



## PATIENT

Aspen Canny

## SPECIES

Canine

## BREED

Boxer

## SEX

Spayed female

## AGE

7 years

## WEIGHT

45.6 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Quinn Robinson, RVT

## HOSPITAL NAME

Hess Ridge AH

## REFERRING VET

Dr. Vaccari

## INVOICE

74248

## DATE

4/7/26

## PRESENTING CLINICAL SIGNS

- rDVM - Diarrhea since 3/3/26. Worsening since 3/26/26 where diarrhea became bloody.
- Slight improvement while on metronidazole,
- enrofloxacin, and maropitant, but clinical signs quickly recurred/worsened with discontinuing.
- Has lost approximately 10lbs over the last month.
- Referred for AUS after being seen 4/6/26 for continued hematochezia and now hyporexia, occ vomiting.
- Patient is BAR with pale pink MM's. Mild tachycardia at 150. Normothermic.
- Abdominal palpation is limited given thin/deep chested but
- apparently comfortable. ~3cm colonic mass L side 2-3cm into the rectum. Hemorrhagic diarrhea on glove.
- 4/6/26 - weight 45lbs Recheck CBC today given degree of hematochezia, pale pink MM's and slight tachycardia. HCT stable at 43.3% MCV 74.8 (61.6-73.5), RDW 13.4 (13.6-21.7), Retics 122.4k (10-110k), Monos 1,720 (160-1,120) 3/26/26. Weight 48lbs. PCV 43% NA 161 (141-160). Other values including CBC, chemistries, and electrolytes were within normal limits. Canine Pancreas-Specific Lipase: Abnormal (value listed as 0, range N/A). 3/11/26 - records state that fecal was run per reminders but waiting on rDVM records. Presumed negative given no additional deworming. 3/3/2026: Weight 48lbs. States last weight 52lbs. HCT 49% Lymphs 5,880 (830-4910), Monos 50 (140-1,020), Neuts 2,780 (2,880-11,7200), Na 163 (144-160)

## 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 6.4 cm, right measured 4.8 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 left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.66 cm in length x 0.55 cm and 0.68 cm in width. The right adrenal gland was not visualized.



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## *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 2.2 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.

## *Gallbladder*

The gallbladder is small 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 and ileo-cecal junction with no loss of layering, 1:3 muscularis to mucosa ratio, normal wall thickness and peristaltic activity, and no distension of the lumen. Focal, hypoechoic thickening of the descending colon measuring 2.5 x 4.5 cm in size with a hypoechoic appearance and loss of layering. No luminal obstruction evident.

## *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*

Enlarged colonic lymph node measuring 1.1 x 2.1 cm in size with a hyperechogenic appearance and a slightly rounded shape.

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Colonic mass.
- Colonic lymphadenomegaly.



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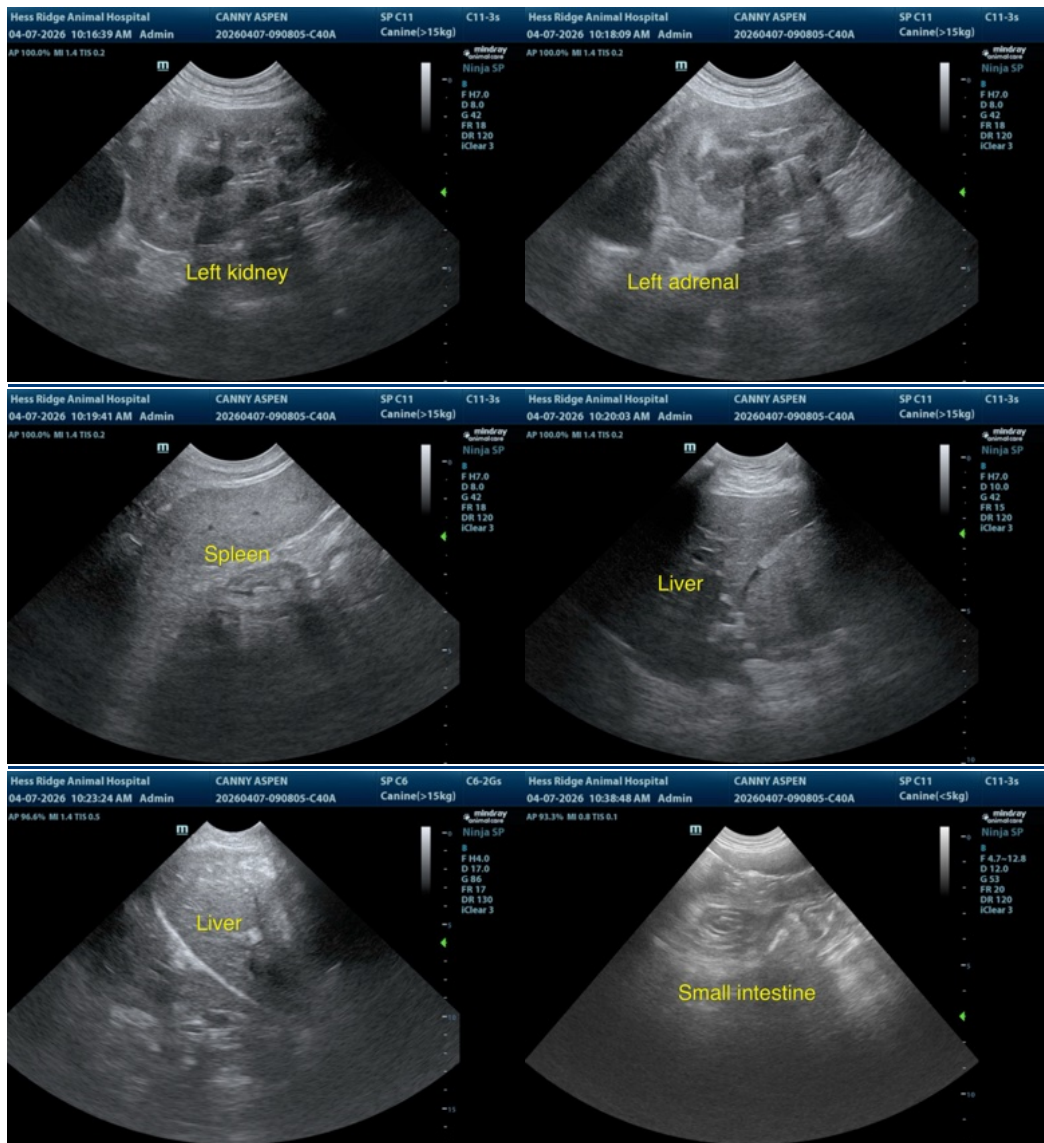
## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the colonic mass would be neoplasia and granulomatous colitis.

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

Further assessment would be FNA cytology of the colonic mass and colonic lymph node and possibly colonoscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.





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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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