



PATIENT

Violet Chang

SPECIES

Canine

BREED

Basset Hound

SEX

Spayed female

AGE

13 years

WEIGHT

46 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jessica Milligan

HOSPITAL NAME

Dockside Veterinary
Imaging

REFERRING VET

Dr. Abbe DeGroat

INVOICE

75500

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: 13 year old SF Basset Hound mix with recurrent bouts of non specific gastroenteritis/GI upset that consist of vomiting, anorexia, and intermittent diarrhea. She also has had persistent hematuria. Recent bloodwork shows hypoalbuminemia. She has an allergy to chicken. She has a heart murmur, but is asymptomatic for cardiac disease.

Abnormal PE/Chem/CBC/UA Results: Pt records included.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment. A few, small, polypoid like lesions are evident on the ventral and apical wall with the wall having a normal thickness and smooth appearance. No 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 5.7 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts or mineralization evident. A few, small, non-obstructive renoliths are evident in both kidneys. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

The left adrenal gland was enlarged with a rounded appearance, but maintained a normal echogenic appearance, position and appearance of the periadrenal vasculature. The left adrenal gland measures 1.8 x 1.9 cm in size. A few, small, hyperechogenic parenchymal nodules measuring up to 0.6 cm in size.

The right adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Right adrenal gland measured 0.65 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.

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 a small amount of non-adhered hyperechogenic sediment. 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, 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, small intestinal mass measuring 4.0 x 6.0 cm in size with a hypoechogenic appearance, but no luminal obstruction evident. Hyperechogenic appearance of the mesentery surrounding the mass. The rest of the small intestine has a normal appearance 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.

ULTRASONOGRAPHIC FINDINGS

- Small intestinal mass.
- Left adrenomegaly.
- Left adrenal nodules.
- Urinary bladder polyps.
- Gallbladder sediment
- Renoliths.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the small intestinal mass would be neoplasia with granulomatous disease and focal perforation a highly unlikely differential diagnosis.

The most likely etiology for the left adrenomegaly and nodules would be emerging, non-functional carcinoma.

Etiologies for the urinary bladder polyps would be polypoid cystitis, chronic bacterial cystitis and possibly emerging neoplasia.



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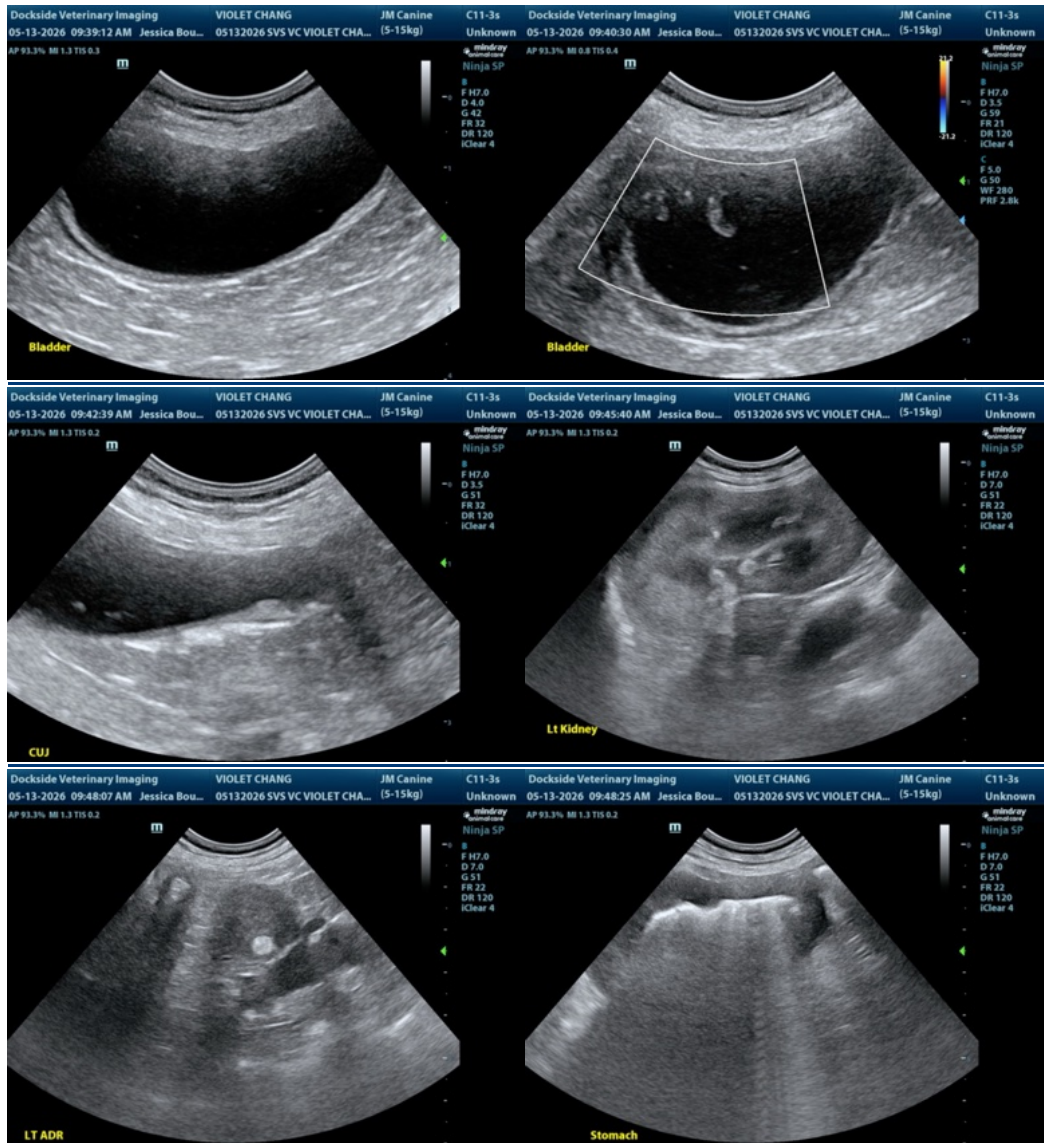
Both the gallbladder sediment and the renoliths can be considered incidental findings.

Further assessment of the small intestinal mass would be three view thoracic radiographs and FNA cytology.

Further assessment of the urinary bladder polyps would be urinalysis, urine culture, BRAF analysis and/or a catheter assisted aspirate/biopsy for cytology/histopathology and culture.

Laparotomy should be considered as it could be both diagnostic and therapeutic for the small intestinal mass as well as allowing full thickness biopsy of the urinary bladder wall.

Further specific therapy would be dependent on an etiological diagnosis.





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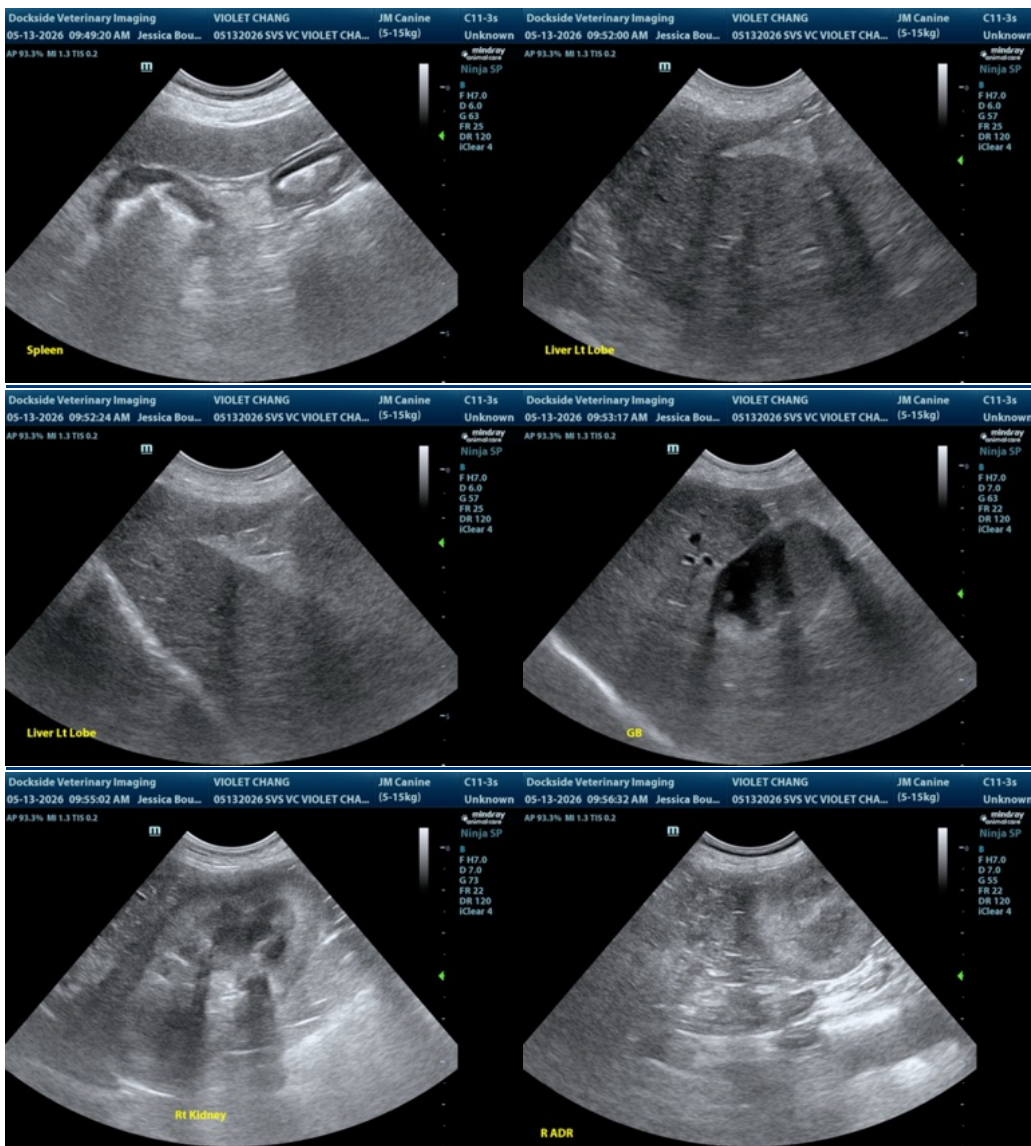
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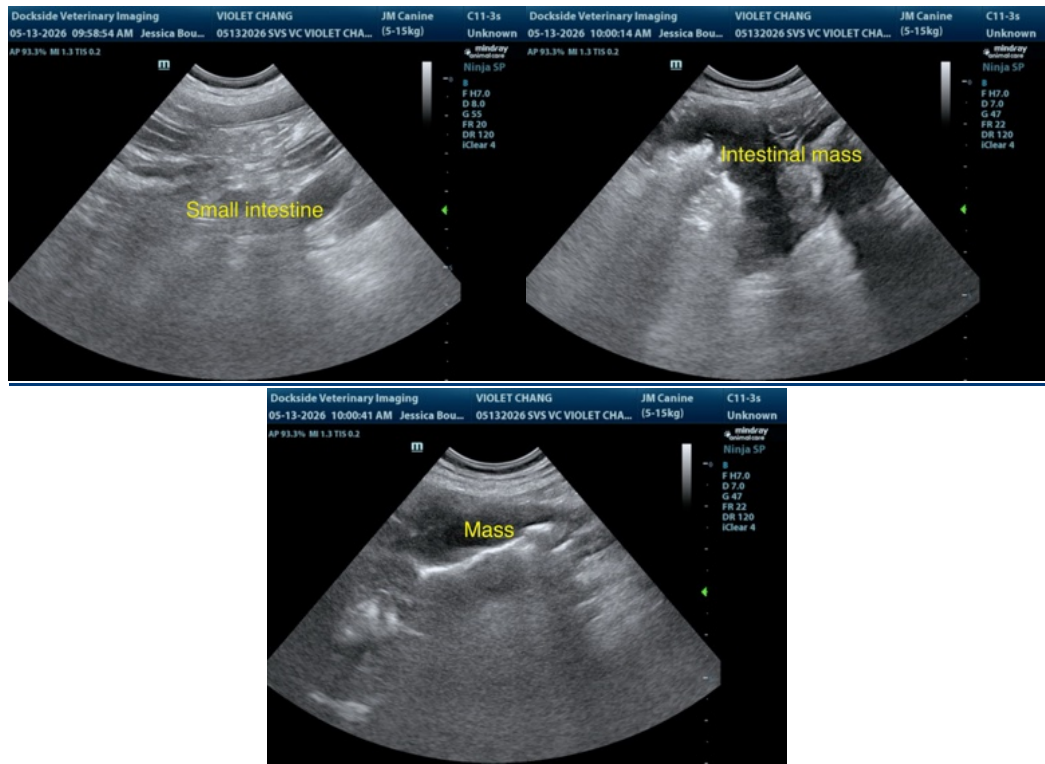
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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