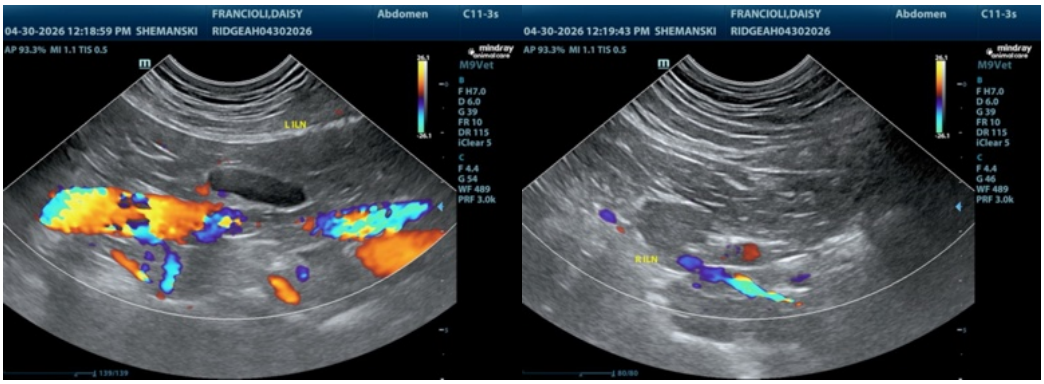

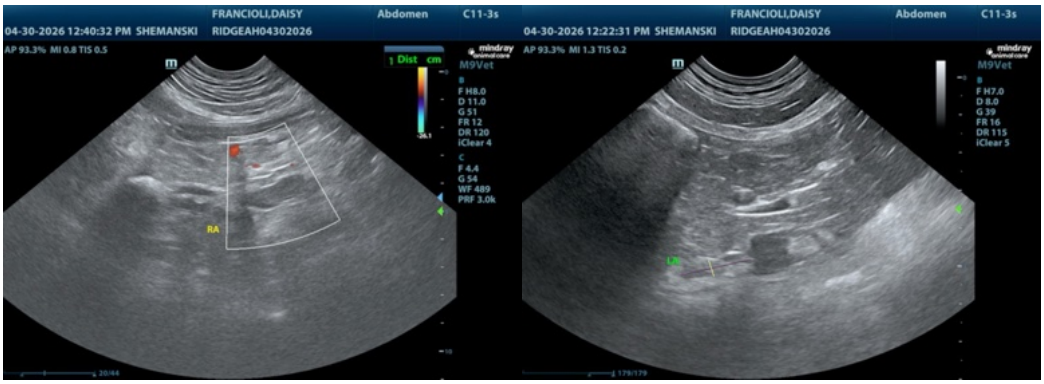

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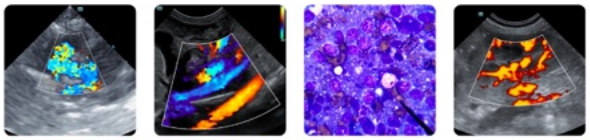

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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