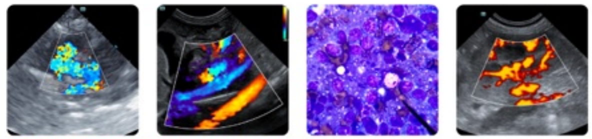


PATIENT

Sasha Bennett

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

9 years

WEIGHT

78 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Milligan, DVM

HOSPITAL NAME

Dockside VI

REFERRING VET

Dr. Stanley

INVOICE

74156

DATE

4/3/26

PRESENTING CLINICAL SIGNS

- Sasha presented for an acute episode this morning of lethargy, urinating indoors, and not eating. Owner reports increased water intake over the last week. When attempting to rise from the floor, the hind limbs gave out and she fell to the side. A similar episode occurred approximately September 2025 with transient hind limb weakness and decreased responsiveness lasting 10-15 minutes; she then stood with assistance and walked. Today, when supported under the body, she was able to stand and walk. No vomiting reported. She typically goes outside to urinate, making the indoor urination abnormal for her.
- Pericardiocentesis performed today- exudate- concern for lymphocytes larger than the neutrophils. TS 3.4; SPG >1.016.

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 6.7 cm, right measured 6.8 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

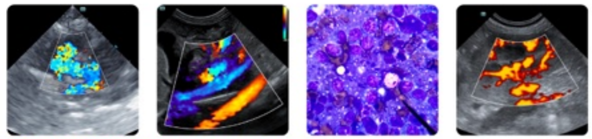
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.48 cm and 0.65 cm in width. The right adrenal gland measured 0.71 cm and 0.63 cm in width.

Spleen

The spleen measured 2.0 cm in width with an increased echogenic and course appearance, but maintained a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. A small, focal, hypoechogenic, parenchymal nodule is noted in the body of the spleen measuring 0.4 x1 .3 cm in size.

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. Fecal material is present in the colon.

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.

ULTRASONOGRAPHIC FINDINGS

- Splenic pathology?
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although the appearance of the spleen would be consistent with age related changes, underlying splenitis and early infiltrative neoplasia should still be considered.

The likely etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, hematoma and granuloma with emerging neoplasia a less likely differential diagnosis.

Further assessment would be FNA cytology of the spleen.

Monitoring of the splenic nodule would be recommended and if there is nay progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.

Specific therapy would be dependent on an etiological diagnosis.

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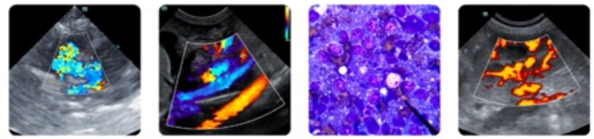

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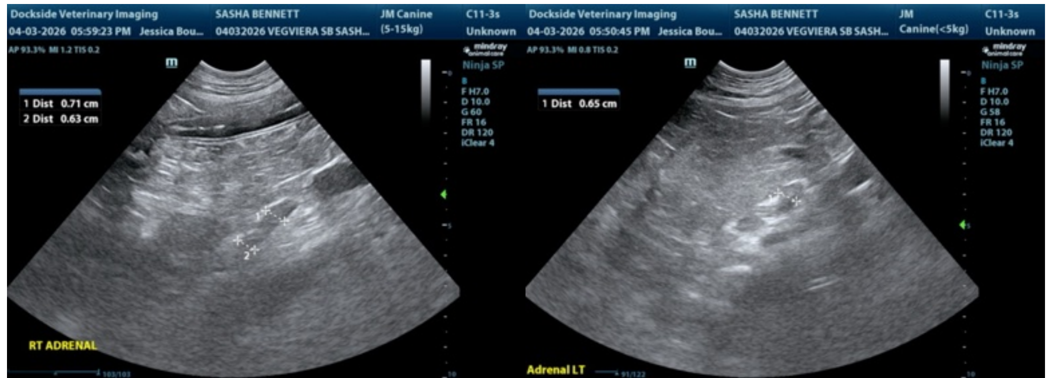

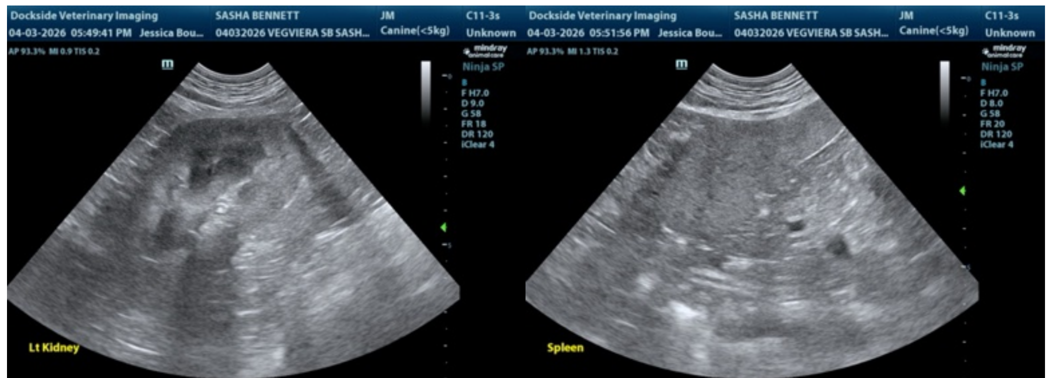

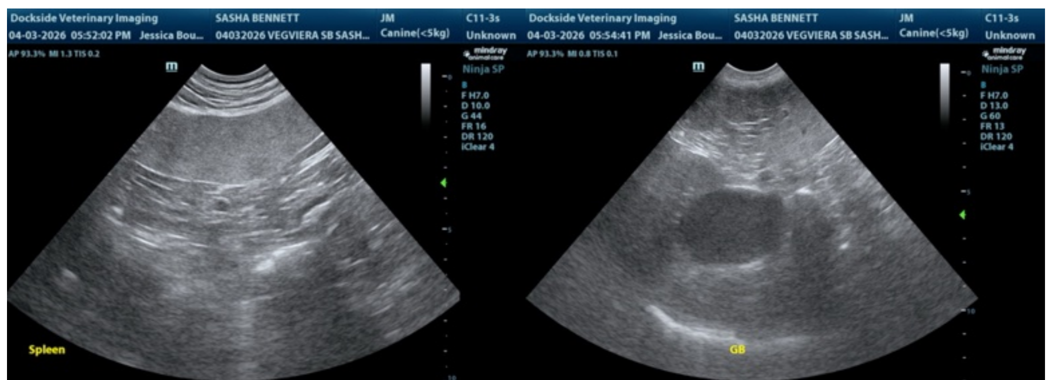

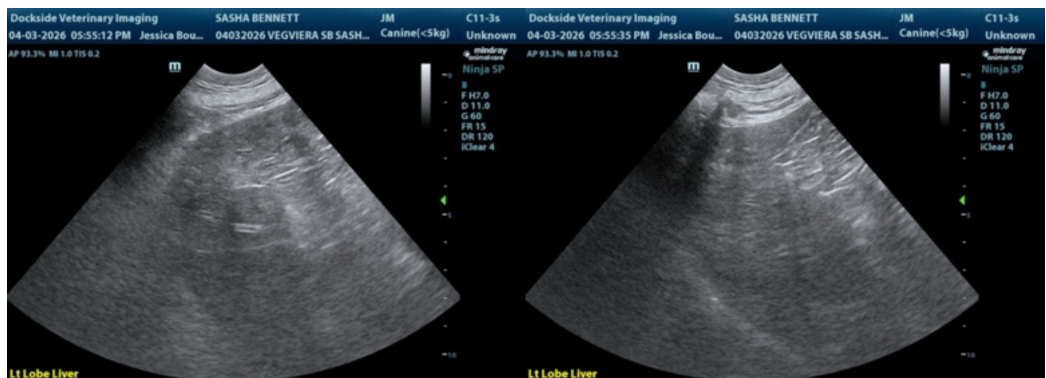

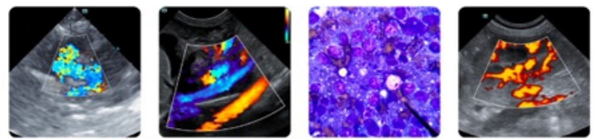

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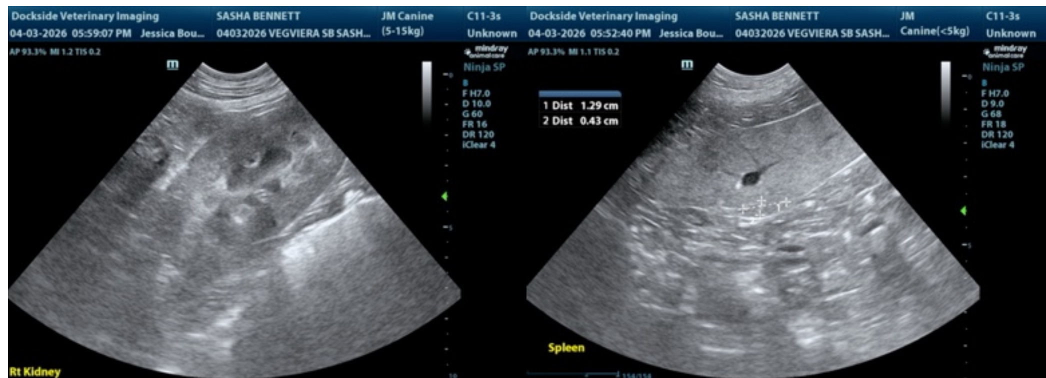

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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