

PATIENT

Maddie Werdein

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed female

AGE

11 years

WEIGHT

60.2 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

73936

DATE

3/31/26

PRESENTING CLINICAL SIGNS

- Maddie was presented for an abdominal ultrasound due to a bleeding abdominal mass (appears to be a splenic mass on AFAST) and referred for scanning for obvious metastases to determine if surgery is appropriate or if treatment should focus on palliative care.
- The patient had acute onset lethargy on March 27, 2026 and was presented to rDVM on March 28, 2026. The patient was quiet, slightly pale, thrombocytopenic, and anemic.
- Owner reports Maddie was brighter yesterday (March 30th) but had a return of lethargy overnight. She would not take anything this morning (March 31st), including her gabapentin, Yunnan Baiyao, or even chicken broth.
- She is normally a very active German Shepherd/Australian Cattle Dog mix.
- MEDICATIONS: - Cerenia, Yunnan Baiyao
- Bloodwork 3/28/2026 RBC 4.36 M/ μ L (ref 5.65-8.87) - LOW HCT 28.2 % (ref 37.3-61.7) - LOW HGB 9.8 g/dL (ref 13.1-20.5) - LOW RETIC 158.3 K/ μ L (ref 10.0-110.0) - HIGH LYM 0.70 K/ μ L (ref 1.05-5.10) - LOW EOS 0.03 K/ μ L (ref 0.06-1.23) - LOW PLT 61 K/ μ L (ref 148-484) - LOW MPV 15.0 fL (ref 8.7-13.2) - HIGH PCT 0.09 % (ref 0.14-0.46) - LOW CI 104 mmol/L (ref 109-122) - LOW ALT: high normal at 124 U/L Dr. Bedell performed chest x-rays prior to referral, and no remarkable findings were noted.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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.

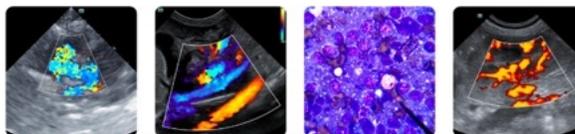
Normal renal size (left measured 6.8 cm, right measured 7.4 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 3.66 cm in length x 1.43 cm and 0.51 cm in width. The right adrenal gland measured 1.62 cm in length x 0.64 cm and 0.59 cm in width.

Spleen

Multiple, irregular, mottled echogenic cystic masses that measured up to 2.6 x 3.0 cm in size with some showing bulging of the overlying capsule. The rest of the spleen is of normal size maintaining a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.



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Liver

Normal size with a diffuse increased echogenic and coarse appearance, normal portal markings, and regular curvilinear capsule. Multiple, irregular, mottled echogenic masses measuring up to 4.5 x 6.5 cm in size. 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.

A moderate amount of ascites evident.

Thorax

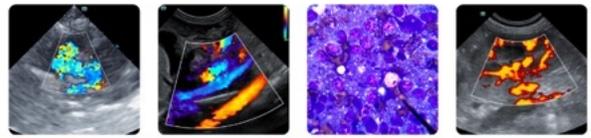
Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic masses.
- Hepatic masses.
- Hepatopathy.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for this patient would be metastatic neoplasia and most likely hemangiosarcoma with secondary hemoabdomen.



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At this point palliative therapy would be indicated.

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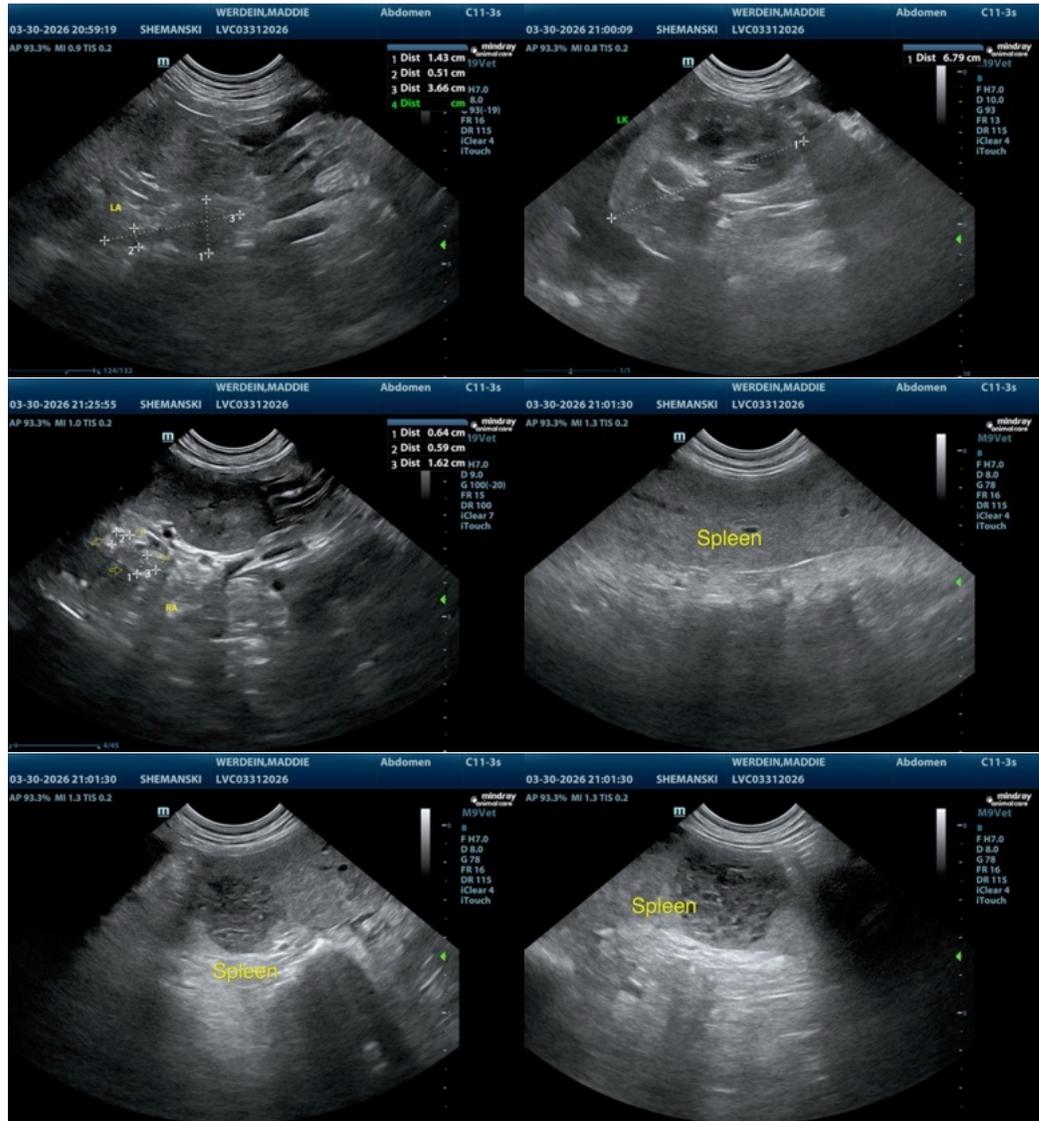
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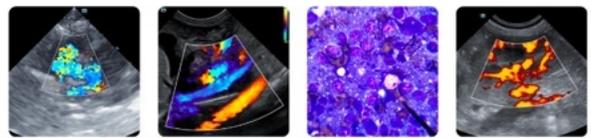
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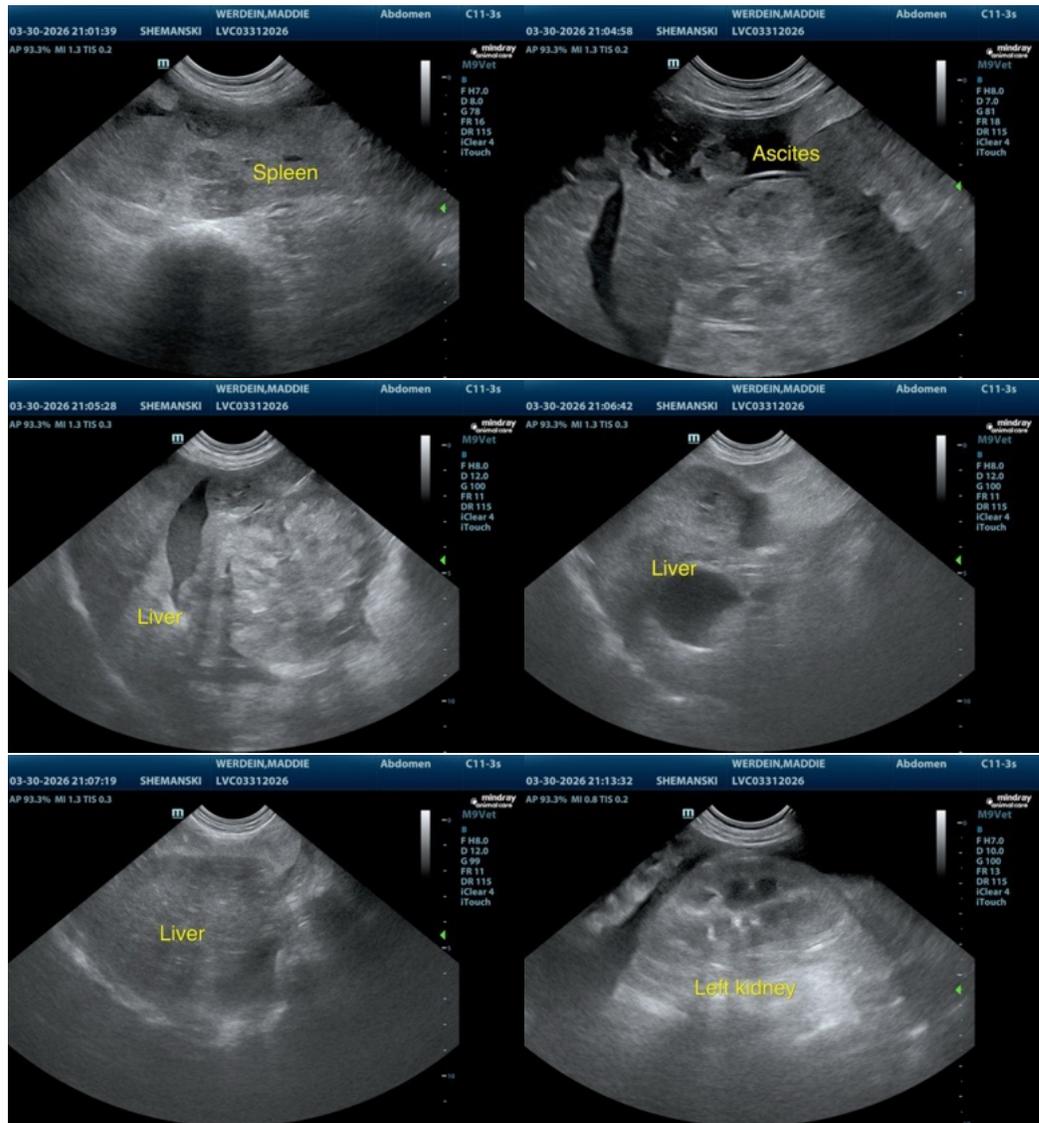
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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