



## PATIENT

Dewey Lavacca

## SPECIES

Canine

## BREED

Boxer Mix

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

73.4 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danni Shemanski,  
DVM

## HOSPITAL NAME

Western New York VS

## REFERRING VET

Brenda Lefler, DVM

## INVOICE

36206

## DATE

3/12/26

## PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Patient presented for lethargy. On abdominal radiographs, small intestines were displaced caudally. No obvious masses were revealed, but frank blood was present on abdominal tap. Concern for neoplasia/ bleeding abdominal mass.
- CLINICAL SIGNS: Patient presented post-fall with lethargy; initial abdominocentesis showed blood, raising concern for burst splenic hemangiosarcoma and discussion of euthanasia or surgery. The next morning, the patient was clinically normal. Recheck centesis showed minimal blood; bloodwork was normal except for elevated liver enzymes.
- Recent age-related changes include decreased running, increased vocalization, new flatulence, increased appetite, and garbage rummaging. Patient has a frequent cough. History includes allergies (previously Apoquel) and lipomas. One pre-lethargy vomiting episode. Normal bowel movements. No known rodenticide exposure.
- Abnormal PE/Chem/CBC/UA Results: Prior Diagnostics (rDVM - 2026-03-10) CBC: Within normal limits, no anemia. Chemistry: - ALT: No value provided - AST: 664 U/L (high) - ALP: >2,000 U/L (high) - Chloride: 107 mmol/L (slightly low) Abdominocentesis: Frank blood present.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

Full urinary bladder 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.

Small hypoechoic prostate was noted, measuring 0.8 cm in width.

Normal renal size, architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. The left kidney measured 6.5 cm. The right kidney measured 6.8 cm. Normal color flow pattern is evident in both kidneys.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.65 cm in length x 0.82 cm and 0.65 cm in width. The right adrenal gland measured 2.9 cm in length x 0.67 cm and 0.75 cm in width.

### *Spleen*

Normal size (2.1 cm in width) 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 tale of the spleen shows attached hyperechogenic mesentery with a small amount of ascites in the surrounding area.



## PATIENT

Dewey Lavacca

## SPECIES

Canine

## BREED

Boxer Mix

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

73.4 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danni Shemanski,  
DVM

## HOSPITAL NAME

Western New York VS

## REFERRING VET

Brenda Lefler, DVM

## INVOICE

36206

## DATE

3/12/26

## Liver

Liver revealed a large, irregular, mottled echogenic mass (approximately 9.0 cm x 12.0 cm in size) with the rest of the liver having a normal size, echogenic appearance, portal markings, and a regular curvilinear capsule. No nodules or additional masses evident. Normal appearance of the hepatic and portal vasculature. FNA of the mass taken.

## Gallbladder

Full gallbladder, containing a moderate 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

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.

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

## ULTRASONOGRAPHIC FINDINGS

- Hepatic mass
- Possible splenic hemorrhage
- Focal ascites
- Gallbladder sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic mass would be neoplasia, with hematoma and granuloma unlikely differential diagnosis. The ascites would be consistent with hemoabdomen as per the patient's history. The gallbladder sediment is most likely an incidental finding. Further assessment needs to be based on the pending cytology results but could include three view thoracic radiographs. If surgery is being contemplated, then a CT scan would be recommended.



**PATIENT**

Dewey Lavacca

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

73.4 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Danni Shemanski,  
DVM

**HOSPITAL NAME**

Western New York VS

**REFERRING VET**

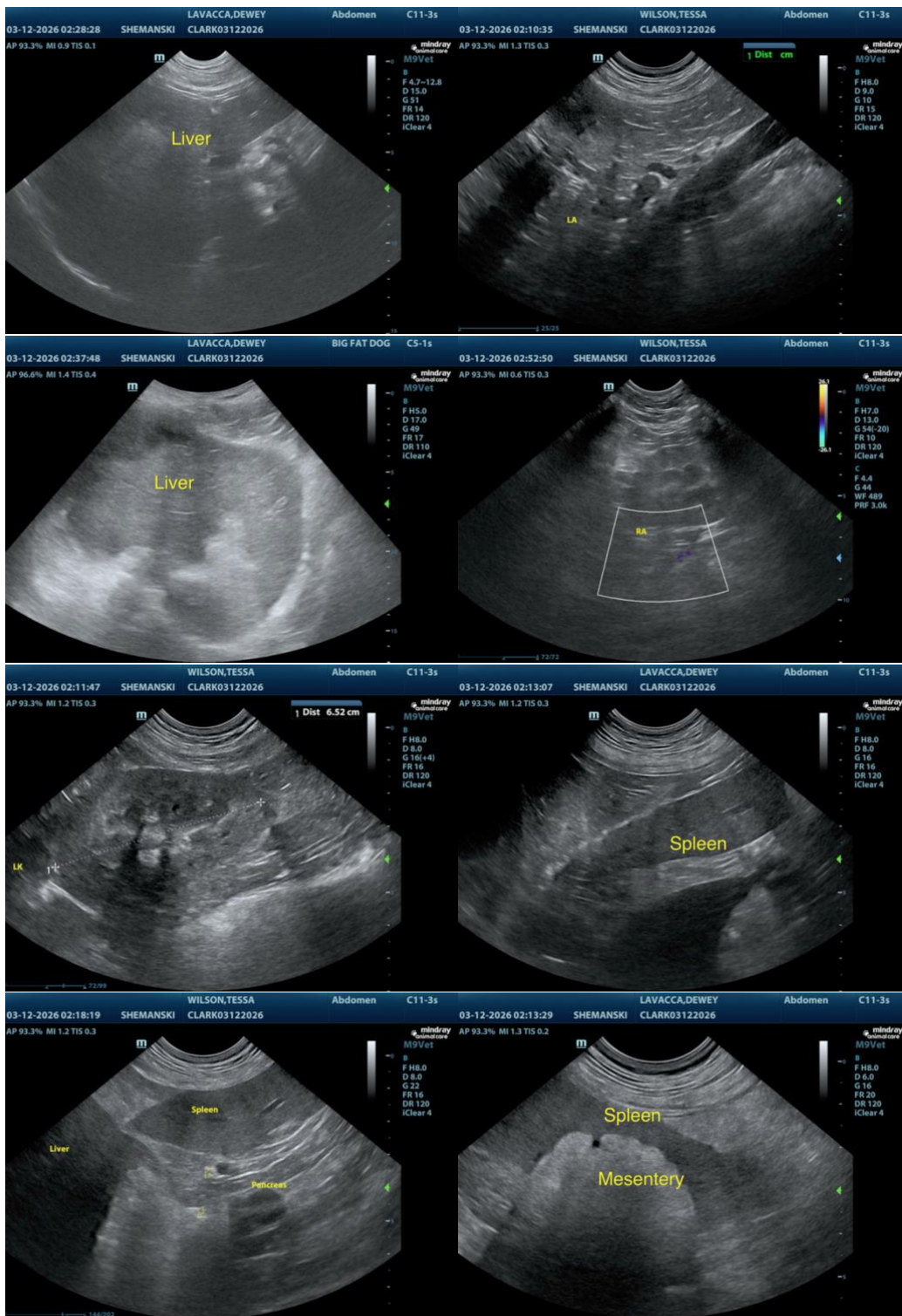
Brenda Lefler, DVM

**INVOICE**

36206

**DATE**

3/12/26





## PATIENT

Dewey Lavacca

## SPECIES

Canine

## BREED

Boxer Mix

## SEX

Neutered Male

## AGE

9 Years

## WEIGHT

73.4 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Danni Shemanski,  
DVM

## HOSPITAL NAME

Western New York VS

## REFERRING VET

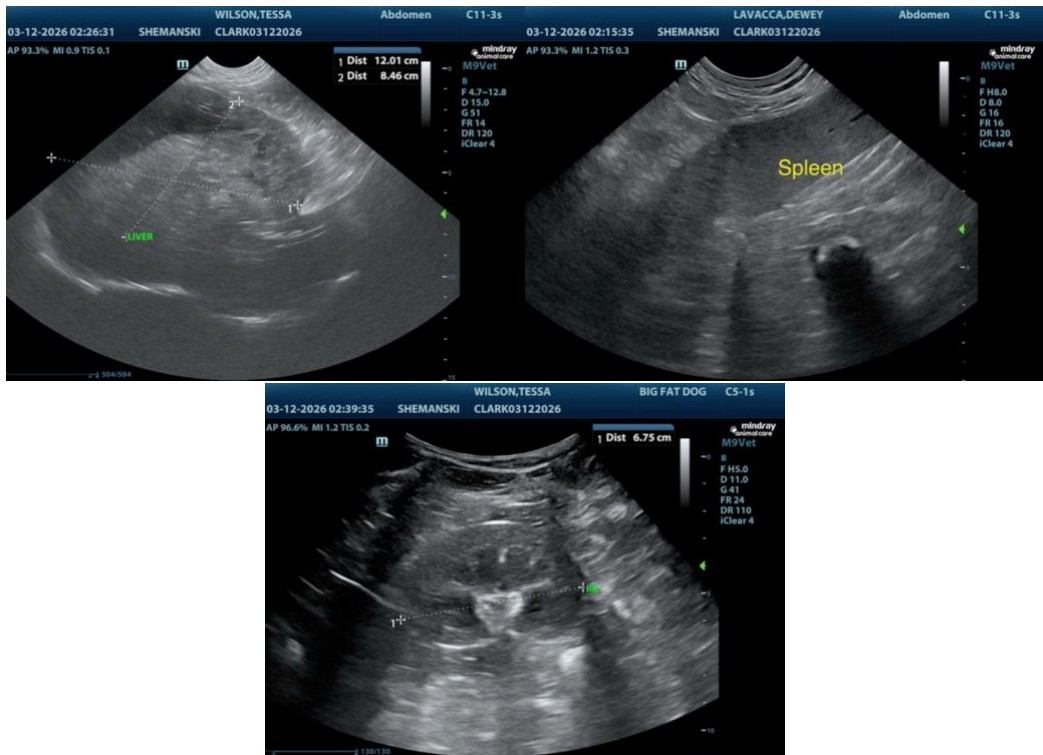
Brenda Lefler, DVM

## INVOICE

36206

## DATE

3/12/26



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](mailto:info@sonopath.com)