



PATIENT

Xena Steinback

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

5 years

WEIGHT

108 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Beachy

HOSPITAL NAME

Linn VH

REFERRING VET

Dr. Porter

INVOICE

70999

DATE

1/27/26

PRESENTING CLINICAL SIGNS

- P came in 10/7/25 for a mass removal. Pre-anesthetic bloodwork showed no platelets. Sent blood to OSU, and it came back thrombocytopenia. O is looking to have mass removed still.
- P has been on Prednisone 20mg since 11/10/25. Zeenah has gained 12 pounds in five days. She has bruising medial left thigh, which is likely from bumping herself getting off the ultrasound table. She was bleeding substantially from a skin tag. Moderate edema present in right metatarsal area. Mild petichiation on ventral abdomen.
- The eyes have a large amount of brown debris. They have been treating for KCS with cyclosporin. Corneal plaques OU with hemorrhagic discharge. No uptake of stain OU
- 4DX-negative
- Abdominal U/S with AB-results pending
- RBC 5.6 Ret 168 Plt estimated 10k-50k Neutrophils 14.86 K/uL, Monocytes 1.318 K/uL, Platelets too low for instrument to read. Estimated from slide <10,000. No change since starting prednisone

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 6.4 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. The right kidney was not clearly visualized, but appears to be of normal size and shape.

Adrenal Glands

The left adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size. The right adrenal gland was not visualized.

Spleen

Normal size and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 2.9 cm in width.



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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 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.

Pancreas

The pancreas is not clearly visualized, but the visualized sections 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

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the thrombocytopenia.

The most likely etiology for the thrombocytopenia would be immune mediated thrombocytopenia. As there has not been a good response with the Prednisolone therapy additional immunosuppressive drugs such as Azathioprine, cyclosporin and mycophenolate should be considered.



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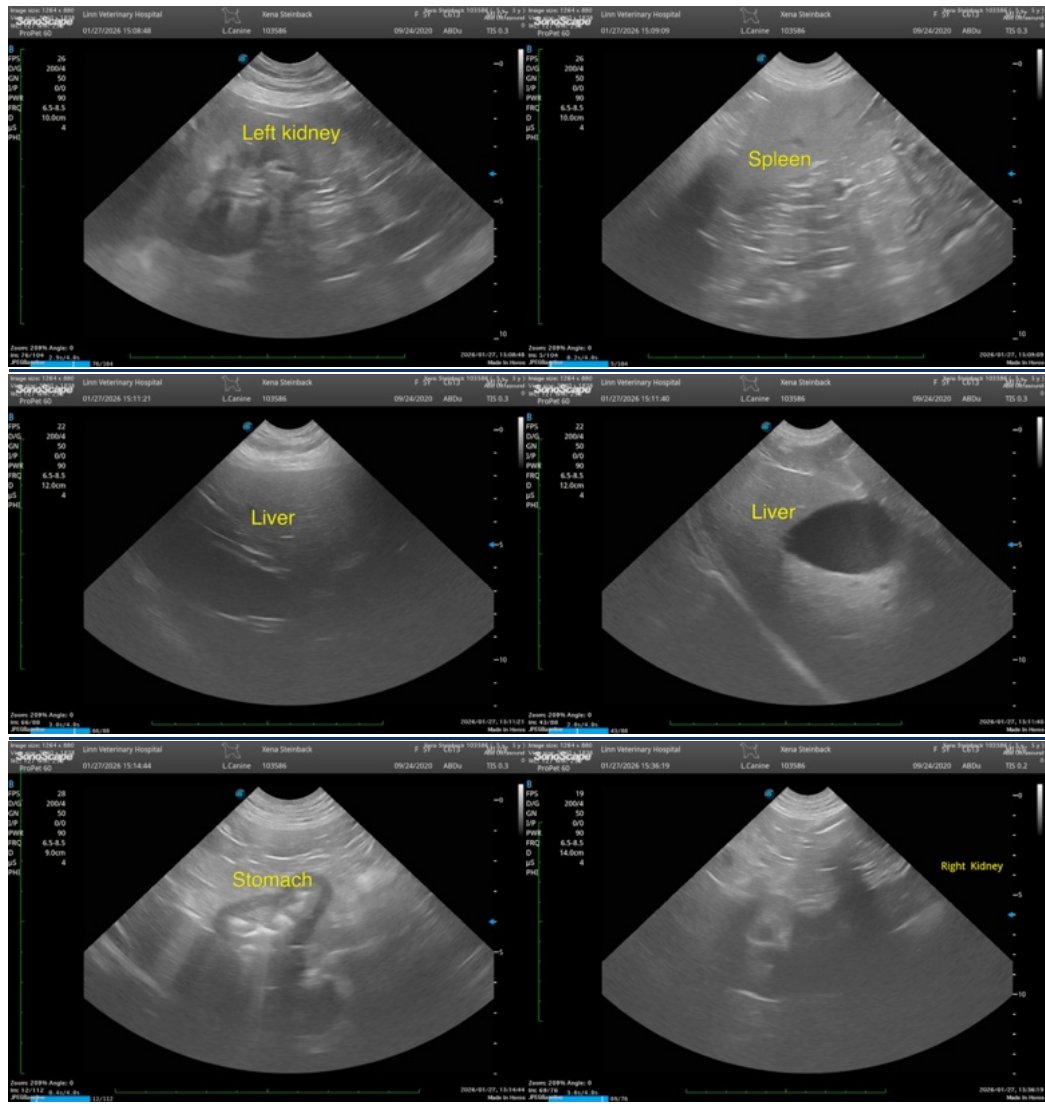
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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