



## PATIENT

Jax Masten

## SPECIES

Canine

## BREED

Lhasa Apso

## SEX

Neutered male

## AGE

10 years

## WEIGHT

23 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. Hauschildt

## INVOICE

74505

## DATE

4/15/26

## PRESENTING CLINICAL SIGNS

**HISTORY** Owner reports that Jax has been eating, but she has to coerce him. He has been drinking a lot of water. He suddenly became lethargic. He was walking slow on a walk yesterday and then walked towards the owner and almost collapsed. A couple of days prior, he was acting spacey and hiding. He had diarrhea, but it was not bloody.

**CLINICAL SIGNS:** Shallow breathing, Lethargy, Non-ambulatory

**MEDICATIONS:** Gave 0.2 mLs of butorphanol IV for sedation and pain control.

**HCT:** 20.9% (low) - **Reticulocytes:** 245.5 k/uL (high) - **WBC:** 20.38 k/uL (high) - **Neutrophils:** 15.8 k/uL (high) - **Monocytes:** 1.84 k/uL (high) - **Lymphocytes:** WNL - **Eosinophils:** WNL - **Platelet count:** 73 k/uL (low) - **Glucose:** 271 mg/dL (high) - **Creatinine:** 1.9 mg/dL (high) - **BUN:** 29 mg/dL (high) - **Phosphorus:** 2.1 mg/dL (low) - **Potassium:** 3.4 mmol/L (low) - **Chloride:** 106 mmol/L (low) - **Sodium:** 150 mmol/L (WNL) - **Calcium:** 9.5 mg/dL (WNL)

## 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 3.9 cm, right measured 4.5 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.

The prostate is hypoechoic measuring 0.6 cm in width.

### Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.77 cm in length x 0.58 cm and 0.68 cm in width. The right adrenal gland measured 2.1 cm in length x 0.7 cm and 0.81 cm in width.

### Spleen

A large, irregular, mottled echogenic, cystic, poorly vascularized mass measuring 6.0 x 8.0 cm in size originating off the body of the spleen. The rest of the spleen is of normal size (1.8 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.



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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 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 cellular ascites is present.

## Thorax

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

## ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Ascites.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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



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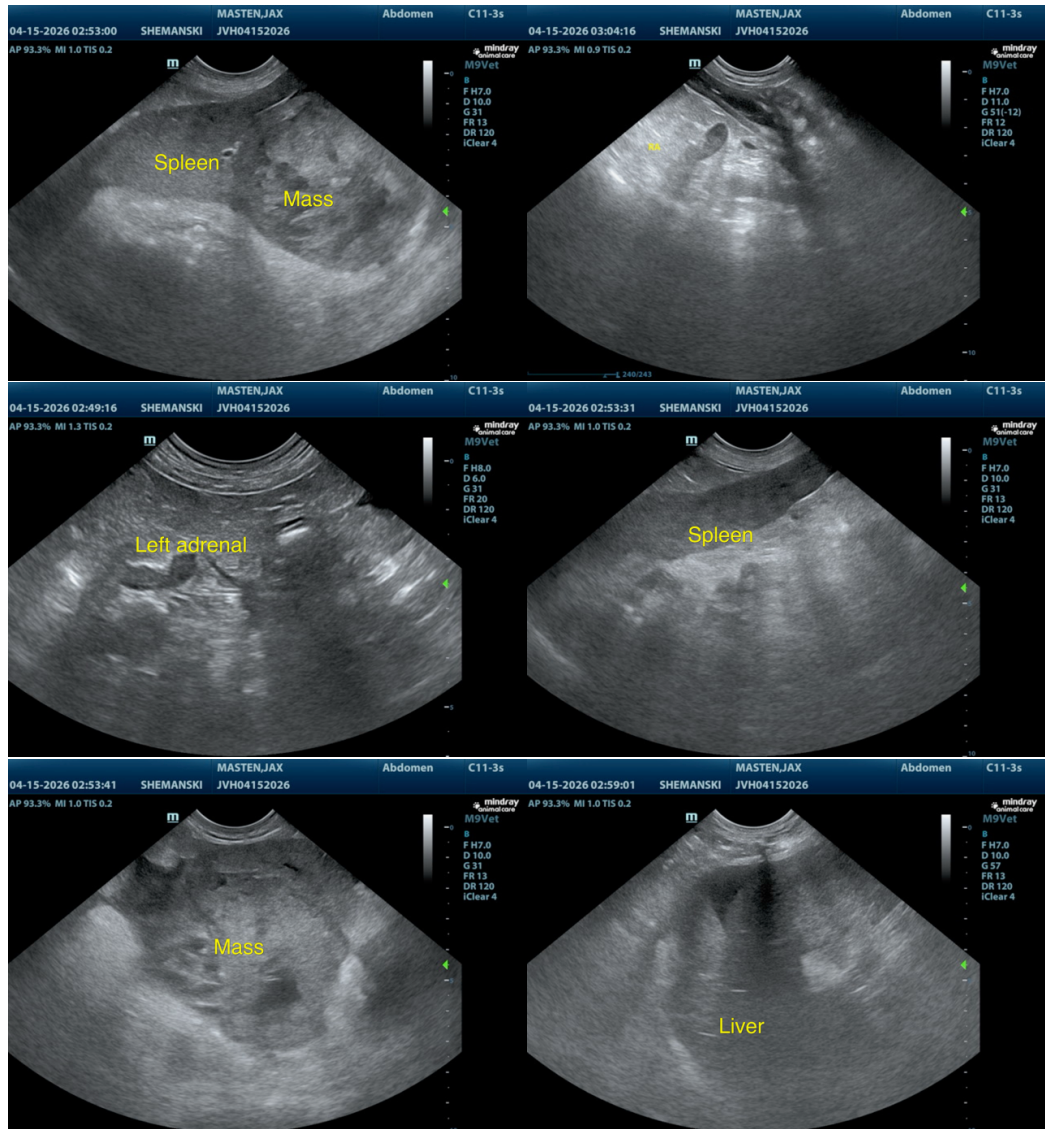
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Further assessment would be three view thoracic radiographs.

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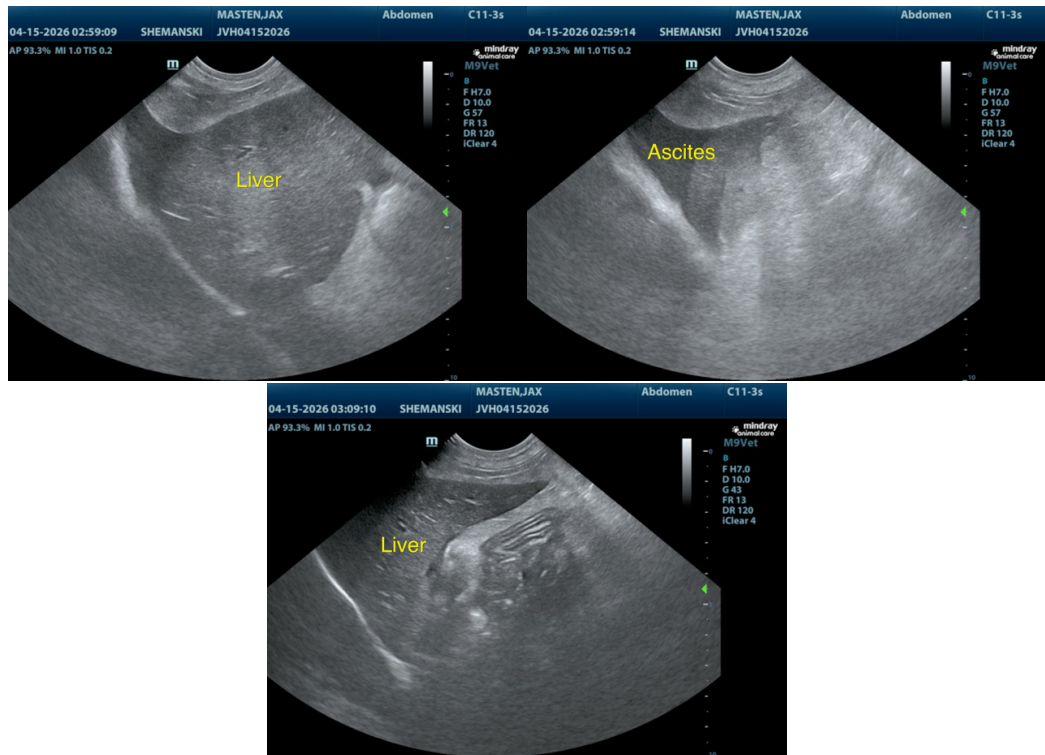
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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