



PATIENT

Bella Uhlman

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Spayed female

AGE

8 years

WEIGHT

12.4 lbs

INTERPRETED BY

Remo Lobetti, BVSc,
MMedVet (Med),
PhD, Dipl. ECVIM

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York
Vetererinary Service

REFERRING VET

Dr. Scarpulla

INVOICE

74560

DATE

4/16/26

PRESENTING CLINICAL SIGNS

History: History of megaesophagus. Annual blood work was normal. Appetite has progressively decreased with lethargy. Hematocrit decreased 10 points. Possible splenic mass on rads.

CLINICAL SIGNS: Vomiting, lethargic

MEDICATIONS: None

Abnormal PE/Chem/CBC/UA Results: April 15, 2026 Urinalysis WNL CBC: RBC 4.99 (Ref 5.65-8.87 M/uL) LOW Hematocrit 34.4 (Ref 37.3 - 61.7 %) LOW Hemoglobin 12.0 (Ref 13.1 - 20.5 g/dL) LOW Monocytes 1.51 (Ref 0.16 - 1.12 K/ μ L) HIGH Eosinophils 0.02 (Ref 0.06 - 1.23 K/ μ L) LOW Platelets * 108 (Ref 148 - 484 K/ μ L) LOW MPV 19.4 (Ref 8.7 - 13.2 fL) HIGH T4: 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 3.7 cm, right measured 4.2 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 1.42 cm in length x 0.42 cm and 0.42 cm in width. The right adrenal gland measured 1.69 cm in length x 0.5 cm and 0.54 cm in width.

Spleen

A large, irregular, mottled echogenic, poorly vascularized mass with a few, small, cystic areas evident. The rest of the spleen is of normal size (2.0 cm in width) 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. No inflammatory, neoplastic, infarction, or infiltrative changes evident.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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.

No ascites evident.

Thorax

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

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic mass would be neoplasia, hematoma and possible granuloma.

Further assessment would be three view thoracic radiographs.

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



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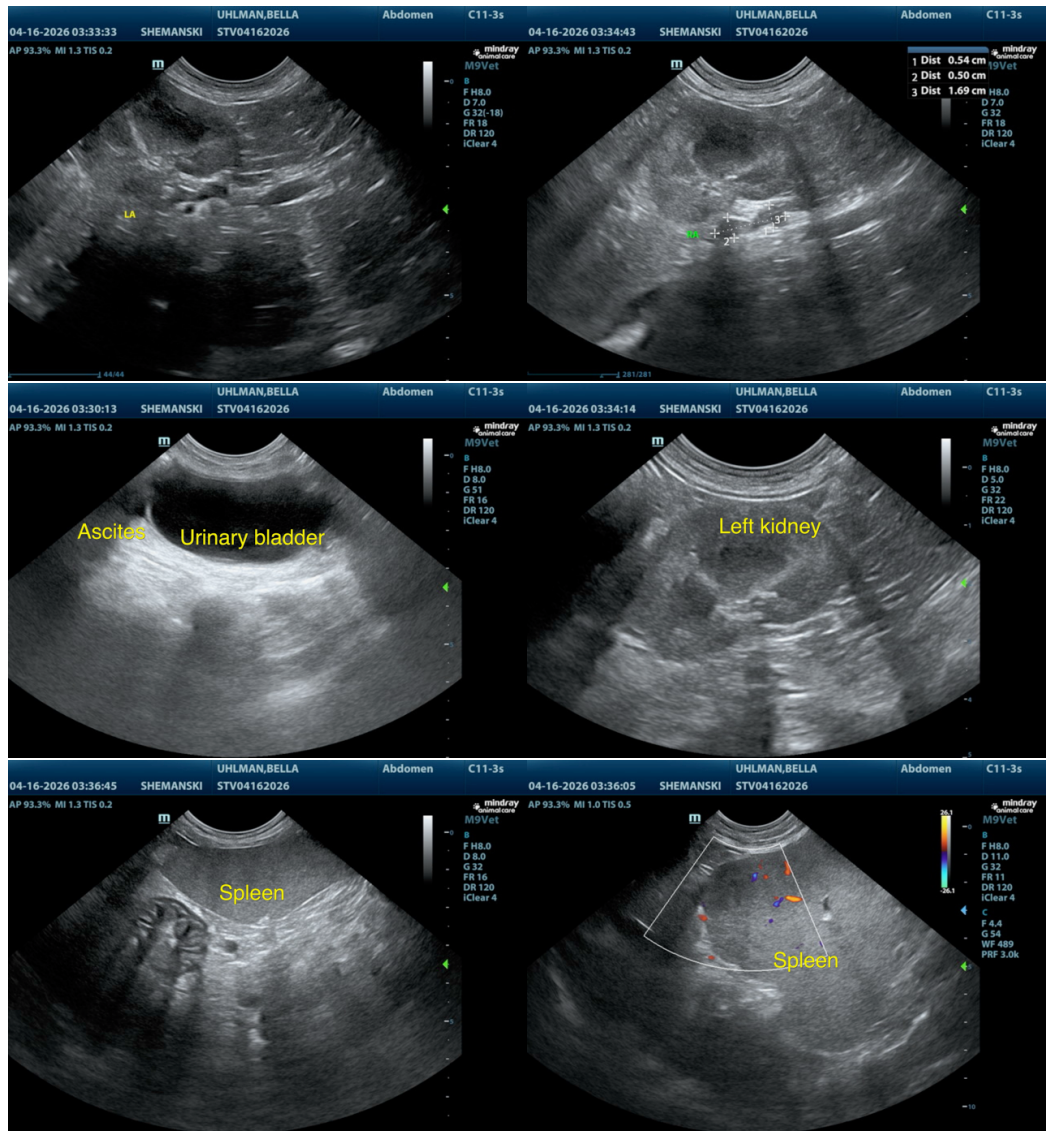
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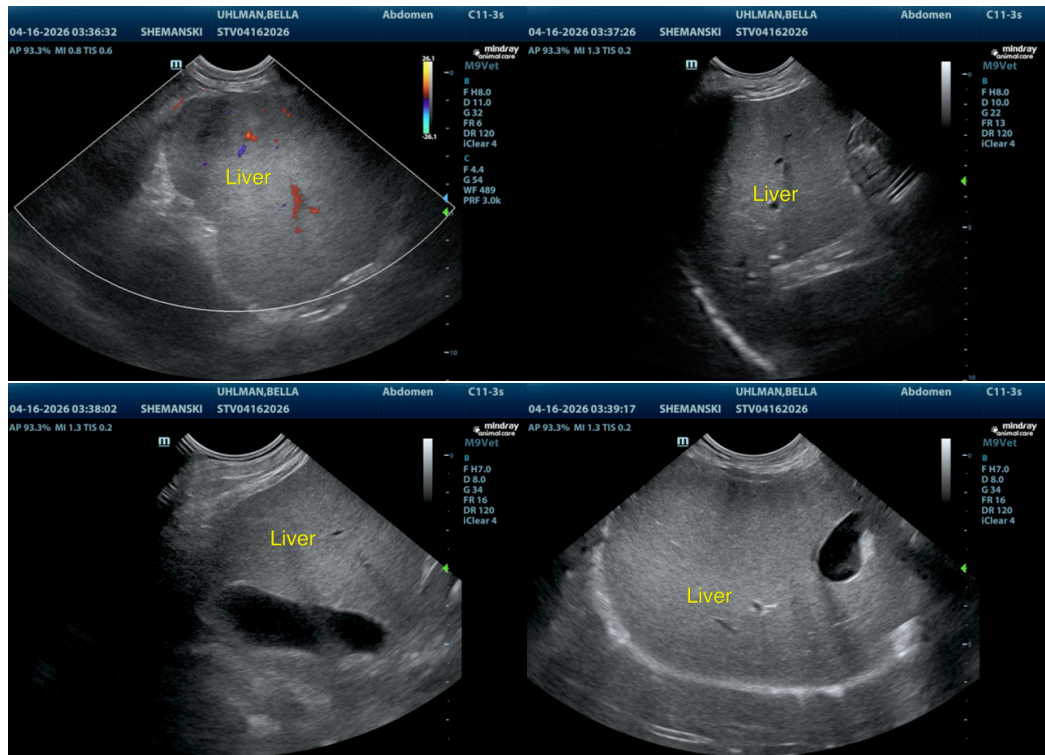
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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