



PATIENT	PRESENTING CLINICAL SIGNS
Finley Beckham	<ul style="list-style-type: none"> • RDVM REASON FOR REFERRAL: Referred by rDVM for concern for neoplasia located on the head of the spleen with free abdominal fluid in all four quadrants on AFAST. - HCT: 36.3%- Platelets: 67,000 (confirmed low with manual blood smear) • History - 4DX negative. - Eating Farmer's Dog food. - Otherwise normal health-wise. • - Incident of one day of diarrhea in February, resolved on its own. • - Presented to rDVM for bloody diarrhea on March 4th after being boarded for about two weeks. • - History of seasonal allergies, not currently being treated. • - Owner reports an incident at the boarding facility where Finley yelped when picked up. • - No change in thirst or urination. • - No history of major injury (e.g., hit by car). • - No history of tick bites. • MEDICATIONS: - Simparica Trio, - Yunnan Baiyao- 1 T BID. Just started 3/4/26 - Gabapentin 300mg: 1T PO TID. Just starting 3/4/26 - Cerenia 24mg: 2T SID. Just started 3/4/26 • RBC 5.2LOW 5.65-8.87 M/μL (LOW) HCT 36.3LOW 37.3-61.7 % (LOW) HGB 12.1LOW 13.1-20.5 g/dL (LOW) RETIC 362.4HIGH 10.0-110.0 K/μL (HIGH) MPV 16.6HIGH 8.7-13.2 fL (HIGH) PCT 0.11LOW 0.14-0.46 % (LOW) RBC 5.29LOW 5.65-8.87 M/μL (LOW) HCT 36.8LOW 37.3-61.7 % (LOW) HGB 12.2LOW 13.1-20.5 g/dL (LOW) ****PLT * 67* 148-484 K/μL on RETIC 435.9 10.0-110.0 K/μL(HIGH)
SPECIES	
Canine	
BREED	
Australian Shepherd	
SEX	
Spayed female	
AGE	
10 years	
WEIGHT	
39.2 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. Hoefen	
INVOICE	
72268	
DATE	
3/5/26	
	<p>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</p> <p><i>Urinary System</i></p> <p>The urinary bladder is full with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment was noted.</p> <p>Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.</p> <p>Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.</p> <p>Normal renal size (left measured 5.6 cm, right measured 6.3 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.</p>



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Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.1 cm in length x 0.42 cm and 0.48 cm in width. The right adrenal gland measured 2.48 cm in length x 0.54 cm and 0.57 cm in width.

Spleen

A large, irregular, cystic and poorly vascularized mass is noted on the head of the spleen measuring 6.3 x 7.0 cm. A small, hypoechoic parenchymal nodule with bulging of the overlying capsule was noted measuring 1.1 x 1.2 cm in the tail of the spleen. The rest of the spleen is of normal size (1.6 cm in width) maintaining a normal echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Hyperechoic appearance of the mesentery surrounding the splenic mass.

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

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. A moderate amount of ingesta is present in the stomach.

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 small amount of ascites is present in the cranial abdomen.



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Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Splenic nodule.
- Ascites.

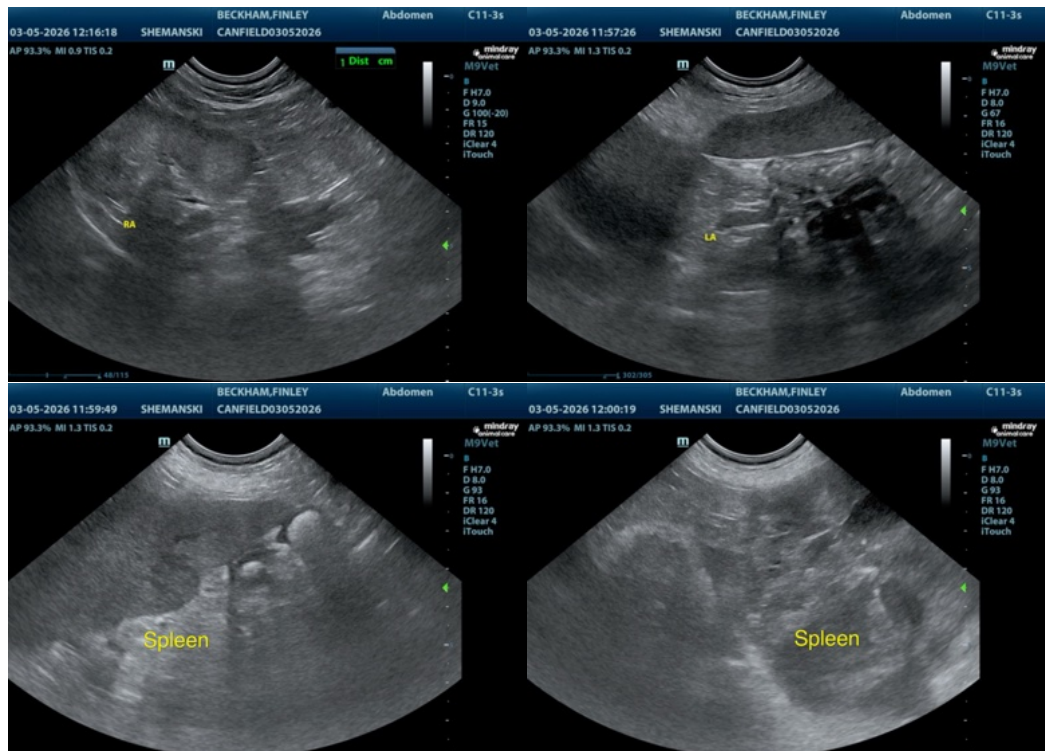
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia with hematoma and granuloma unlikely differential diagnosis. Although the splenic nodule may merely be an incidental reactive hyperplasia/extramedullary hemopoiesis, neoplasia is an important differential diagnosis.

The most likely etiology for the ascites would be hemoabdomen secondary to the splenic pathology.

Further assessment would be three view thoracic radiographs and possibly FNA cytology of the splenic mass.

Splenectomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.





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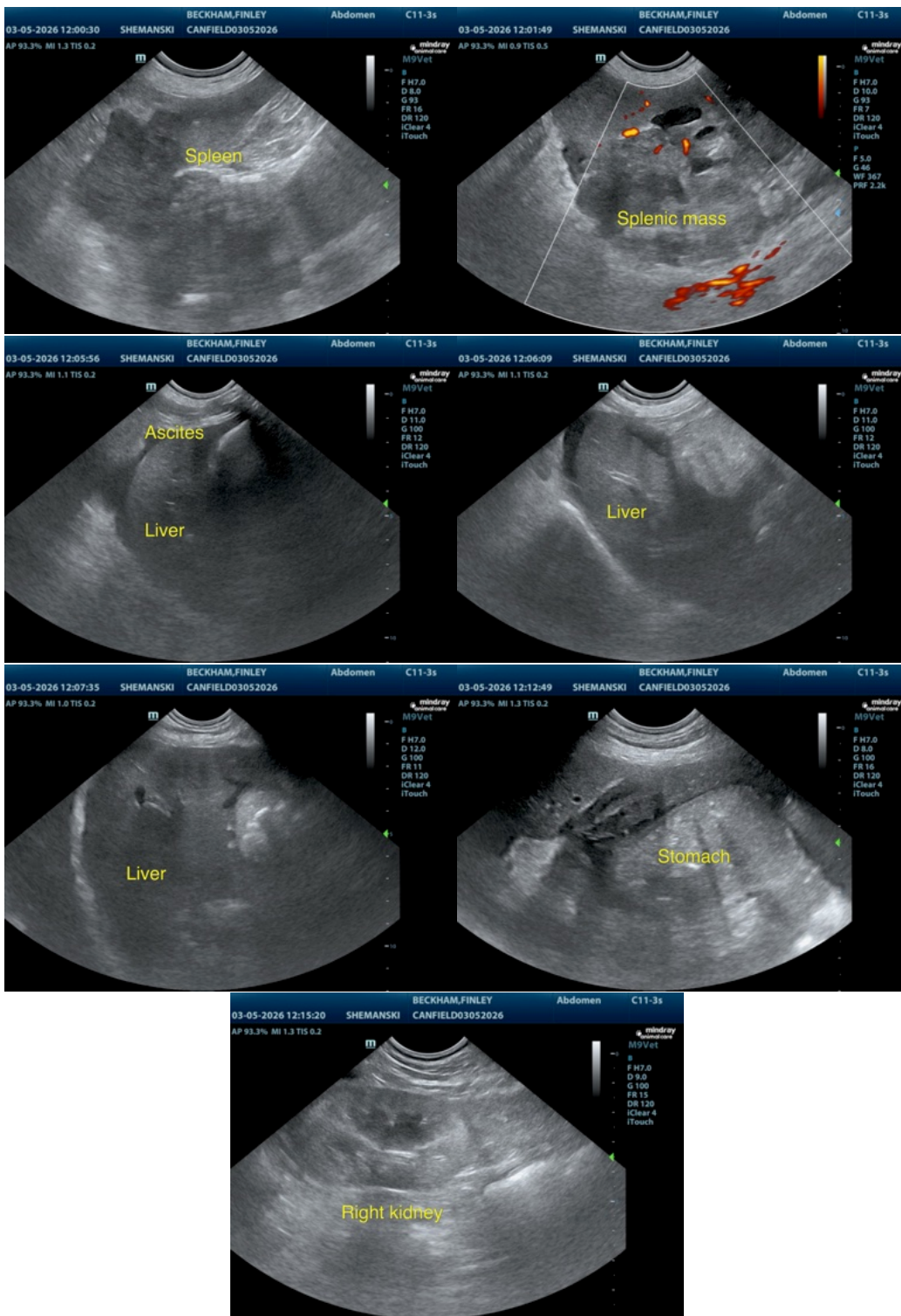
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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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