



PATIENT

Kona Ste. Croix

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

9 Years

WEIGHT

36.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Carlie Koltek RVT

HOSPITAL NAME

Tuxedo Animal
Hospital

REFERRING VET

Dr. Lameg (Corydon
AH)

INVOICE

12602

DATE

12/05/25

PRESENTING CLINICAL SIGNS

During a trip pet was seen in the Maritimes Nov 24th for acute lethargy and anorexia, febrile and thrombocytopenic. All other lab work normal except for UTI. 4DX negative (Pet is on Nexgard but may have been early infection with protection failure). No diagnostic imaging completed. Tentative dx was Anaplasmosis. Started on doxycycline. Platelets dropped further in the next 36 hours and pet was started on immunosuppressive dose of pred. Follow up done Nov 28th in Montreal. Slight increase in platelets. Pet is still on doxycycline and pred. Now pet back home in Winnipeg and we did CBC and urinalysis. CBC and platelets are normal; dog is doing well. Urine did not show infection today. Spleen palpates enlarged. Abdominal screen to rule out other explanations for the thrombocytopenia.

Abnormal PE/Chem/CBC/UA Results: CBC Dec 3rd/25: Retic HGB 29.7 (22.3 - 29.6 pg) WBC 20.21 (5.05 - 16.76 x10⁹/L) Neutrophils 17.65 (2.95 - 11.64 x10⁹/L) Eosinophils 0.01 (0.06 - 1.23 x10⁹/L) Platelets 278 (148 - 484 x10⁹/L) Platelet counts: Nov 24 88 x10⁹/L Nov 25 36 x10⁹/L Nov 27 43x10⁹/L

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.

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 6.6 cm in length. The right kidney measured 6.3 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 0.52 cm and 0.61 cm in width. The right adrenal gland measured 0.42 cm in width.

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 1.5 cm in width.

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

Full containing a scant amount of floating hyperechogenic sediment. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct.



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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

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. Fecal material was present within the colon.

Free Abdomen

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant pathology.



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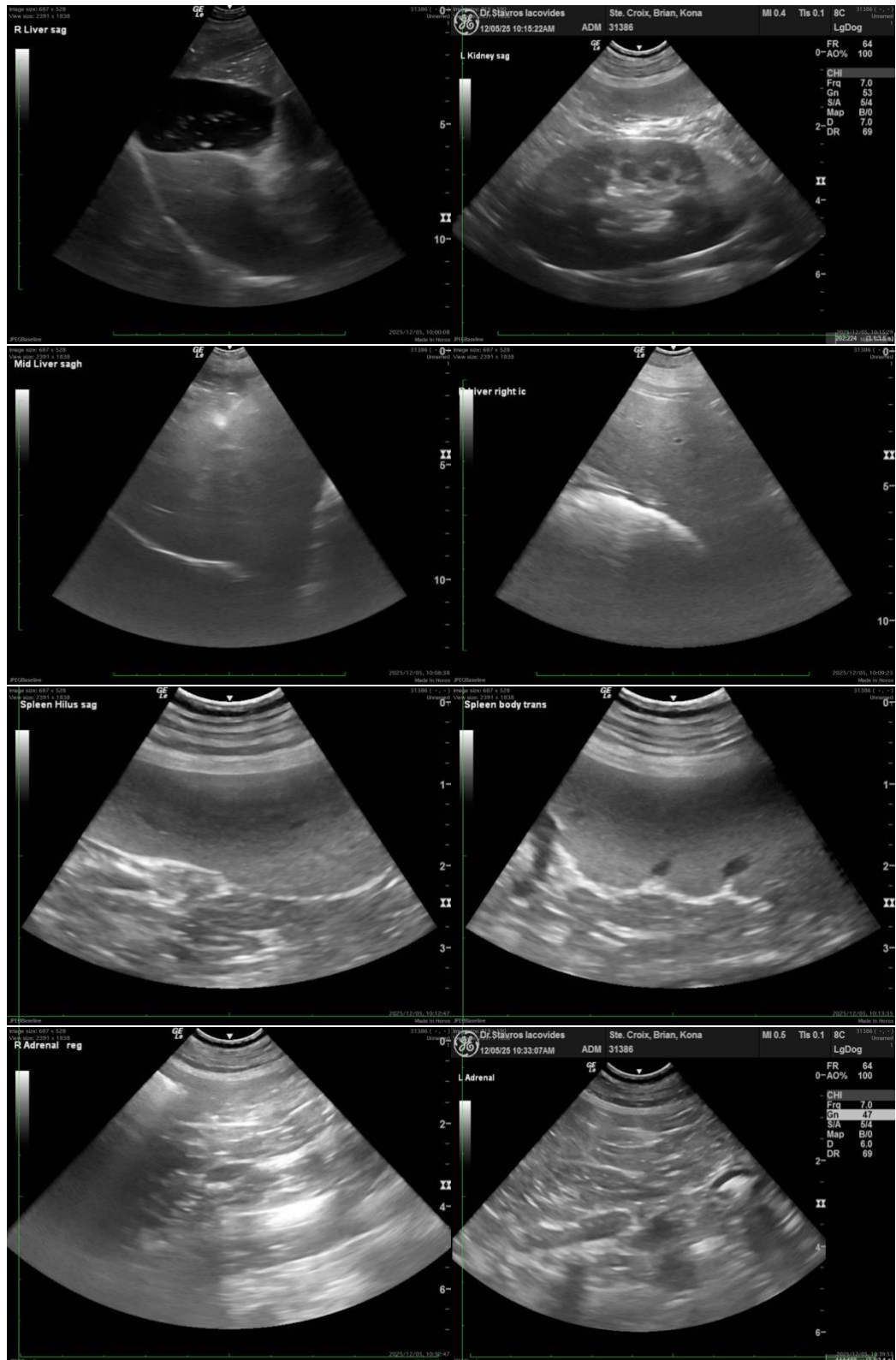
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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