



PATIENT

Huckleberry Hartman

SPECIES

Canine

BREED

Shepherd Mix

SEX

Neutered Male

AGE

4 Years

WEIGHT

30.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lindsay Powell CVT

HOSPITAL NAME

Hershey Animal
Emergency Center

REFERRING VET

Dr. Kimberly Davidson

INVOICE

16031

DATE

05/10/26

PRESENTING CLINICAL SIGNS

History of elbow dysplasia and starting NSAID 2 weeks ago. This morning lack of appetite and hematemesis and melena present.

Abnormal PE/Chem/CBC/UA Results: Mucous membranes pale pink/tacky. Rectal: melena present but formed stool. Lameness on both forelimbs, uncomfortable on elbow extension. History of elbow dysplasia. CBC: severe thrombocytopenia (<50k), monocytosis (4.52), eosinopenia (0.05). Chem: WNL. EPOC: hyperlactatemia (8.98), pH 7.274 (L), BE (-8.2). cPL: WNL. PT/PTT: PT 18 (H), PTT 109.5 4DX: negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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.

Small hypoechoic prostate measuring 1.2 cm width.

Normal renal size, 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 left kidney measured 6.8 cm in length. The right kidney measured 6.4 cm in length. 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. The left adrenal gland measured 0.64 cm in width. The right adrenal gland was not clearly visualized but appears to be normal in shape, echogenic appearance and size.

Spleen

Diffusely enlarged measuring 6.1 cm in width with a hyperechogenic appearance but maintaining a smooth homogenous parenchyma and a regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis 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.

Gallbladder

Small gallbladder containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.

Gastrointestinal



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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 small amount of fluid was present within the stomach.

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Pancreas

Not clearly visualized but 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.

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Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 1.5 cm x 1.6 cm in size with a rounded shape and hypoechoic appearance.

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No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

- Splenomegaly.
- Mesenteric lymphadenomegaly.

WEIGHT

30.2 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for both the splenomegaly and mesenteric lymphadenomegaly would be reactive hyperplasia, inflammatory reaction, and possibly infiltrative neoplasia such as lymphoma. With the presenting clinical signs and the recent NSAID therapy, gastric ulceration would be an important consideration. Unless there is evidence of immune-mediated thrombocytopenia such as petechial hemorrhages, the most likely etiology for the thrombocytopenia would be consumption.

Initial management would be to discontinue the NSAIDs and treat with gastric protectors (omeprazole, sucralfate).

Once the patient has been stabilized, FNA cytology of the spleen and lymph nodes would be indicated, with further specific therapy dependent on an etiological diagnosis.

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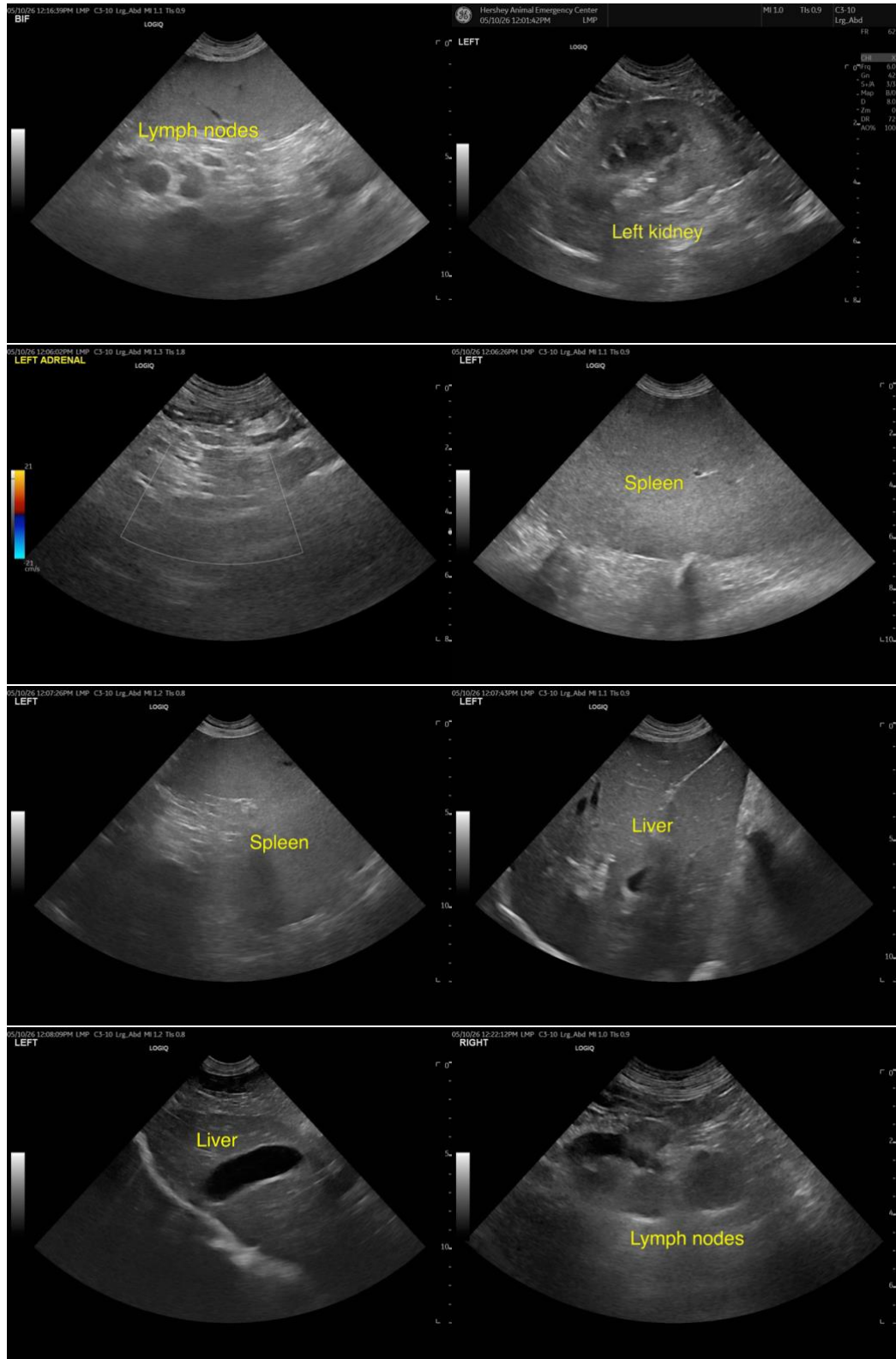
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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