



PATIENT

Cooper Kiger

SPECIES

Canine

BREED

Heeler x

SEX

Neutered Male

AGE

9 Years 3 Months

WEIGHT

47.1 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Harmony Heights
Animal Hospital

REFERRING VET

Dr. Sechrist

INVOICE

74722

DATE

4/23/26

PRESENTING CLINICAL SIGNS

P presented for Adequan injection last month- after injection large bruise at injection site. Currently 2, 1 cm areas of echymoses on ventral inguinal region, petechia around maxillary canines. New 4/6 heart murmur. PLT count has ranged from 47-85, confirmed with manual blood smear, P started on Sucralfate and Doxy concern for ITP, neoplasia, other.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Small 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. Left kidney measures 5.9 cm. Right kidney measures 5.3 cm.

Reproductive System

Small, hypoechoic prostate, measuring 0.70 cm in width.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 2.49 cm in length x 0.69 cm and 0.58 cm in width. Right measures 2.18 cm in length x 0.55 cm and 0.74 cm in width.

Spleen

Normal size (1.9 cm in width) and echogenic appearance. Smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident. Multiple small hypoechoic parenchymal nodules were present, measuring approximately 0.30 cm in size.

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 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



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distension of the lumen. Small amount of ingesta present within the stomach, compatible with a recent meal.

Pancreas

Visible sections present normal size and echogenic appearance. 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 pleural or pericardial effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic nodules.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the splenic nodules would be reactive hyperplasia/extramedullary hematopoiesis, granulomas, hematomas, and possibly emerging neoplasia such as lymphoma.

Etiologies for the thrombocytopenia would be primary immune mediate thrombocytopenia or thrombocytopenia secondary to splenic pathology or the recent drug therapy.

Ideal further assessment would be FNA cytology of the spleen but is currently contraindicated because of the thrombocytopenia.

Management would be to continue with the current therapy and to add immunosuppressive doses of Prednisolone.





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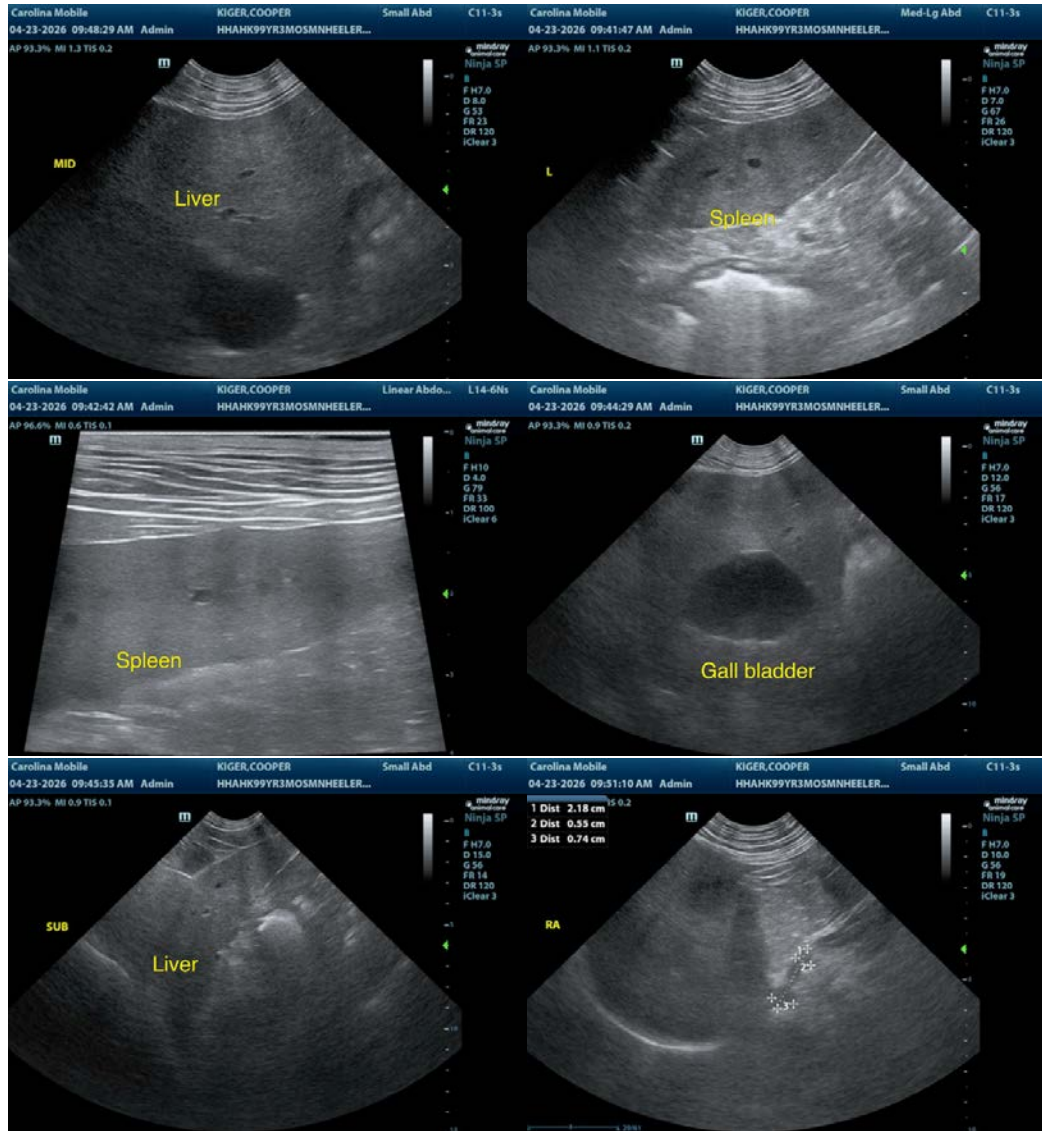
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com