



## PATIENT

Pablo Sanders

## SPECIES

Canine

## BREED

Dachshund

## SEX

Neutered male

## AGE

9 ½ years

## WEIGHT

10.9 lbs

## PRESENTING CLINICAL SIGNS

- QAR. Full/mild potbelly, cr organomegaly, grunting with palpation (hx splenomegaly on AXR 1/2024 & 12/2025 with concern for possible splenic nodule as well). No obvious HM. Hx Crackles though none heard today. Owner confirms NO coughing at home only stable reverse sneezing per O. BCS 6.5/9. 1.5-2cm right lateral SQ mass on thorax. L lateral elbow pigmented tag-like projection; L lateral distal to hock tag-like projection; rostral chest/menubrium < 1cm SQ mass
- Chronic mild non-regenerative anemia + mild leukocytopenia
- 12/23/2025 IDX CXR/AXR
- CONCLUSIONS: Similar generalized splenomegaly. A focal splenic nodule is also suspected. Consider extramedullary hematopoiesis, congestion, or round cell neoplasia. An alternative differential for focal splenomegaly includes lymphoid hyperplasia. Mild non-specific hepatopathy. Consider steroid or vacuolar hepatopathy, hepatitis, or round cell neoplasia.
- Transient small intestinal dilation versus possible small intestinal mural mass. Consider neoplasia or granulomatous disease. Unremarkable thorax. Incidental IVDD.
- 12/23/25 HCT 35.4% Retic = 46 lo normal WBC = 3.6 LOW (5.8-16.2) Neuto 2.074 LOW ( 3-9.7) Lymph 0.878 LOW (0.98-4.2) PT = 7.7 normal PTT = 10.1 (10.6-16.8) 11/2025 CBC: RBC 5.19 L (5.84) HBG 11.8 L (14.6) HCT 34.1 L (41) normocytic, normochromic non vs early regenerative anemia WBC 4.4 L (5.8) Neuto 2.609 L (3.004) CHEMISTRY: AST 12 L (16) Lytes: NSF T4 = <0.4 LOW--r/o ESS vs hT4 4Dx = (-)x4 Fecal/Giardia: Negative UA - free catch USG 1.055 pH 5.5 trace protein bil 1+ quiet sedi cystatin B <50 Reflex UPC Ratio = 0.2--> borderline proteinuria

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Jocelyn Hollway

## HOSPITAL NAME

Seven Valleys VH

## REFERRING VET

Dr. Deihl

## INVOICE

70975

## DATE

1/27/26

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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 4.2 cm, right measured 4.2 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 was noted. Incidental, small, cortical cysts measuring 0.4 cm in the left kidney.

The prostate was small and hypoechoic measuring 0.8 cm in width.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.54 cm in width. The right adrenal gland measured 0.43 cm and 0.42 cm in width.



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## *Spleen*

The spleen was diffusely enlarged measuring up to 2.0 cm in width with an increased echogenic appearance, but maintained a 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. FNA was taken of the spleen with no obvious post aspirate hemorrhage 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*

Normal mesenteric lymph nodes.

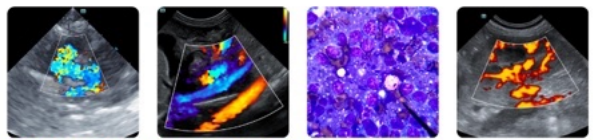
No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenomegaly would be reactive hyperplasia, splenitis and infiltrative neoplasia.



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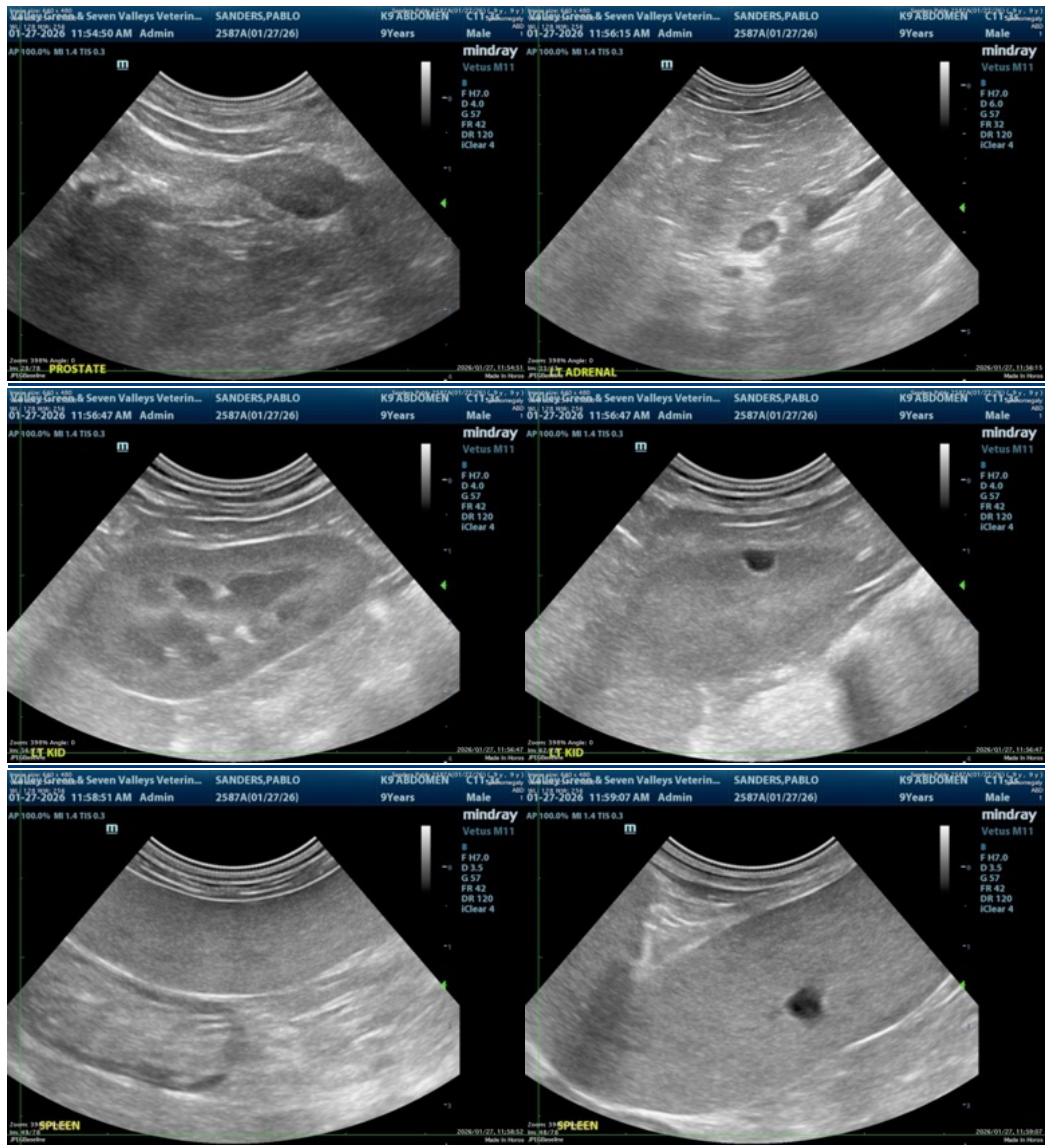
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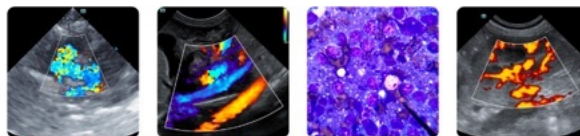
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Further assessment would be based on the pending cytology results, but could include screening for vector borne disease.

Specific therapy would be dependent on an etiological diagnosis.





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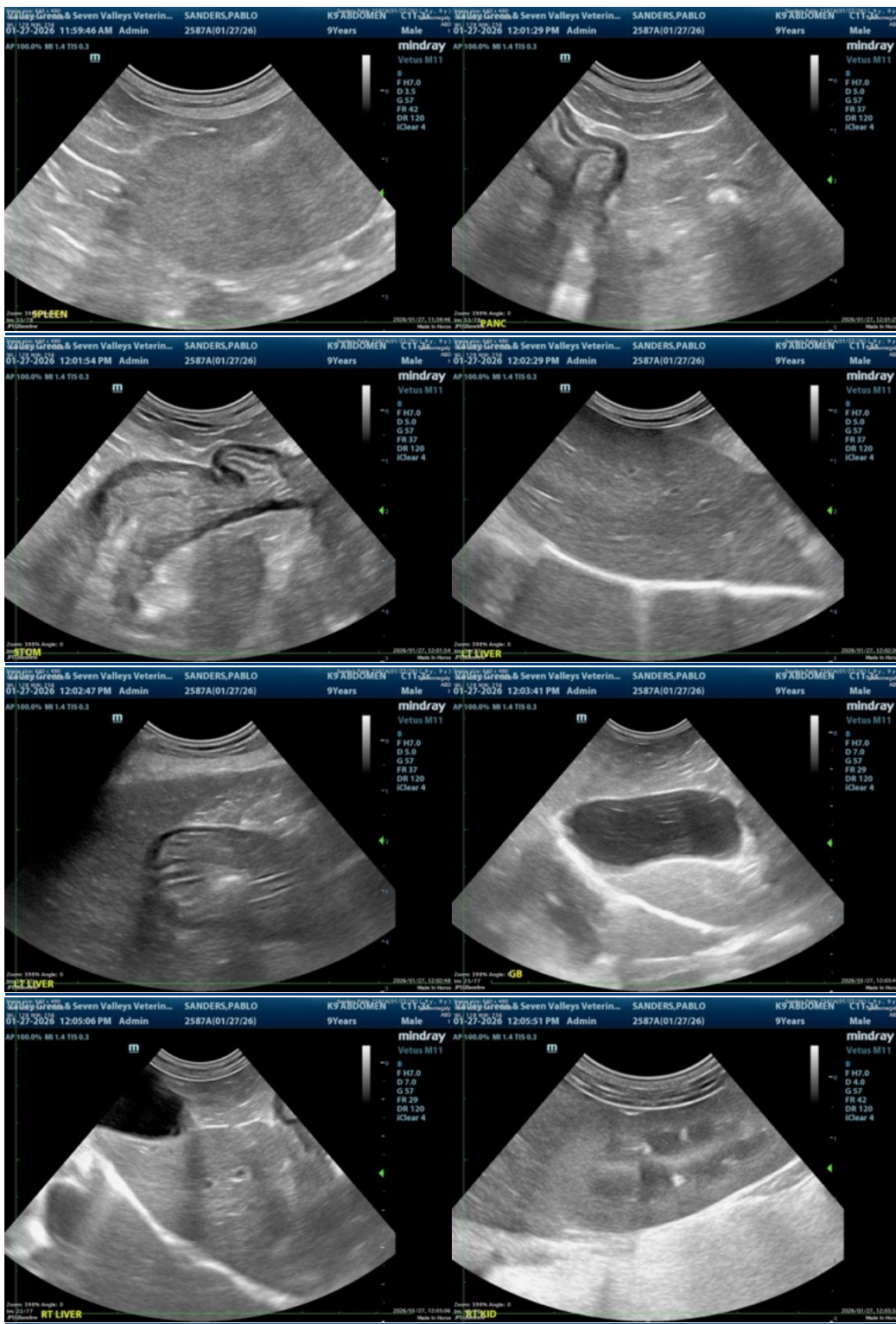
Dr. Deihl

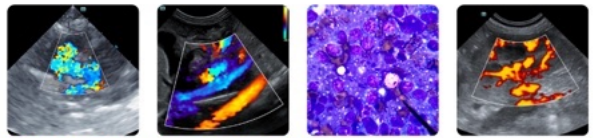
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

[info@sonopath.com](mailto:info@sonopath.com)