



PATIENT

Missy Krueger

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

13 years

WEIGHT

62.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Arielle Roldan, CVT

HOSPITAL NAME

Milford AH

REFERRING VET

Dr. Ascione

INVOICE

75041

DATE

4/30/26

PRESENTING CLINICAL SIGNS

History: last few weeks on/off clumsy, more nervous, and pot bellied per owner no appetite last 3 days; still pu/pd (protein in the urine yesterday) very needy. cough/gag more often mostly at night or early in the morning vomited 4 times in the last 2 weeks with food in vomit.

Patient has been on long term Thyrosyn , Vetoryl, and Vetmedin.

Pt was originally in for ACTH stim, however since not doing well saw doctor and ran full bloodwork.

Concern about hypercalcemia and possible mass.

Abnormal PE/Chem/CBC/UA Results: Ca 11.43 1.85 - 2.87 mg/dL HIGH LAC 3.46 0.5 - 2.7 mmol/L HIGH BUN 30.39 0.8 - 18.55 mg/dL HIGH Mg 2.42 0.78 - 1.2 mg/dL HIGH CREA 1.2 25 - 141 mg/dL LOW PHOS 7.21 0.94 - 2.98 mg/dL HIGH CHE 8274 736 - 3016 U/L HIGH AMY 2998 500 - 1500 U/L HIGH ALB 3.5 10 - 37 g/dL LOW TP 7.9 27 - 84 g/dL LOW ALP 648 14 - 192 U/L HIGH ALT 488 5 - 115 U/L HIGH SDMA 19.7 ug/dL Gray zone Canine CRP 77.6 mg/L Abnormal (inflammation) cTnI 0.46 ng/mL Abnormal Cortisol Pre-ACTH 1.61 2 - 6 ug/dL LOW Post-ACTH 3.89 2 - 6 ug/dL Equivocal

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.

The left kidney is not clearly visualized, but appears to be of normal size, echogenic appearance and shape. The right kidney is not visualized.

Adrenal Glands

The adrenal glands are not visualized.

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 1.9 cm in width.



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Liver

The visualized sections of the liver are normal in 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 not visualized.

Gastrointestinal

The visualized sections of the GI tract has a 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 pancreas is not visualized.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

A mottled echogenic, irregular mass measuring 0.4 x 7.0 cm in size in the cranial abdomen with possible organs of origin being either the head of the spleen or the liver.

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the abdominal mass would be neoplasia with granuloma and organized hematoma a less likely differential diagnosis.

To determine the origin of the abdominal mass, repeating the ultrasound while the patient is anesthetized or a CT scan would be recommended.

Further management would be dependent on the origin of the mass. Although a laparotomy could be considered as it could be both diagnostic and therapeutic, with further specific therapy dependent on an etiological diagnosis.



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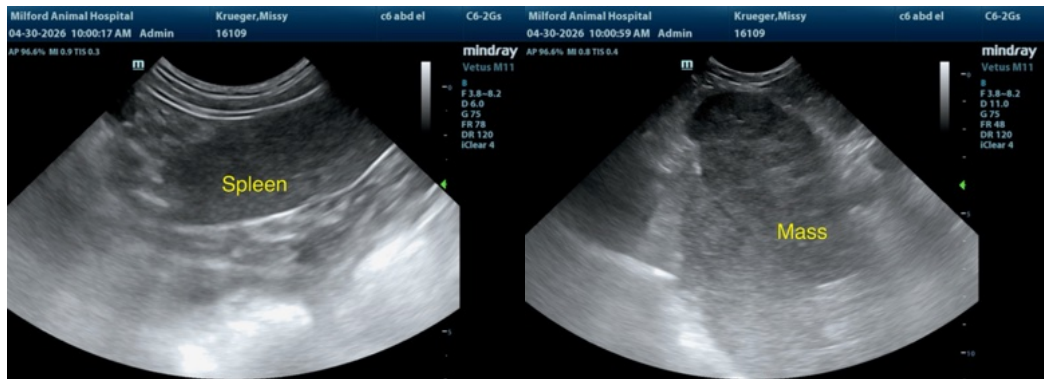
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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