



PATIENT

Abby Koehler

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

13 years

WEIGHT

51.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Service

REFERRING VET

Dr. Lefler

INVOICE

77882

DATE

5/21/26

PRESENTING CLINICAL SIGNS

P is PUPD, having urinary accidents in the house for ~1.5 mos. She will stay outside for up to 40 mins at a time, even in the rain, and will squat multiple times to urinate. The O found up to 5 puddles in the house after being at work. UA done 5/11 showed low urine specific gravity. All else was normal. CBC was WNL. Chemistry: ALT 131 (H), ALP 875 (H), GGT 43 U/L (H). US rec to evaluate kidneys, liver, bladder, adrenal glands, etc.

Other patient history from owner: Abby is a nearly 13-year-old FS Boxer. The left hind cranial cruciate tear in 2023 was surgically repaired. She has a hx of an oral growth that was surgically removed but has since returned. Appetite decreased; she is a grazer but has been less interested in her food. Yesterday, she did not eat until an egg was placed on top of her food at 6:00 PM. The owner recently changed her food to Nutrish. She has a hx of chronic regurgitating after drinking too much water but has become more frequent and louder recently. She has not lost any weight; she weighs between 54 and 57 lbs. No issues with defecation. She is known to be a gassy dog.

CLINICAL SIGNS: PU/PD, pollakiuria, stranguria, onset ~ 6 weeks ago

MEDICATIONS: 0.4 mL Torbugesic to help her relax prior to ultrasound

May 12, 2026 Hematology PDW 8.8 fL LOW Blood chem ALT 131 U/L HIGH ALP 875 U/L HIGH GGT 43 U/L HIGH May 11, 2026 UA Unremarkable January 8, 2026 Serology WNL

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 5.5 cm, right measured 6.1 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 adrenal glands are plump in size, but maintain normal shape, echogenic appearance, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.99 cm in length x 0.88 cm and 0.99 cm in width. The right adrenal gland measured 1.74 cm in length x 0.55 cm and 0.43 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 1.7 cm in width.



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Liver

Normal size with a diffuse, increased echogenic and coarse appearance, normal 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.

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.

Large, mottled echogenic, poorly visualized mass in the caudal abdomen without any obvious involvement of either the trigone area or the proximal urethra. The mass measures 4.4 x 9.0 cm in size. FNA was taken of the mass.

ULTRASONOGRAPHIC FINDINGS

- Caudal abdominal mass
- Hepatopathy
- Gallbladder sediment
- Plump left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the mass would be granuloma, organized hematoma and neoplasia (possibly originating from the lymph node or uterine stump).



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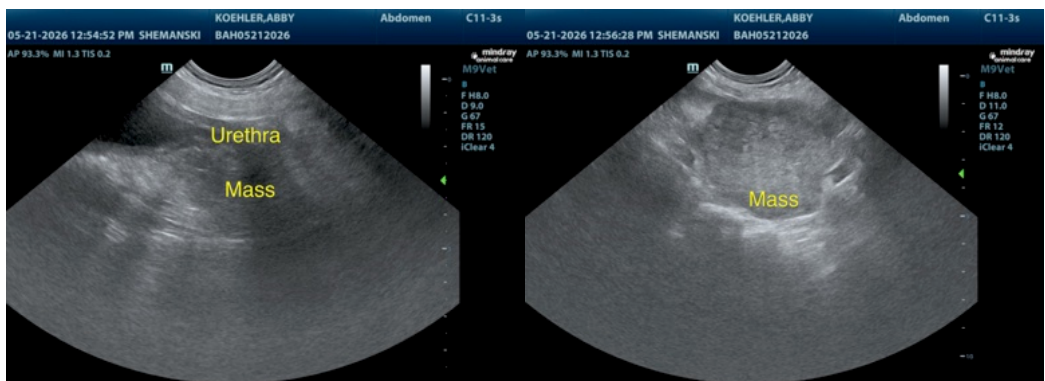
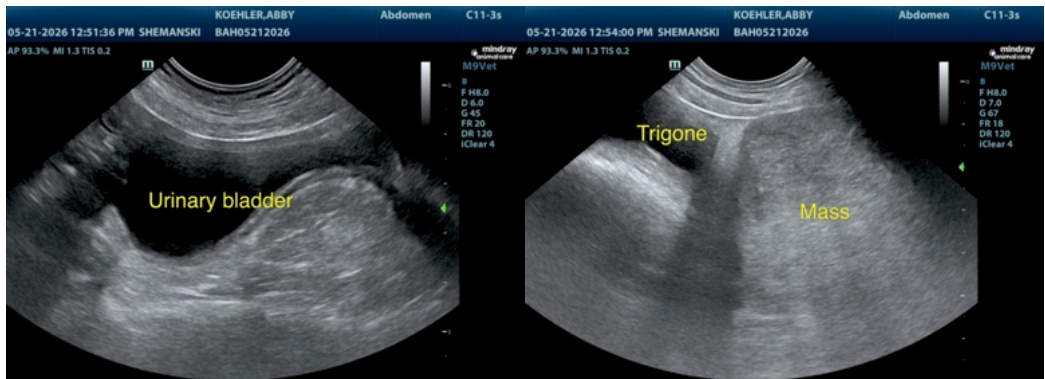
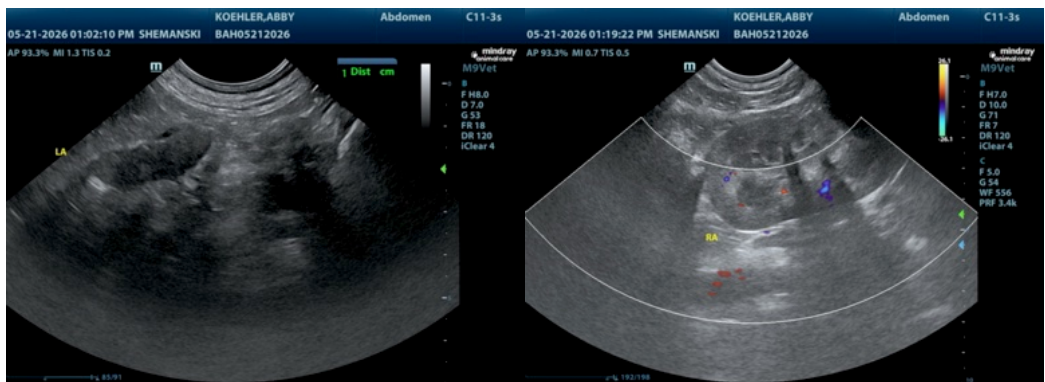
Etiologies for the hepatopathy would be reactive hyperplasia, early nodular hyperplasia, vacuolar and metabolic with hepatitis and infiltrative neoplasia a highly unlikely differential diagnosis.

The most likely etiology for the plump left adrenal gland would be age related reactive hyperplasia or disease stress with emerging pituitary dependent Cushing's disease a less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding.

Further assessment and therapy needs to be based on the pending cytology results, but could include FNA cytology of the liver.

If surgery is being contemplated for the caudal abdominal mass then a CT scan would be recommended.





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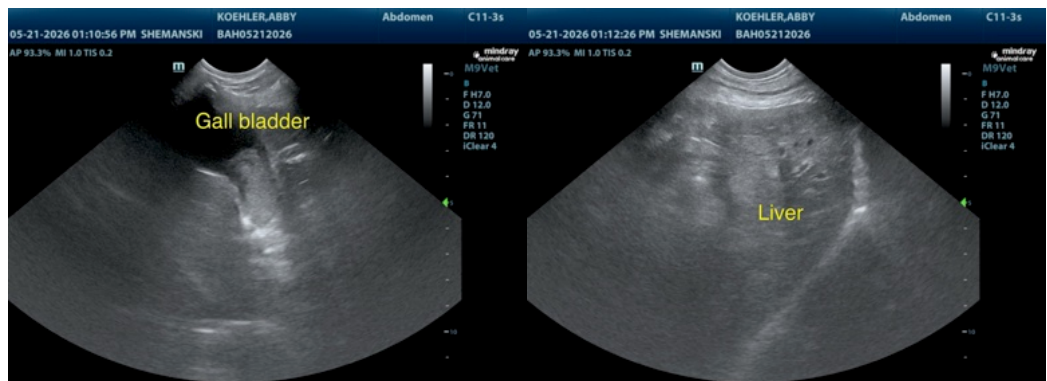
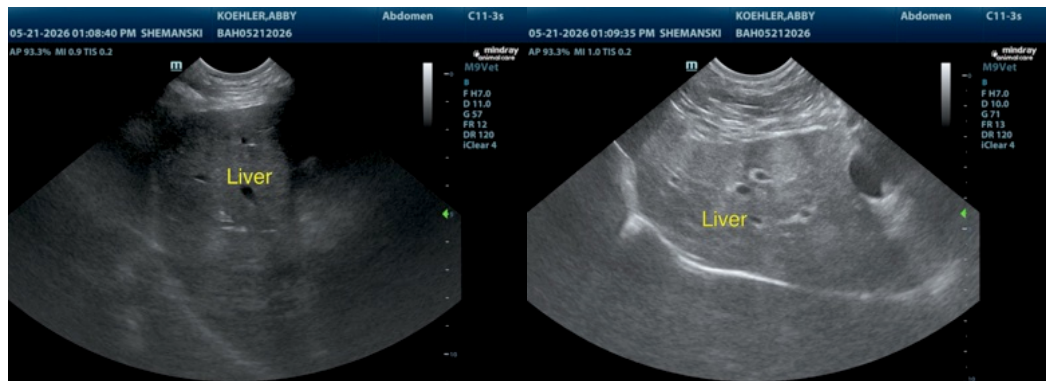
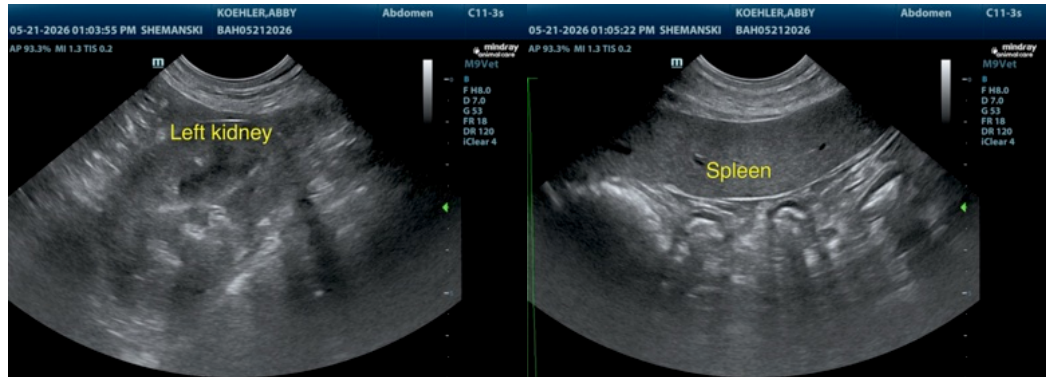
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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