



## PATIENT

Zoey Newell

## SPECIES

Canine

## BREED

Chihuahua

## SEX

Spayed female

## AGE

8 years

## WEIGHT

12.8 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. DeLucia

## INVOICE

77803

## DATE

5/20/26

## PRESENTING CLINICAL SIGNS

PE on 5/15/26 revealed a firm mid-abdominal mass; suspect splenic mass. Looking to assess the spleen, assess the abdomen for metastasis, and check the chest for metastasis. Patient is a 7–8-year-old rescue dog from Puerto Rico, adopted approximately 6 years ago. She previously underwent two dental surgeries for bilateral caudal oral masses, which were identified as inflamed granulation tissue polyps. She has a history of intermittent jaw chattering. The owner reports the patient is otherwise doing very well with no vomiting, diarrhea, coughing, or new respiratory signs. Chronic snoring is unchanged. Appetite and activity level are normal with no weight loss noted. She remains active and comfortable at home. Since starting Carprofen after oral mass removal last year, the owner reports significant improvement in her demeanor and reduction in jaw chattering episodes.

CLINICAL SIGNS: none. This was discovered on annual PE

MEDICATIONS: Sentinel 11-25 lbs

May 15, 2026 Radiographs - Noticeable mass ventral mid abdomen; spleen. Liver normal. Stomach with contents, GI tract with some air. Stool in colon. Can't see kidneys due to GI obstruction. I do not see a mass in the chest. PE - Oral cavity with inflamed tissue at commissures of gums, ABD with firm mass mid-abdomen April 24, 2026 Blood Chem and Serology WNL December 11, 2025 Oral histopathology - Gingiva, at teeth 102-103: Gingival nodular hyperplasia with moderate to marked lymphoplasmacytic gingivitis Margins: Margins cannot be definitively determined, as the proliferative tissue resembles normal gingival stroma.

## 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 3.9 cm, right measured 3.9 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.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.81 cm in length x 0.58 cm and 0.41 cm in width. The right adrenal gland measured 1.48 cm in length x 0.45 cm.

### *Spleen*

A large, solid, isoechoic vascularized mass was noted in the body of the spleen measuring 3.5 x 5.0 cm in size. The rest of the visible spleen is of normal size (1.3 cm in width) maintaining a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule.



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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 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.

## *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

The most likely etiology for the splenic mass would be primary neoplasia such as a solid splenic sarcoma.

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



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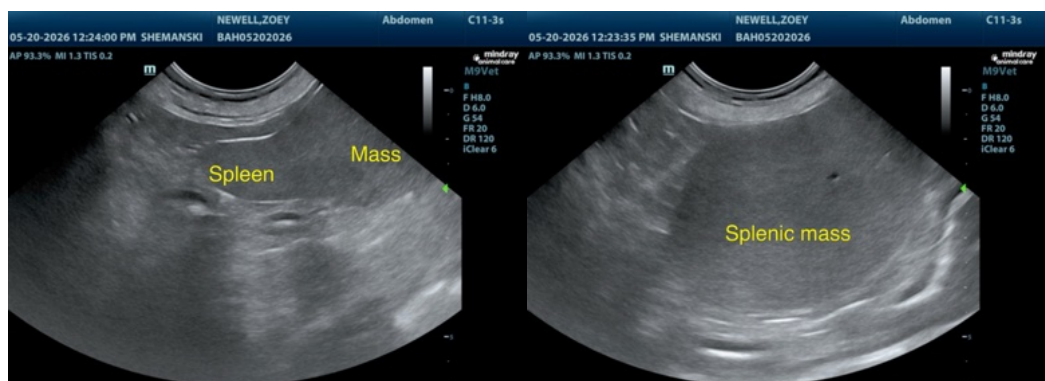
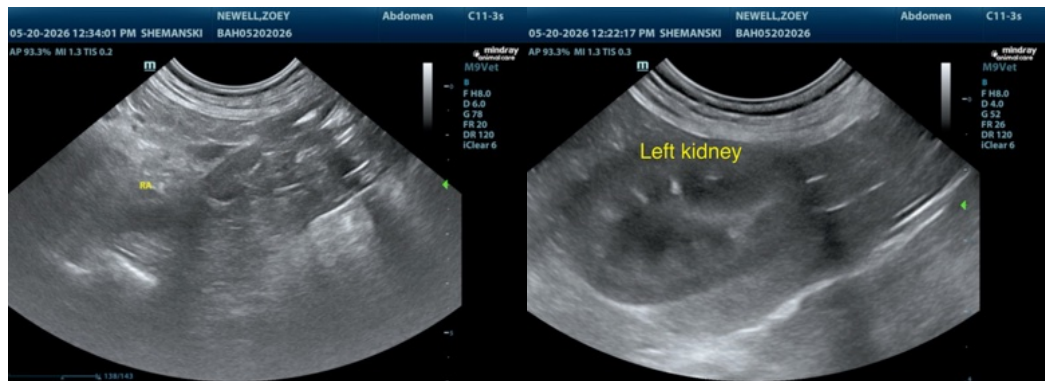
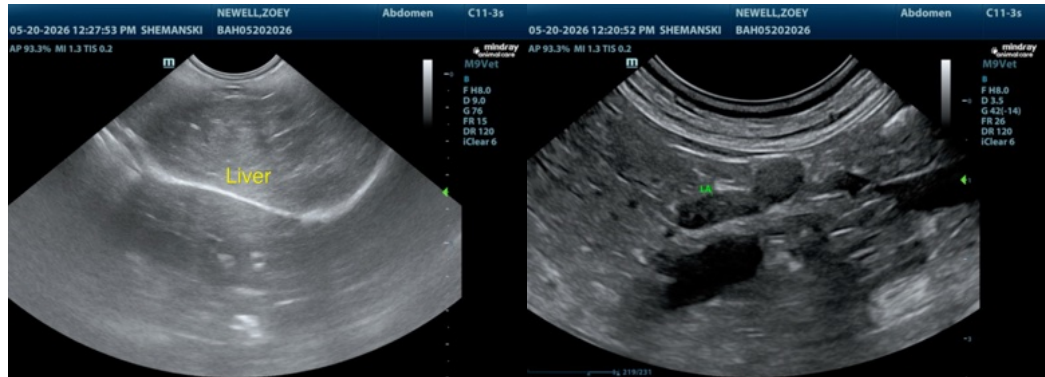
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Splenectomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.





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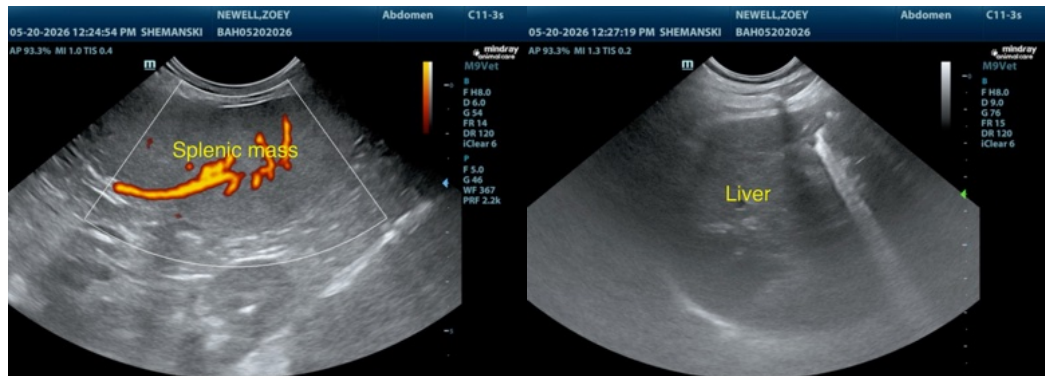
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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