



PATIENT	PRESENTING CLINICAL SIGNS
Charlot Lafleur	Presented for anorexia, lethargy, and PU/PD
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC: - moderate thrombocytopenia: Platelet estimate approximately 50–100 x10 ⁹ /L on smear review Automated platelet count as low as 6 x10 ⁹ /L on repeat analysis - Mild inflammatory leukogram noted: Mild monocytosis and lymphocytosis Mild left shift with suspected band neutrophils Chemistry: - Serum biochemistry largely unremarkable aside from hypercalcemia. Ionized calcium elevated at 1.79 mmol/L (RI 1.21–1.45), confirming true hypercalcemia. Urinalysis (cystocentesis sample): - USG 1.016 (inadequately concentrated in the context of PU/PD) - No significant pyuria, hematuria, or definitive bacteriuria Rare cocci flagged on sediment analysis of uncertain clinical significance
Canine	
BREED	
Cavalier King Charles Spaniel	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered Male	Urinary System
AGE	Full urinary bladder with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.
1 Year 2 Months	Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.
WEIGHT	Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.
14 kg	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 measured 5.4 cm. Right kidney measured 5.7 cm. Normal color flow pattern evident in both kidneys.
INTERPRETED BY	Reproductive System
Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM	Small, hypoechogenic prostate.
IMAGING PERFORMED BY	Adrenal Glands
Natalia Franco	The left adrenal gland presents normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left measures 0.35 cm in width.
HOSPITAL NAME	The right adrenal gland is not clearly visualized but appears to be of normal shape, echogenic appearance, and size.
Eagleson Veterinary Clinic	Spleen
REFERRING VET	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. No inflammatory, neoplastic, infarction, or infiltrative changes evident.
Dr. Karissa Romans	Liver
INVOICE	Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.
75235	
DATE	
5/18/26	



PATIENT

Charlot Lafleur

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Neutered Male

AGE

1 Year 2 Months

WEIGHT

14 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary
Clinic

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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 distension of the lumen.

Pancreas

Visible sections present normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

Free Abdomen

Enlarged mesenteric lymph nodes measuring up to 1.8 cm x 4.2 cm in size, with a hypoechoic appearance and rounded shape.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

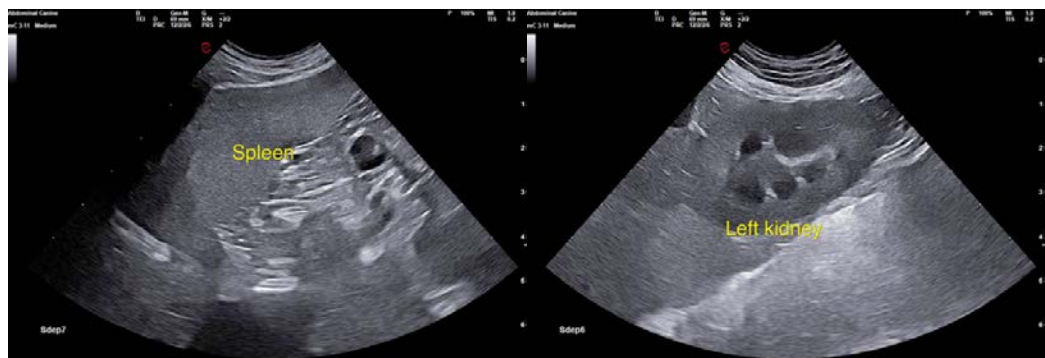
- Mesenteric lymphadenomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

With the hypercalcemia, the most likely etiology for the mesenteric lymphadenomegaly would be lymphoma, with granulomatous disease being a possible differential diagnosis.

Further assessment would be FNA cytology of the mesenteric lymph nodes.

Specific therapy would be dependent on an etiological diagnosis.





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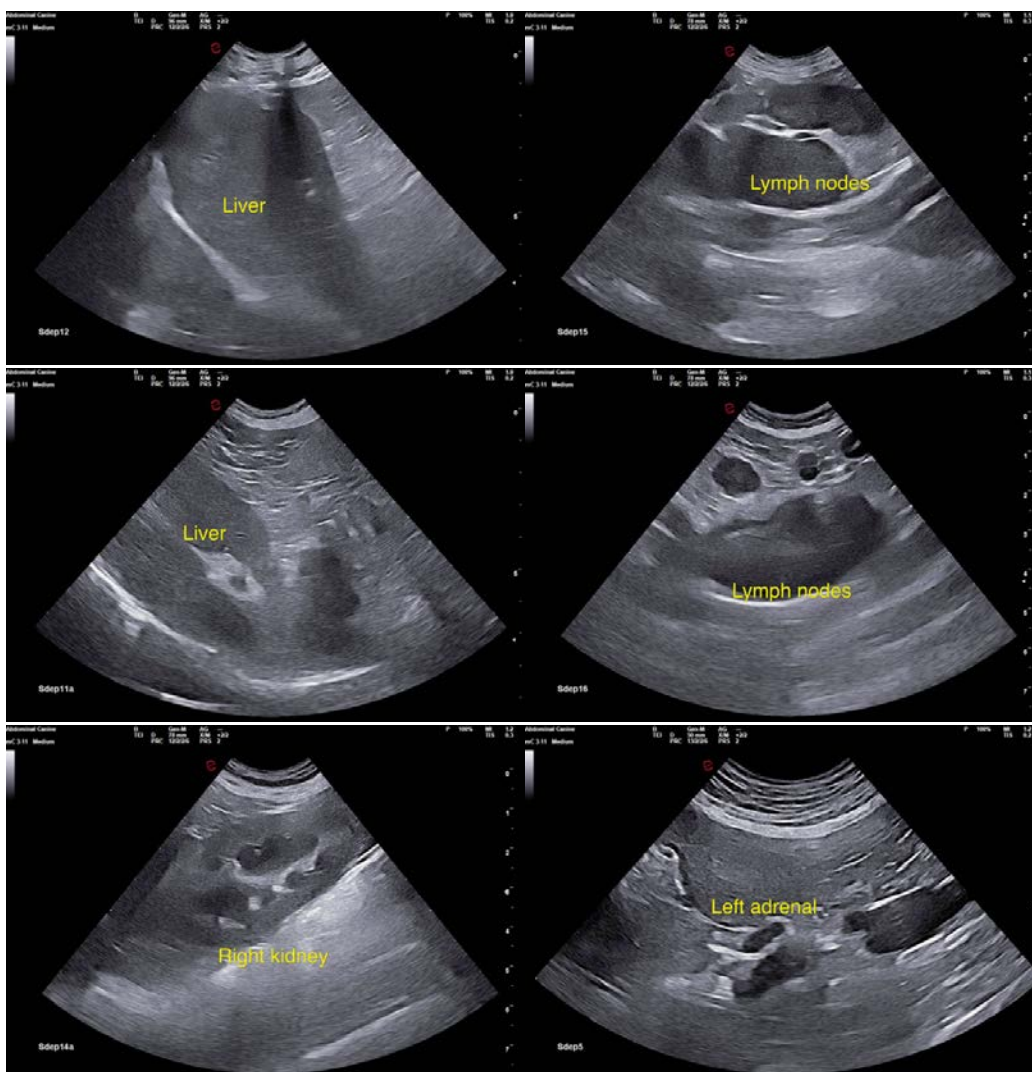
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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