



## PATIENT

Lipio Forestier

## SPECIES

Canine

## BREED

Mixed

## SEX

Neutered Male

## AGE

14 Years

## WEIGHT

23 lbs

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING PERFORMED BY

Gabriel Ferrer, DVM

## HOSPITAL NAME

Pulse: Pet Ultrasound

## REFERRING VET

Dr. Aida Balestra

## INVOICE

74272

## DATE

4/7/26

## PRESENTING CLINICAL SIGNS

Px presented as a referral for an abdominal ultrasound due to Hx of thrombocytopenia. Px was started on Prednisone and PLT values slightly increased, but on the follow up appointment PLT levels once again showed a decrease. Px shows a decrease in muscle mass, specifically in the Temporalis m.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is only mildly distended. Visible contents are anechoic. Urinary bladder wall is unable to be fully assessed for pathology without further distension. No visible masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface. In the face of urinary signs and/or suspected urinary bladder pathology, reassessment after complete filling is recommended.

Prostate is mildly enlarged (1.5 cm wide in the sagittal view). Parenchyma is diffusely homogenous and relatively hyperechoic. Normal distinct margins and symmetrical bilobed shape are maintained. This finding is likely normal patient variant, especially if patient was neutered as an adult; however, if patient was neutered as a puppy, prostatitis or, less likely, infiltrative neoplasia cannot be ruled out. This finding should be interpreted in combination with clinical signs, urinalysis results, etc. and either further investigated or monitored, as indicated.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 4.67 cm. Right kidney measured 5.0 cm.

### Adrenal Glands

The right adrenal gland is normal in size (0.56 cm at cranial pole and 0.58 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.51 cm at cranial pole and 0.57 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

### Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). Several discrete homogeneous, non-capsule disrupting, hypo- to anechoic nodules are noted throughout the spleen, one measuring 0.60 cm in diameter, another measuring 0.60 cm x 1.0 cm. Splenic vasculature appears normal.

### Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

## Gastrointestinal

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The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with a small to moderate amount of echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

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The bowel is diffusely mildly thick, with duodenum wall measures 0.60 cm and jejunum wall measuring 0.60 cm, and colon wall measures 0.26 cm, with normal intact layering preserved. Lumens are empty.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

## Pancreas

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The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

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## Free Abdomen

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There is no visible free peritoneal effusion noted in these images.

Mesenteric lymph nodes are prominent in size with swollen capsular contour. Normal elongated shape (length to width ratio) is maintained. There is no loss of parenchymal detail.

## PRIMARY FINDINGS

## IMAGING PERFORMED BY

Gabriel Ferrer, DVM

- Hypo to anechoic splenic nodules – likely represent benign lesions such as cyst, hematoma, nodular hyperplasia, extramedullary hematopoiesis, etc., however while considered less likely, infiltrative neoplasia can mimic benign lesions, and cannot be ruled out.
- The mildly diffusely thick bowel does not demonstrate any characteristics of malignancy and could represent normal patient variant versus other subtle, potentially incidental benign inflammatory process. Infiltrative neoplasia can't be ruled out but is considered less likely. This finding should be interpreted in combination with any clinical history of gastrointestinal disease, including unintentional weight loss.
- Mildly reactive mesenteric and medial iliac lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.

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## SECONDARY FINDINGS

- Mild age related kidney changes.
- Mild prostatomegaly – consistent with patient's late-in-life neutering.



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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

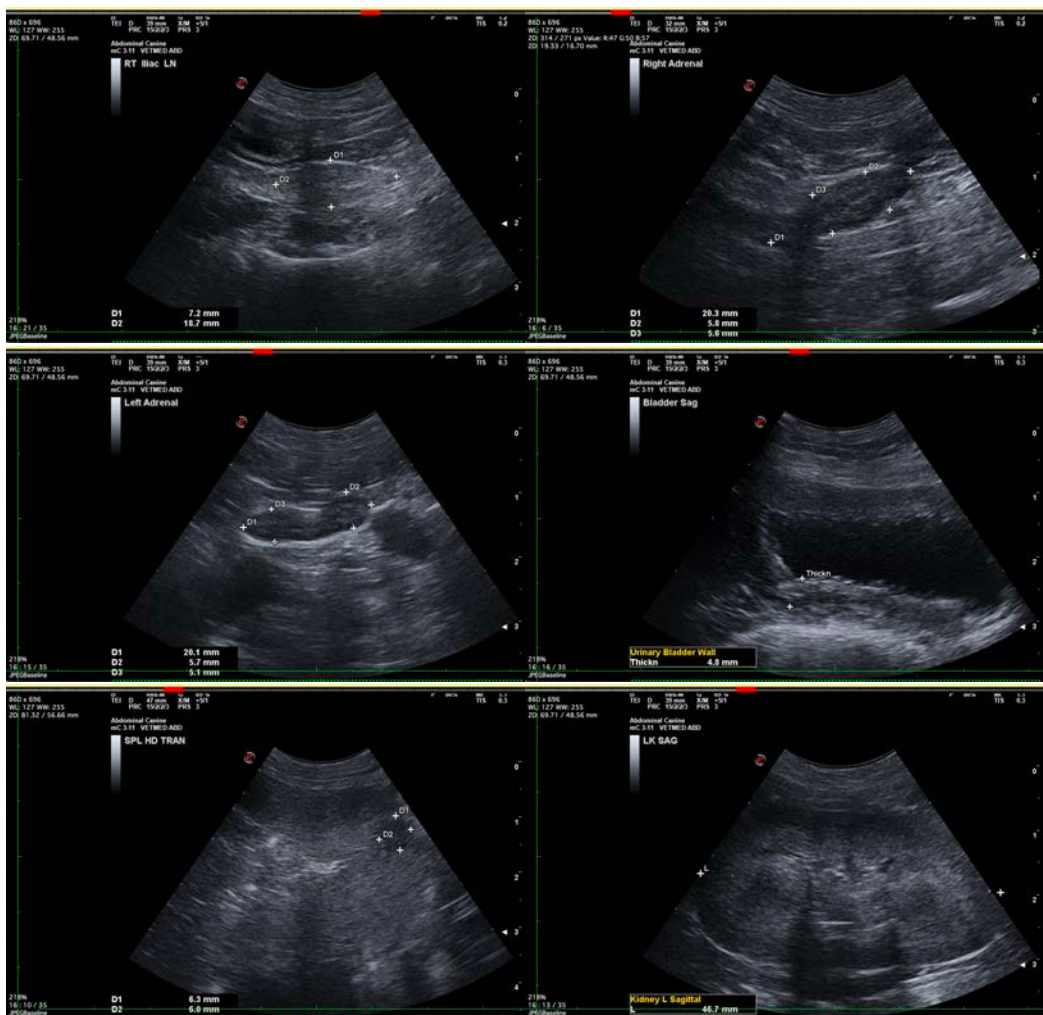
There is not a definitive ultrasonographically visible intraabdominal explanation or underlying cause for patient's reported thrombocytopenia. Having said that, while the appearance of the spleen trends largely toward benign, fine needle aspirates of the spleen could be considered if patient's coagulation status is appropriate.

Three view thoracic radiographs are recommended for further assessment of cardio-pulmonary status as well as to further evaluate for any evidence of metastatic disease, if not recently evaluated.

Given the largely mild degree of thrombocytopenia reported, confirmation via a manual platelet count could be considered, as could pathology review of the platelets if not already evaluated.

Comprehensive infectious disease evaluation could be considered if not already evaluated.

Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.





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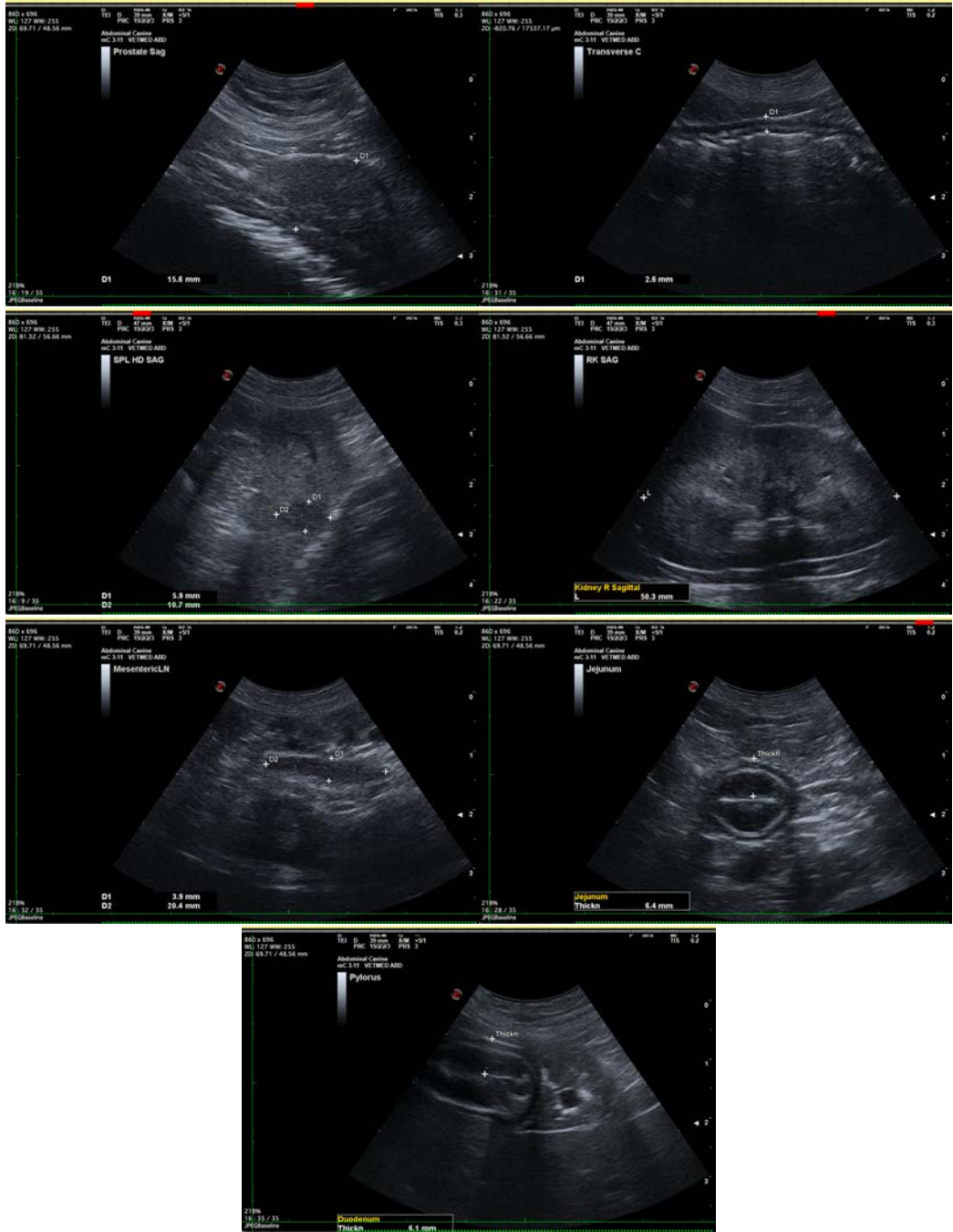
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
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