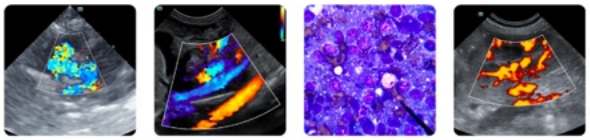


PATIENT

Luna Hoffman

SPECIES

Canine

BREED

Keeshond

SEX

Spayed female

AGE

6 years

WEIGHT

30.3 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Kang

HOSPITAL NAME

Sabino VC

REFERRING VET

Dr. Kang

INVOICE

77804

DATE

5/20/26

PRESENTING CLINICAL SIGNS

History: P has a Hx of intermittent bloody diarrhea and a decreased appetite. A Hx of prolonged colitis in January 2026 was responsive to prednisone. In late March 2026, P developed an abdominal posture; radiographs at that time were unremarkable. A subsequent workup with a neurologist for continued episodes led to a diagnosis of meningoencephalitis via MRI and CSF tap. A Coccidiomycosis titer was negative. P had a normal stool on the morning of May 18, 2026, but the hematochezia returned by the end of the day. On May 19, 2026, P had more bloody stools, was completely inappetent, and was panting intermittently. P has vomited three times over the last two weeks; the vomitus consisted of partially digested food with no blood. The ultrasound is being performed to investigate the cause of hematochezia, anemia, and protein loss.
Abnormal PE/Chem/CBC/UA Results: 5/16/26: CBC - RBC 4.57, HGB 9.5, HCT 30.9%, Ret# 248.2, Ret% 5.43, Neu 12.64, Eos 0.01. Chem - BUN 5.4, TP 5.4, Alb 2.5, Glob 2.9.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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.

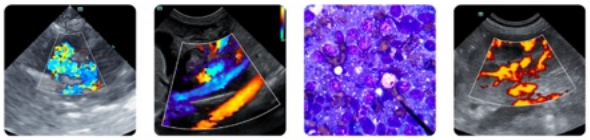
Normal renal size (left measured 5.7 cm, right measured 5.4 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. An irregular, hypoechogenic mass was noted in the caudal pole of the left kidney measuring 1.9 x 3.2 cm in size. A small hypoechogenic nodule was noted in the caudal pole of the right kidney measuring 1.5 x 1.7 cm in size. No vascular pattern is evident in either the mass or nodule.

Adrenal Glands

The adrenal glands are dorsoventrally flattened, but maintained a normal echogenic appearance, normal length, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.71 cm in length x 0.23 cm and 0.27 cm in width. The right adrenal gland measured 2.44 cm in length x 0.36 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 1.5 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 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, 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. A moderate amount of ingesta is present in the stomach.

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.

A small amount of ascites evident.

Large, irregular, mottled echogenic mass in the mid abdomen measuring 8.0 x 9.0 cm with no obvious organ of origin evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Abdominal mass.
- Bilateral renal masses
- Small adrenal glands.
- Gallbladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the abdominal mass would be neoplasia with possible organs of origin being the mesentery and the abdominal lymph node.

The most likely etiology for the renal masses would be metastatic nodules.

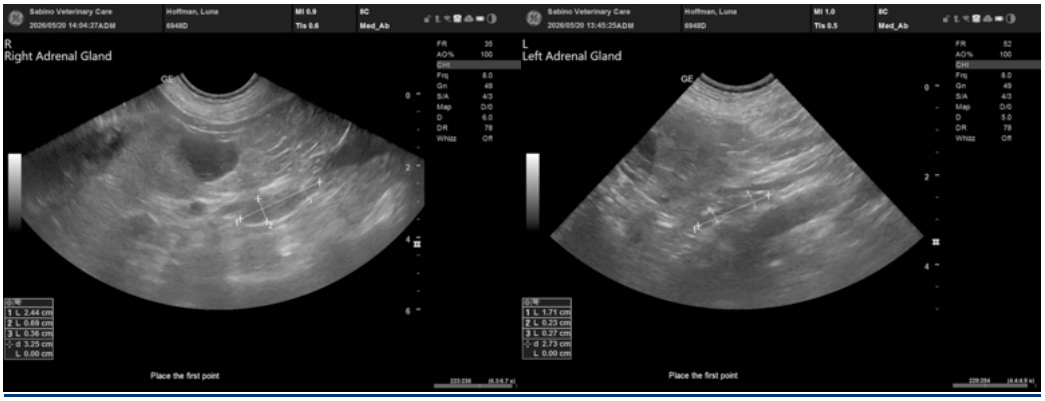
The small adrenal glands can be ascribed to the recent cortisone therapy.

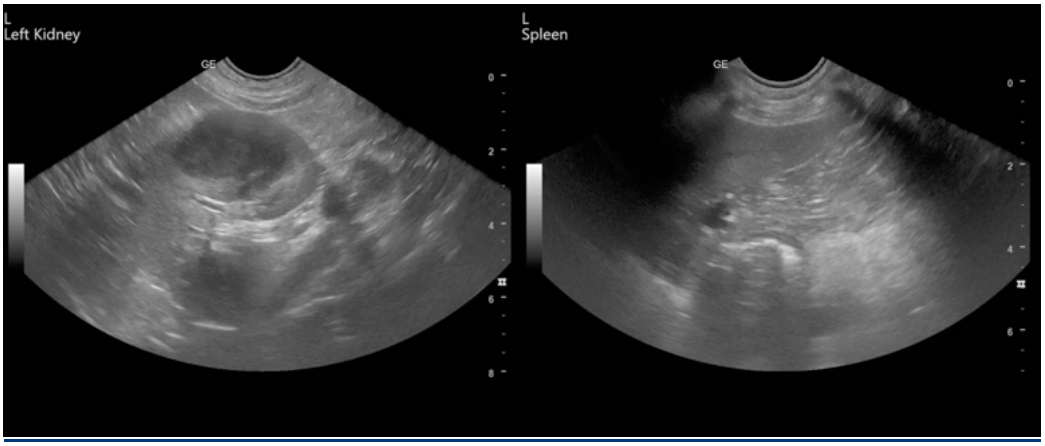
The gallbladder sediment can be considered an incidental finding.

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

If surgery is being contemplated for the mass, a CT scan would be recommended.

Further specific therapy would be dependent on an etiological diagnosis.





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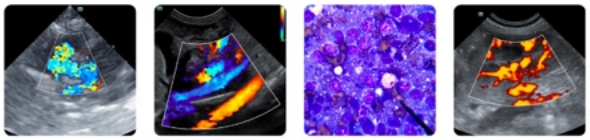

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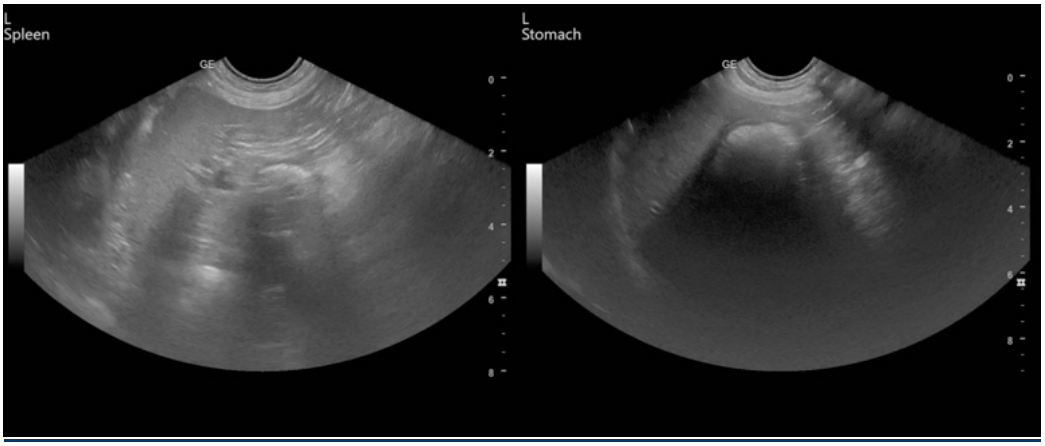

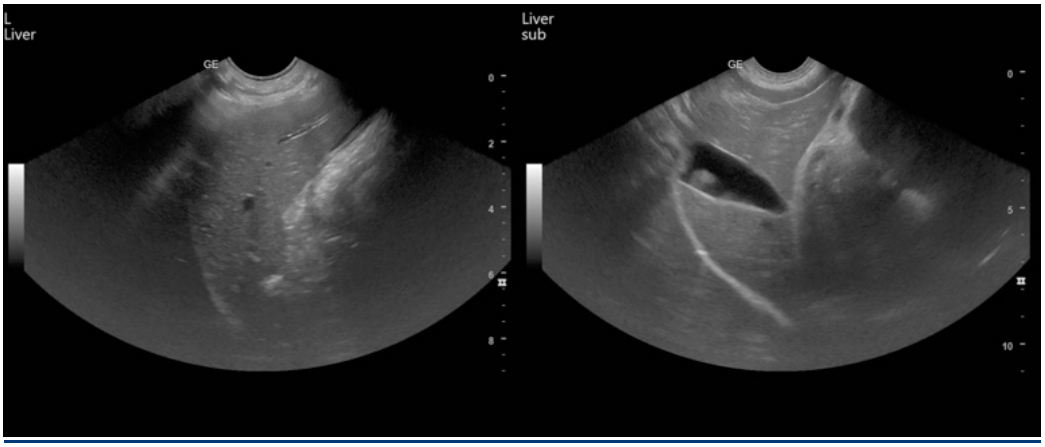

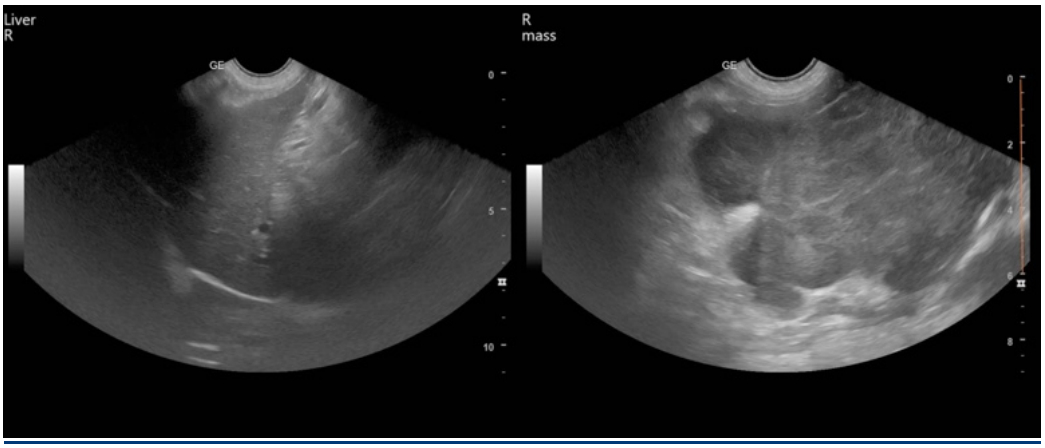

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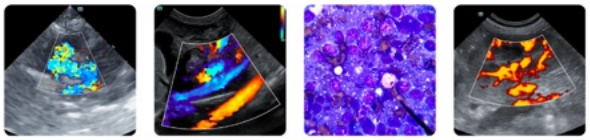

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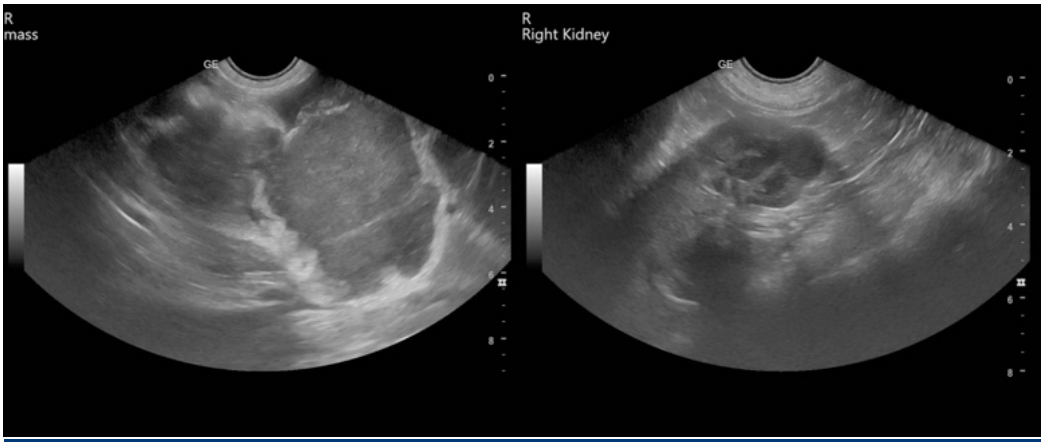

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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