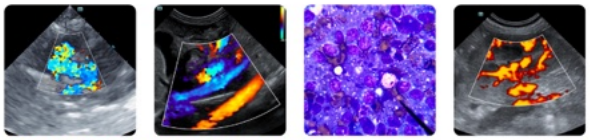


PATIENT

Lulu Vega

SPECIES

Canine

BREED

Poodle

SEX

Spayed female

AGE

13 years

WEIGHT

37.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT NH Vet Clinic

REFERRING VET

Dr. Abbott

INVOICE

77661

DATE

5/18/26

PRESENTING CLINICAL SIGNS

History: Oral Masses Sept 2025 w/dentistry: L rostral maxilla bulbous, inflamed mass = malignant vs inflammatory. Pigmented mass near 108: confirmed melanoma w/favorable prognostic features & no regrowth since surgery. CBC = normal at pre-anesthetic
Dec 2025: L maxillary/oral mass regrowth. Repeat biopsy: undifferentiated sarcoma, suspect OSA. Clear chest films.
Jan 2026: Referred to BEVS & declined surgical excision w/maxillectomy. Dog has exhibited very few signs referrable to this mass, no sneezing, no rapid growth, no mouth pain. Recommended courses of antibiotics if infected.
Winter 2026: Trying NSAIDs for palliation of the mass. She had presumed GI side effects from carprofen & meloxicam. Diarrhea, decreased appetite. Picky appetite reported at most communications
Cystitis w/treatment Feb 2026. Off/on GI signs, trying to treat DJD, stopped NSAIDs. No clear pattern to the bad appetite, soft stools, and rare vomiting.
April 14: Sick visit, had fever, increased cough, leukocytosis, anemia. Treated based off of bloodwork for nasal/lower airway/urinary potentials w/Marbofloxacin.
April 28th: Repeat rads, urine to keep looking for the causes, these tests appeared normal. Clinically dog has similar waxing/waning GI signs & mild weight loss over months.
Abnormal PE/Chem/CBC/UA Results: 4/14/26: WBC 33 k, neutrophils 28 k. Globulins 4.9, ALP 226 4/28/26: 2 view chest films and lateral abdomen 5/7/26: WBC 44 k with 38 k Neutrophils, HCT 33% Reason for ultrasound is to rule in or out what we can for a leukocytosis of this severity. Maybe hiding in GI tract? These O don't seem very urgent or markedly concerned, maybe because of cancer dx and overall prognosis? I am happy communicating the results to them same day or next day.

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 is noted.

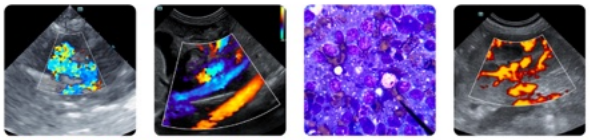
Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.9 cm, right measured 5.5 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

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.8 cm in length x 0.49 cm and 0.57 cm in width.



PATIENT

Lulu Vega

SPECIES

Canine

BREED

Poodle

SEX

Spayed female

AGE

13 years

WEIGHT

37.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT NH Vet Clinic

REFERRING VET

Dr. Abbott

INVOICE

77661

DATE

5/18/26

The right adrenal gland normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The right adrenal gland measured 2.64 cm in length x 0.77 cm and 0.59 cm in width. A focal, hyperechogenic, parenchymal nodule is noted int eh cranial pole of the right adrenal gland measuring 0.5 x 1.0 cm.

Spleen

A large, irregular, mottled echogenic, cystic and vascularized mass measuring 3.7 x 4.9 cm in size originating off the tail of the spleen. Smaller, parenchymal, irregular, mottled echogenic mass is noted in the body of the spleen measuring 1.6 x 2.6 cm in size. The rest of the spleen is of normal size (2.0 cm in width) maintaining a normal echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis 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.

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

Focal, enlarged lymph node in the region of the left adrenal gland measuring 0.9 x 1.5 cm in size maintaining a normal shape and echogenic appearance. Normal mesenteric lymph nodes.

No ascites evident.

PATIENT

Lulu Vega

SPECIES

Canine

BREED

Poodle

SEX

Spayed female

AGE

13 years

WEIGHT

37.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT NH Vet Clinic

REFERRING VET

Dr. Abbott

INVOICE

77661

DATE

5/18/26

ULTRASONOGRAPHIC FINDINGS

- Splenic masses.
- Focal lymphadenomegaly.
- Right adrenal nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic masses would be neoplasia (primary or metastatic disease) with hematoma and granulomas highly unlikely differential diagnosis.

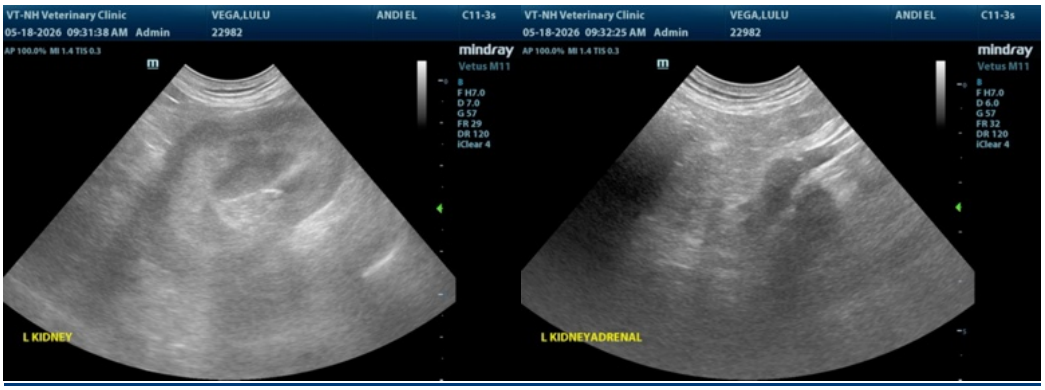
The most likely etiology for the focal lymphadenomegaly would be reactive hyperplasia with infiltrative neoplasia a possible differential diagnosis.

The most likely etiology for the right adrenal nodule would be an incidental, non-functional adenoma.

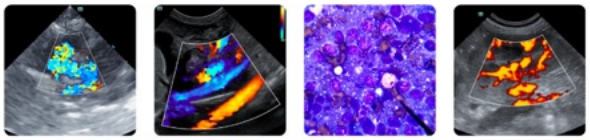
Further assessment would be FNA cytology of the splenic masses and the focal lymphadenomegaly.

Although splenectomy could be considered, the presence of the other neoplasia needs to be taken into consideration.

Specific therapy would be dependent on an etiological diagnosis.



SonoPath
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Lulu Vega

SPECIES

Canine

BREED

Poodle

SEX

Spayed female

AGE

13 years

WEIGHT

37.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT NH Vet Clinic

REFERRING VET

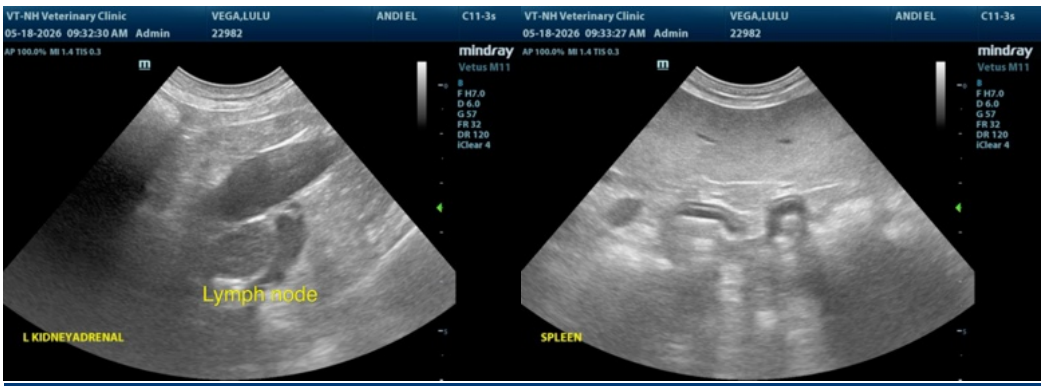
Dr. Abbott

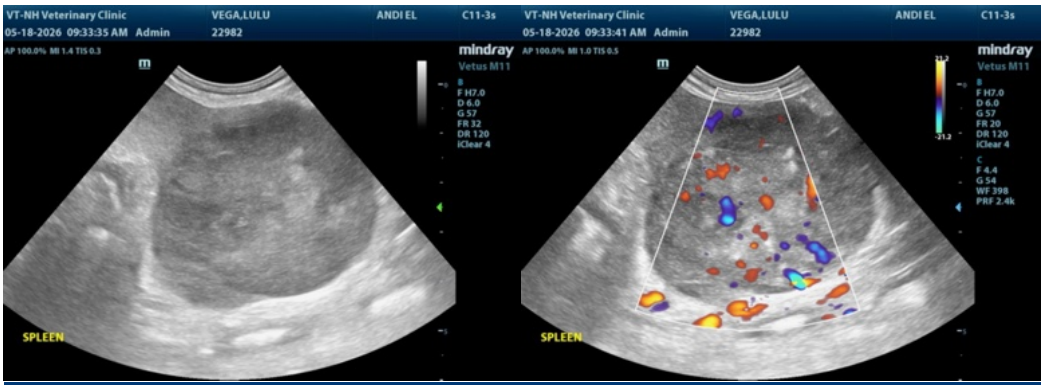
INVOICE

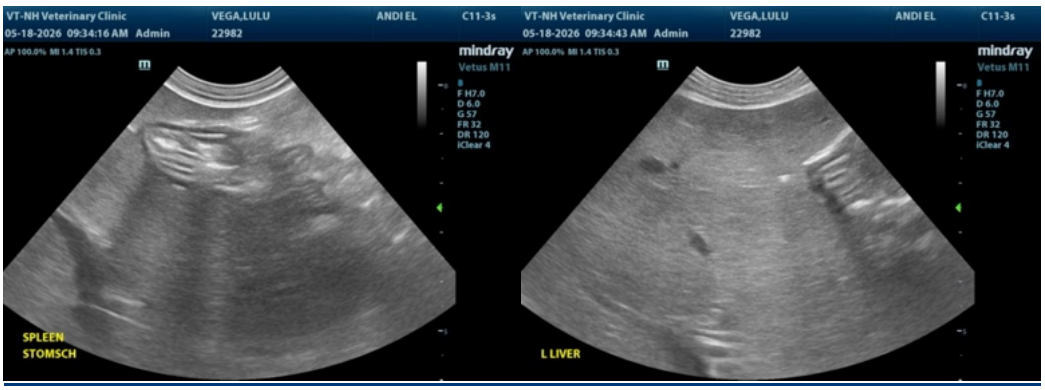
77661

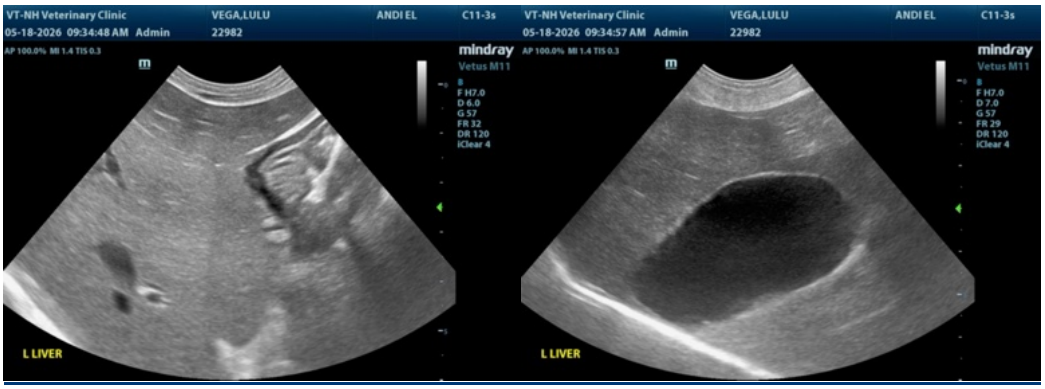
DATE

5/18/26









PATIENT

Lulu Vega

SPECIES

Canine

BREED

Poodle

SEX

Spayed female

AGE

13 years

WEIGHT

37.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Warner

HOSPITAL NAME

VT NH Vet Clinic

REFERRING VET

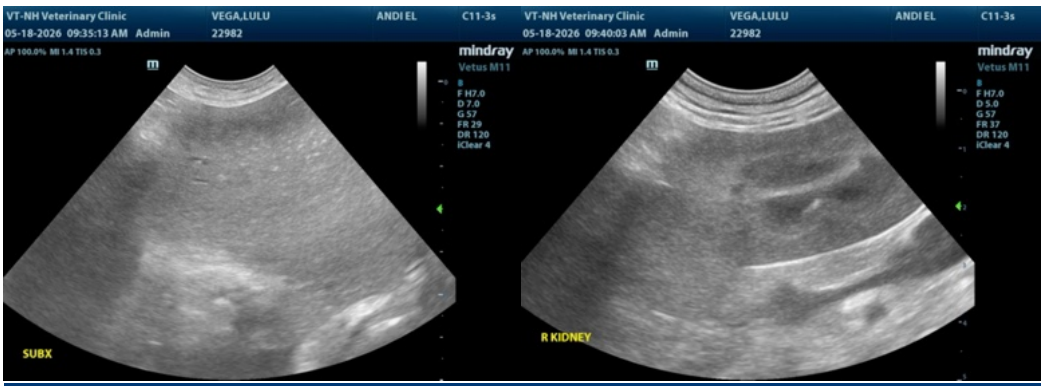
Dr. Abbott

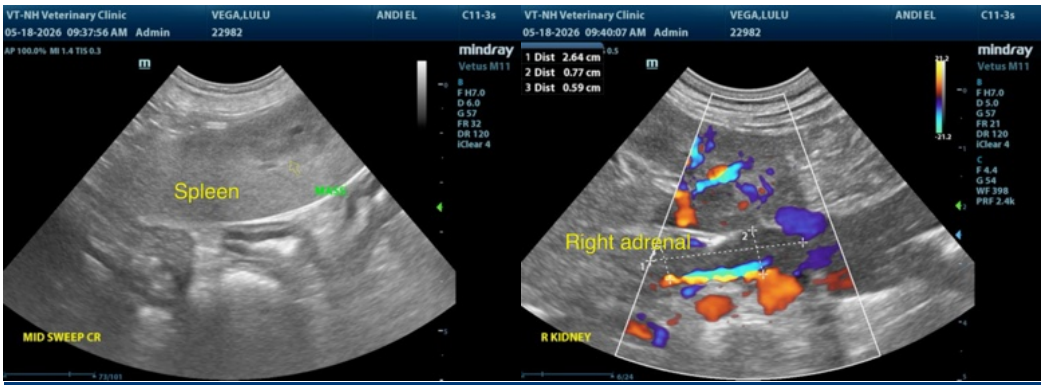
INVOICE

77661

DATE

5/18/26





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