



PATIENT

Brownie Gaonkar

SPECIES

Canine

BREED

Shih Tzu

SEX

Neutered male

AGE

5 years

WEIGHT

17.1 lbs

INTERPRETED BY

Alicia Angosto
Guerrero, DMV,
PgDip, MSc.

IMAGING PERFORMED BY

Ryan Moreno

HOSPITAL NAME

Seven Fields VH

REFERRING VET

Dr. Moreno

INVOICE

74649

DATE

4/20/26

PRESENTING CLINICAL SIGNS

History: Patient presented for ADR/lethargic with trouble with back legs on 4/15/26 with unremarkable PE, SNAP 4DX negative at that time but had recently attached ticks a couple weeks before and not on prevention or Lyme vaccine. Was given Convenia inj the following day. Recheck for shaking and not eating on 4/17/26 with unremarkable PE, did full BW with low plt but clumping seen on slide and sent home pain meds with appetite stim. Recheck on 4/20 for eating a little more but still not eating and not improving, no change in PE from Friday. Repeat CBC had low platelets with no clumping. Started Doxy/Pred. Afebrile at all exams

Abnormal PE/Chem/CBC/UA Results: 4/20/26: - Platelets: 56K (Manual smear 78-104k, no clumping observed) 4/17/26: - Platelets: 31k (Manual smear, moderate amount of clumps seen)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder lumen is normally distended, and the wall appears thin and smooth. The urine is anechoic. The bladder neck and proximal urethra have a normal appearance. No calculi or evidence of inflammatory or neoplastic changes are identified.

The left kidney is normal in shape and size, measuring 4.17×2.35 cm, with a cortical thickness of 0.38 cm in the sagittal plane. The right kidney is normal in shape and size, measuring 4.29×2.30 cm, with a cortical thickness of 0.39 cm.

In both kidneys, the cortex is mildly isoechoic relative to the hepatic parenchyma. The corticomedullary ratio is normal, and corticomedullary definition is preserved. A mild medullary rim sign is present. There is no evidence of pyelectasia, nephrolithiasis, or hydronephrosis. Color Doppler demonstrates a normal vascular pattern.

Adrenal Glands

The left adrenal gland is partially visualized 0.51 cm at the caudal pole. The right adrenal gland measures 0.54 cm at the cranial pole and 0.46 cm at the caudal pole.

Spleen

Splenic thickness is 1.38 cm. The parenchyma demonstrates normal echogenicity and fine homogeneous echotexture without focal parenchymal abnormalities. The splenic capsule is smooth and regular. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size, with sharp edges and a regular contour. The liver parenchyma looks uniform and isoechoic compared to the falciform fat, with a normal echotexture. No hepatic lymphadenopathy is observed.



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The gallbladder lumen is moderately distended. The wall is thin and the contents are primarily anechoic. No evident dilation of the cystic duct or common bile duct is observed.

Gastrointestinal

The stomach is empty and folded, with a mural thickness of 1.28 mm and preserved wall layering. The pylorus measures 6.01 mm, which is within acceptable limits for a small-breed dog (<7–8 mm depending on distension), with preserved layering. The duodenum measures 3.60 mm, and the jejunum measures 2.88–2.95 mm, both within normal limits (<5 mm), with preserved wall layering. No signs of inflammation, ileus, or foreign material are identified. The colon measures 0.74 mm, with formed feces in the descending segment.

Pancreas

The evaluated pancreatic areas do not show evidence of overt inflammation or neoplastic disease.

Free Abdomen

No sonographic evidence of abdominal effusion, peritonitis, or lymphadenomegaly is identified. The iliac trifurcation is normal.

PRIMARY FINDINGS

- No clinically significant abdominal abnormalities are identified.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Renal size, architecture, and cortical echogenicity are within normal limits. A mild medullary rim sign is noted, which is a nonspecific finding and may be incidental.

No clinically significant abdominal abnormalities are identified. There is no evidence of intra-abdominal hemorrhage, mass lesions, or organomegaly. These findings support a non-structural cause for the patient's clinical signs.

Recommendations

- Continuing diagnostic and therapeutic focus on hematologic and infectious causes of thrombocytopenia. Tick-borne disease testing (PCR or paired serology) is recommended if not already performed.
- Monitor platelet trends and clinical status closely.

Final diagnostic and therapeutic decisions should be made by the attending veterinarian, who can best integrate these findings with the patient's clinical status.



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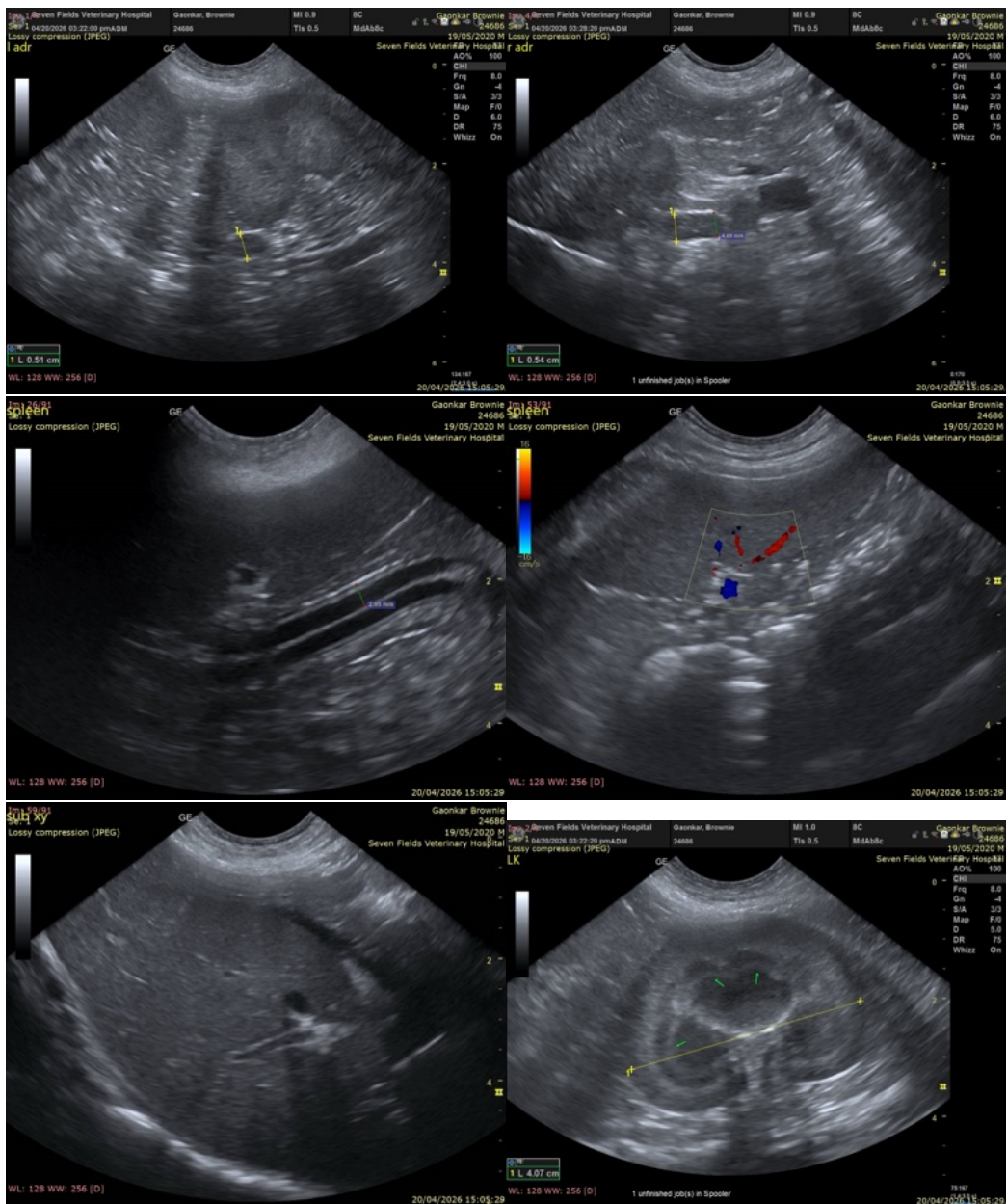
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Alicia Angosto Guerrero, DMV, PgDip, MSc.

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