



PATIENT

Yuki Kennedy

SPECIES

Canine

BREED

Spitz

SEX

Intact female

AGE

6 years

WEIGHT

14.9 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. Bedell

INVOICE

73775

DATE

3/25/26

PRESENTING CLINICAL SIGNS

- REASON FOR REFERRAL: One-week history of anorexia and tarry stool. Radiographs showed a soft tissue density caudal to the liver. Positive cPL test suggests pancreatitis.
- Yuki presented with vomiting and melena. Signs began after chewing a marrow bone. Stools are improving but remain dark/mushy. Patient was switched to a low-fat diet; previously on Taste of the Wild. No known pica, though potential access to rabbit feces in the yard. Trembling noted last night (pain vs. fear). Patient is a 7-year-old Spitz.
- Vomiting has stopped since the cerenia injection. Eating small amounts again and holding down water if not consumed in large amounts
- MEDICATIONS: Propectalin, Fortiflora, Doxycycline 50mg po q 24h, Cerenia 16mg po q 24h
- WBC 17.33 K/uL NEU 13.18 K/uL MONO 2.25 K/uL EOS 0.03 K/uL MPV 13.7fL CI 98 mmq/L QPL 329 U/L

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 3.7 cm, right measured 3.9 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.

The uterus and ovaries were not visualized.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.28 cm in length x 0.44 cm and 0.44 cm in width. The right adrenal gland measured 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.



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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 small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal

A shadowing foreign body was present in the stomach and measured 3.4 cm in length as well as a small, shadowing foreign body present in the proximal duodenum. Fluid filled, hypomotile duodenum. There is a small amount of fluid present in loops of the small intestine. Normal appearance of the 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

No ascites evident.

Enlarged hepatic lymph nodes measuring 0.8 x 1.3 cm in size maintaining a normal shape and echogenic appearance.

ULTRASONOGRAPHIC FINDINGS

- Gastroduodenal foreign body.
- Hepatic lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the hepatic lymphadenomegaly would be reactive hyperplasia.

Further assessment and therapy would be a laparotomy.



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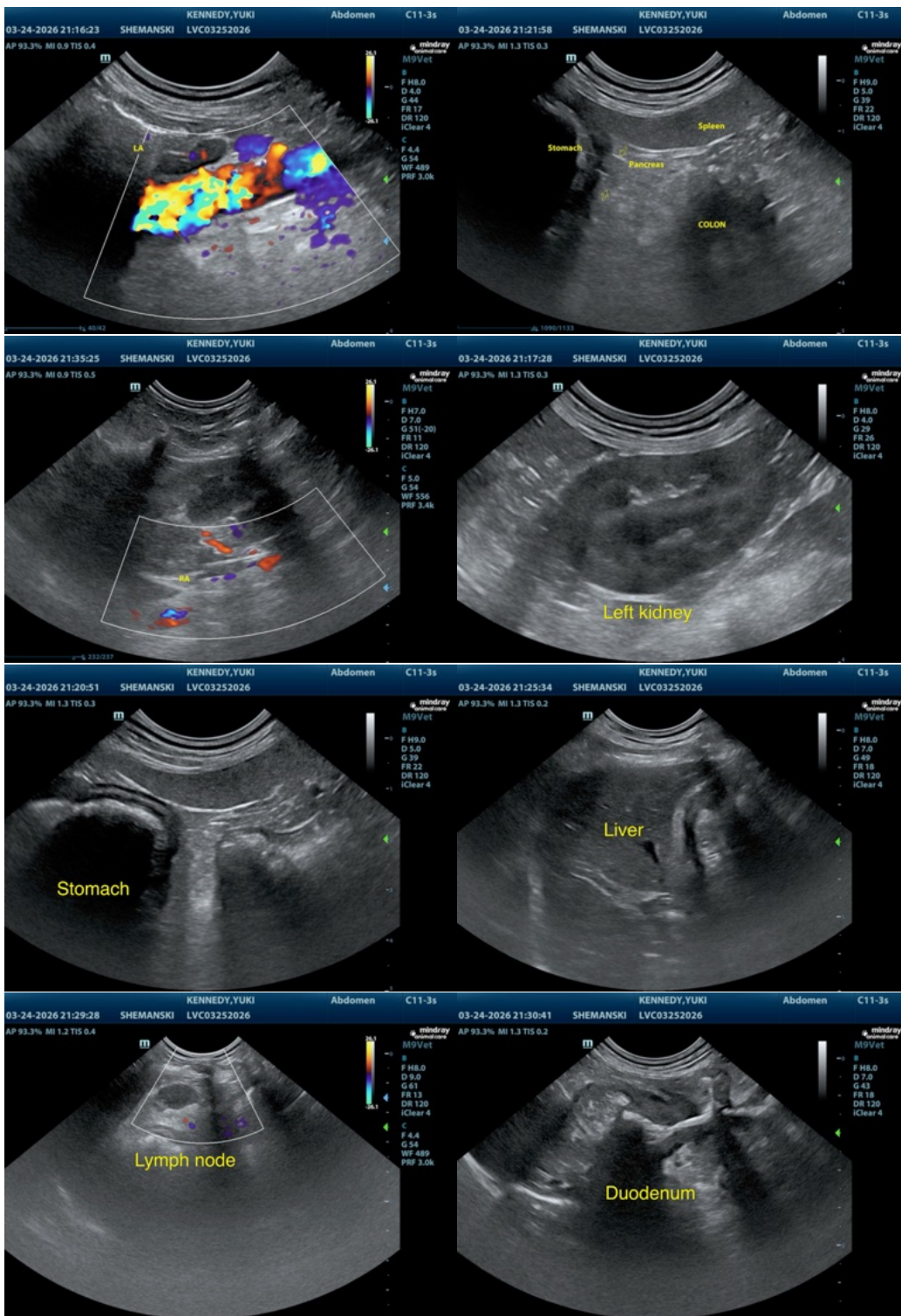
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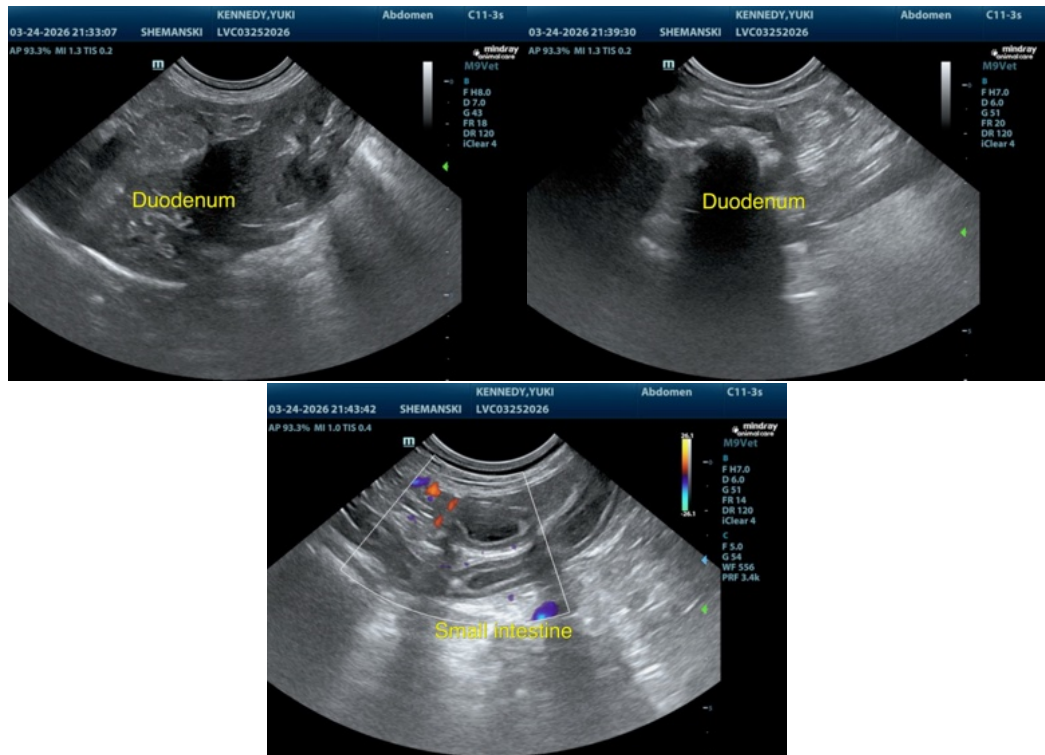
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com