



PATIENT

Paris Barrows

SPECIES

Canine

BREED

French Bulldog Mix

SEX

Spayed female

AGE

4 years

WEIGHT

27 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Stranzl

HOSPITAL NAME

Dakota VC

REFERRING VET

Dr. Stranzl

INVOICE

74462

DATE

4/14/26

PRESENTING CLINICAL SIGNS

History: New ITP. Redness of iris AD, bruising in axillary area (started under right arm and the next day under left arm) and petechiation on inside of ears the day after, melena started last night. pt also bled while chewing toy, appeared to be coming from incisors. only new treat/food was smartstix dental sticks in Feb

CBC - HCT 46 normal, but reticulocytes so good response, PLT 13k, WBC normal chem17 - WNL PLI - WNL CRP - very high, above 10 4DX - negative coags - WNL UA - try to collect without cysto fecal - pending coombs - pending Tick PCR - pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 4.4 cm, right measured 4.8 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.

Adrenal Glands

The adrenal glands are 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 2.0 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

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.



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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. A small amount of ingesta is present in the stomach compatible with a recent meal.

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.

ULTRASONOGRAPHIC FINDINGS

- Normal ultrasound examination of the abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely diagnosis would be immune mediated thrombocytopenia.

Drug comparison for immune-mediated thrombocytopenia in dogs:

- Glucocorticoids (Prednisolone/Dexamethasone): First-line therapy. Onset 3–7 days. Effective and inexpensive but associated with side effects such as PU/PD and muscle loss.
- Vincristine: Rapid onset (1–3 days). Used for severe cases to quickly increase platelet counts Not for long-term use.
- Mycophenolate mofetil: Common adjunct. Onset 5–10 days. Well tolerated but may cause diarrhea.
- Azathioprine: Slower onset (7–14 days). Risk of bone marrow suppression and hepatotoxicity. Less commonly used now.
- Cyclosporine: Strong immunosuppressant. Onset 5–10 days. Useful in refractory cases but can be expensive.
- IV Immunoglobulin (IVIG): Very rapid effect (24–48 hrs). Used in life-threatening cases. Expensive and temporary.
- Romiplostim: Stimulates platelet production. Used in refractory IMT. Limited veterinary data.



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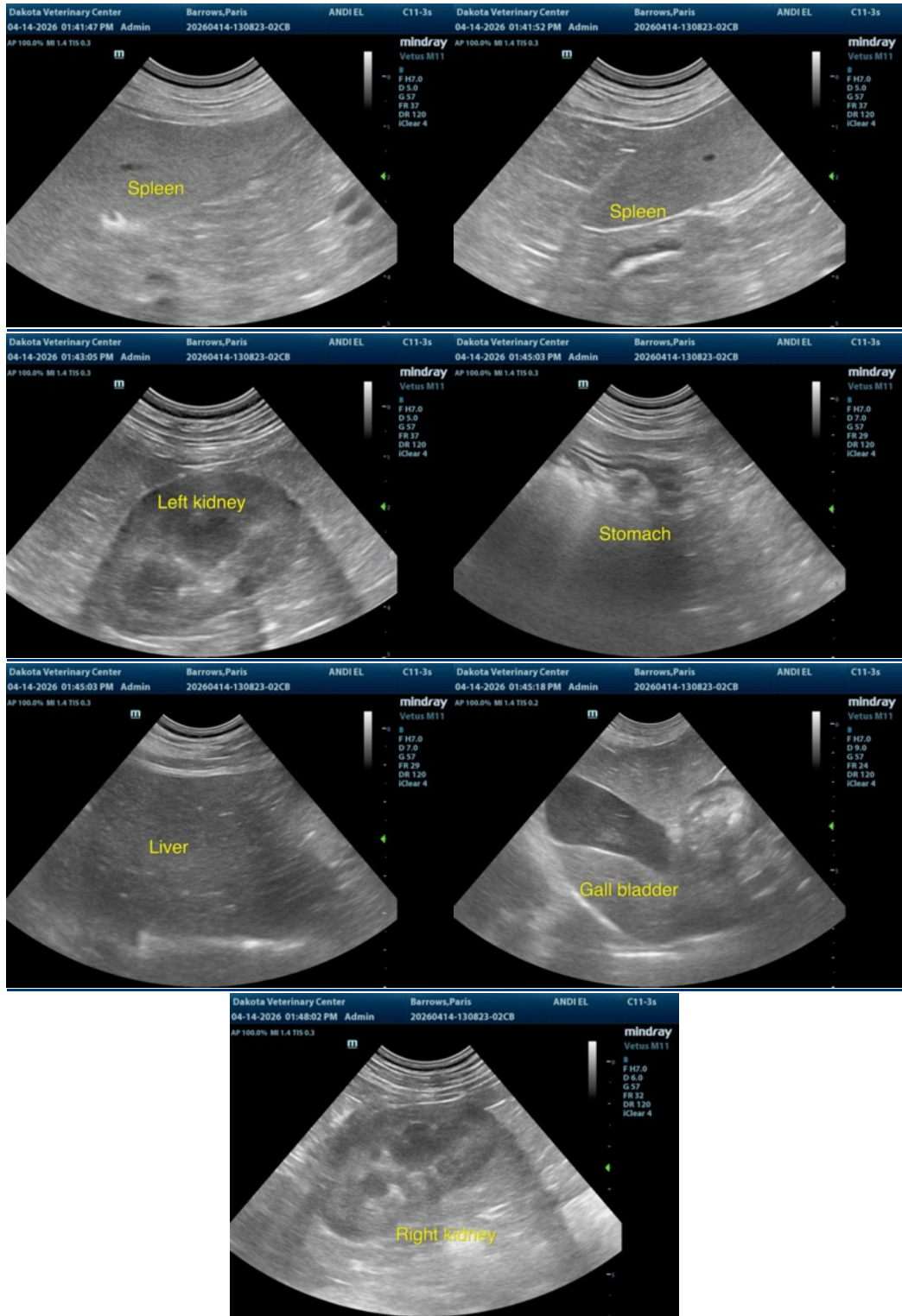
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The information and recommendations provided are based on the images presented by the



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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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