



PATIENT

Shadow McGrath

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Neutered male

AGE

10 years

WEIGHT

17 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. Brenda Lefler

INVOICE

73875

DATE

3/26/26

PRESENTING CLINICAL SIGNS

- RDVM REASON FOR REFERRAL: Patient presented for vomiting after eating a pork bone on 03/25/2026. Abdominal radiographs revealed a piece of bone in the pylorus, with no obstructive pattern. The liver is small. On follow-up radiographs later in the day, the bone had moved into the mid-small intestine.
- CLINICAL SIGNS: Shadow ingested a pork bone on 03/24/2026, leading to vomiting through the following morning. After rDVM evaluation on 03/25/2026 and IV fluid stabilization, radiographs showed the bone moving, and he was discharged on a bland diet and gabapentin. He is currently eating and stable. Shadow has a history of collapsing trachea and a grade 3/6 heart murmur that progressed between November 2025 and February 2026. He turns 12 in November.
- MEDICATIONS: Prednisone 5mg EOD - for a sinus obstruction diagnosed in 10/2023. Gabapentin 100mg BID
- Abnormal PE/Chem/CBC/UA Results: Lab work revealed severely elevated liver enzymes: - ALP: 909 U/L - GGT: 15 U/L - AST: 1042 U/L - Basophils are disproportionately elevated at 0.51 K/uL. - ALT one month ago was 141 U/L and AST one month ago was within normal range.

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.

Enlarged iliac lymph nodes measuring 0.8 x 2.0 cm in size with a hypoechoic appearance, but maintained a normal shape. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 4.6 cm, right measured 5.3 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 prostate is small and hypoechoic measuring 1.0 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.69 cm in length x 0.49 cm and 0.53 cm in width. The right adrenal gland measured 0.5 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. A focal, mottled echogenic vascularized mass in the head of the spleen measuring 2.0 x 2.2 cm with



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bulging of the overlying capsule. The spleen measured 1.3 cm in width. Incidental myelolipoma is present.

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.

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

Enlarged mesenteric lymph nodes measuring up to 1.2 x 2.3 cm in size with a hypoechogenic appearance and some showing a rounded shape.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Iliac and mesenteric lymphadenomegaly.
- Gallbladder sediment.



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely diagnosis for the splenic mass would be emerging neoplasia with hematoma and granuloma a less likely differential diagnosis.

Etiologies for the lymphadenomegaly would be reactive hyperplasia, lymphadenitis and possibly infiltrative neoplasia.

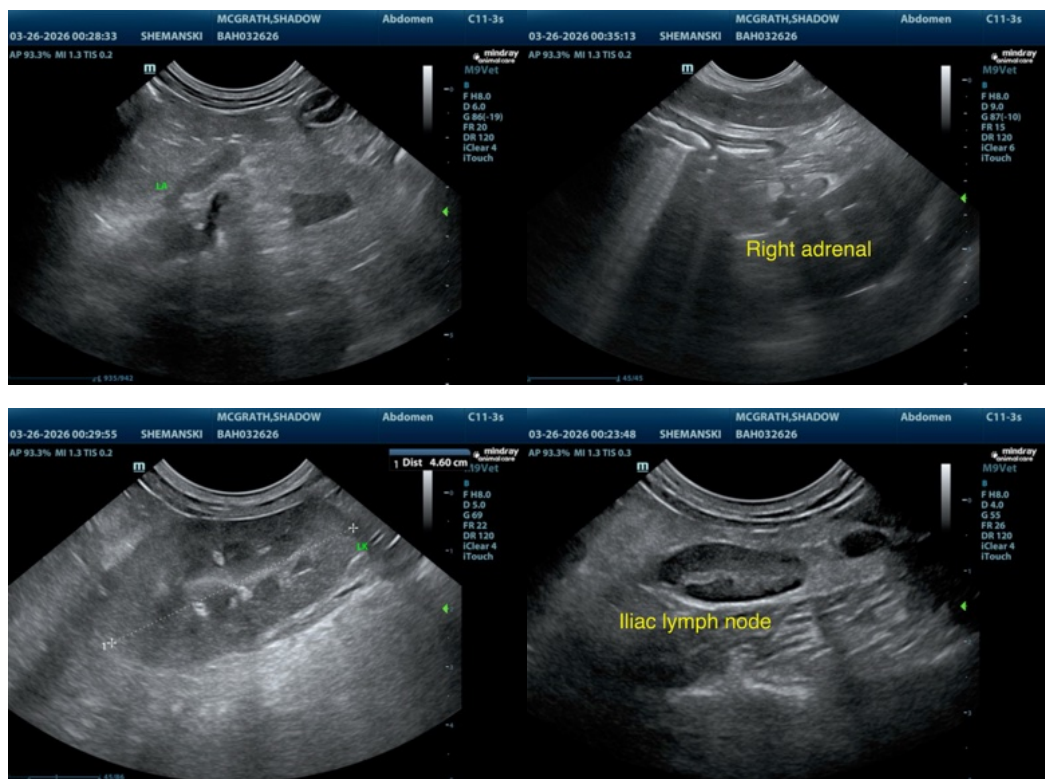
The gallbladder sediment can be considered an incidental finding.

Although the liver appears ultrasonographically normal, with the elevated liver enzyme activity, an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered. Infiltrative neoplasia would be a less likely differential diagnosis.

On this ultrasound there was no obvious evidence of gastrointestinal obstruction.

Further assessment would be FNA cytology of the liver and lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.





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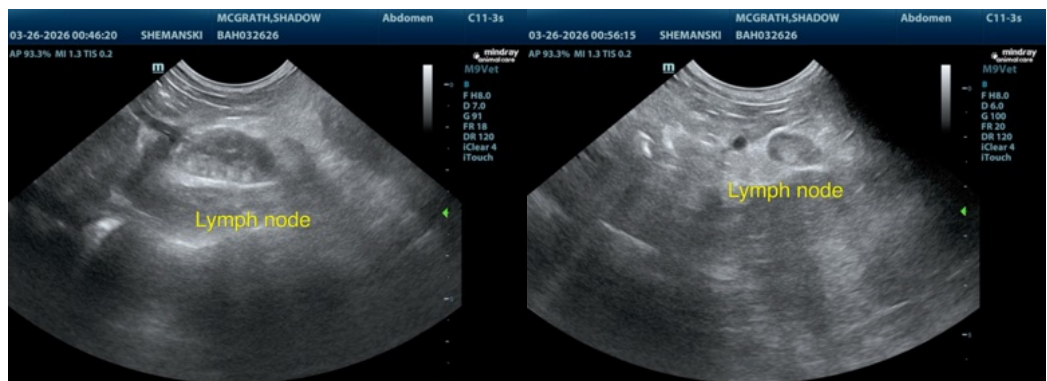
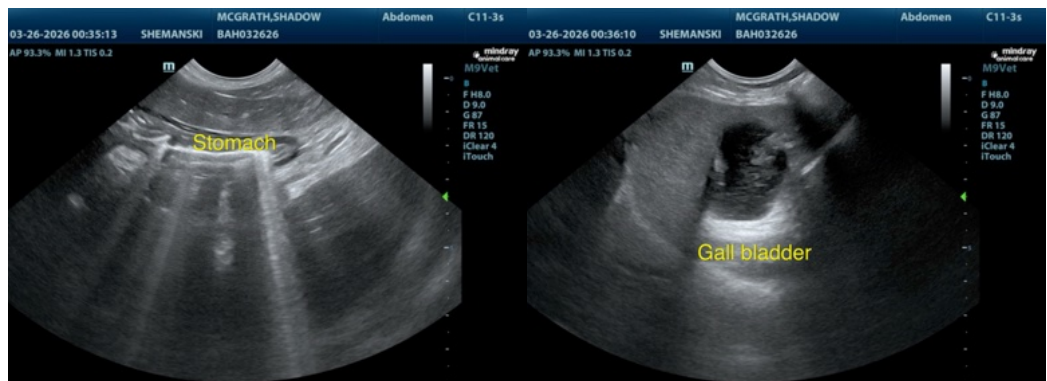
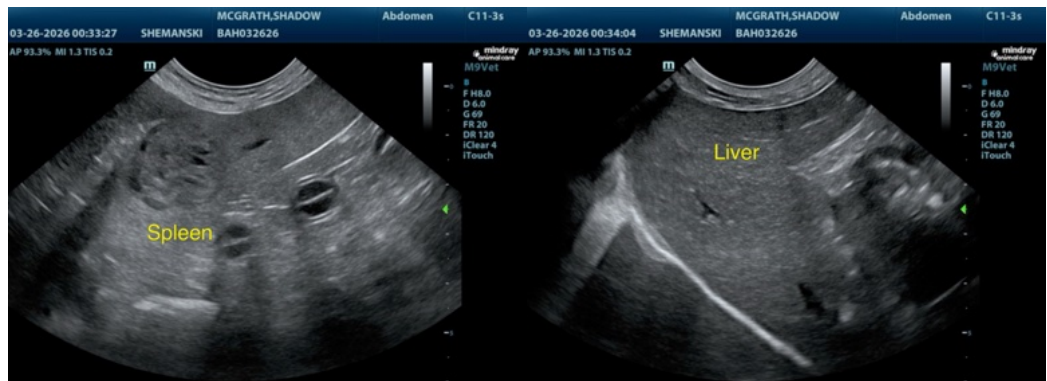
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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