



PATIENT

Daisy Rachelson

SPECIES

Canine

BREED

Boxer

SEX

Spayed female

AGE

12 years

WEIGHT

57.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Allison Gomer

HOSPITAL NAME

Shohola VH

REFERRING VET

Dr. Demeo

INVOICE

75267

DATE

5/7/26

PRESENTING CLINICAL SIGNS

- Thrombocytopenia with macrothrombocytopenia - r/o immune-mediated thrombocytopenia, infectious disease (anaplasma), bone marrow disorder
 - Hyposthenuria - r/o renal disease, hyperadrenocorticism, diabetes insipidus, psychogenic polydipsia
 - Possible solitary pulmonary nodule - r/o neoplasia, granuloma, abscess
 Treatment Plan/Medications:
 - Started on 3/25/26:
 - Doxycycline for anaplasma
 - Amoxicillin-clavulanate (Amoxiclav) for possible UTI
 Abnormal PE/Chem/CBC/UA Results: Lab Work Results: Geriatric and Asymptomatic - 3/25/26: - Platelet count: 40,000 (low) - Urine specific gravity: 1.003 (low) - Full body x-rays: Possible solitary pulmonary nodule identified (radiologist reviewed) - 4/15/26: - Platelet count: 65,000 (improved but still low) - Urine specific gravity: 1.013 (improved) - 5/1/26: - Platelet count: 97,000 (continued improvement) - Urine specific gravity: 1.008 (decreased from previous) - Blood smear pathology review: Macrothrombocytopenia - T4: WNL - Free T4: WNL - Chemistry panel: WNL - CBC (other parameters): WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a thickened and irregular appearance of the apical wall measuring up to 0.7 cm with the rest of the wall having a normal thickness and smooth appearance. A small amount of floating, hyperechogenic sediment is present. No 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 6.0 cm, right measured 6.3 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio and capsule. Bilateral pyelectasia is noted. No infarcts, mineralization or renoliths evident. Normal color flow pattern is noted in both kidneys.

Adrenal Glands

The adrenal glands are not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

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 2.5 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. A moderate amount of ingesta is present within 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

- Focal, urinary bladder thickening.
- Urinary bladder sediment.
- Bilateral pyelectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the urinary bladder thickening would be chronic bacterial cystitis granulomatous disease and possibly emerging neoplasia.

Etiologies for the urinary bladder sediment would be incidental debris, hematuria and bacterial cystitis.

Although the pyelectasia is most likely an age related incidental finding, underlying pyelonephritis should still be considered.

Further assessment would be urinalysis and urine culture.



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Further therapy would be dependent on an etiological diagnosis.

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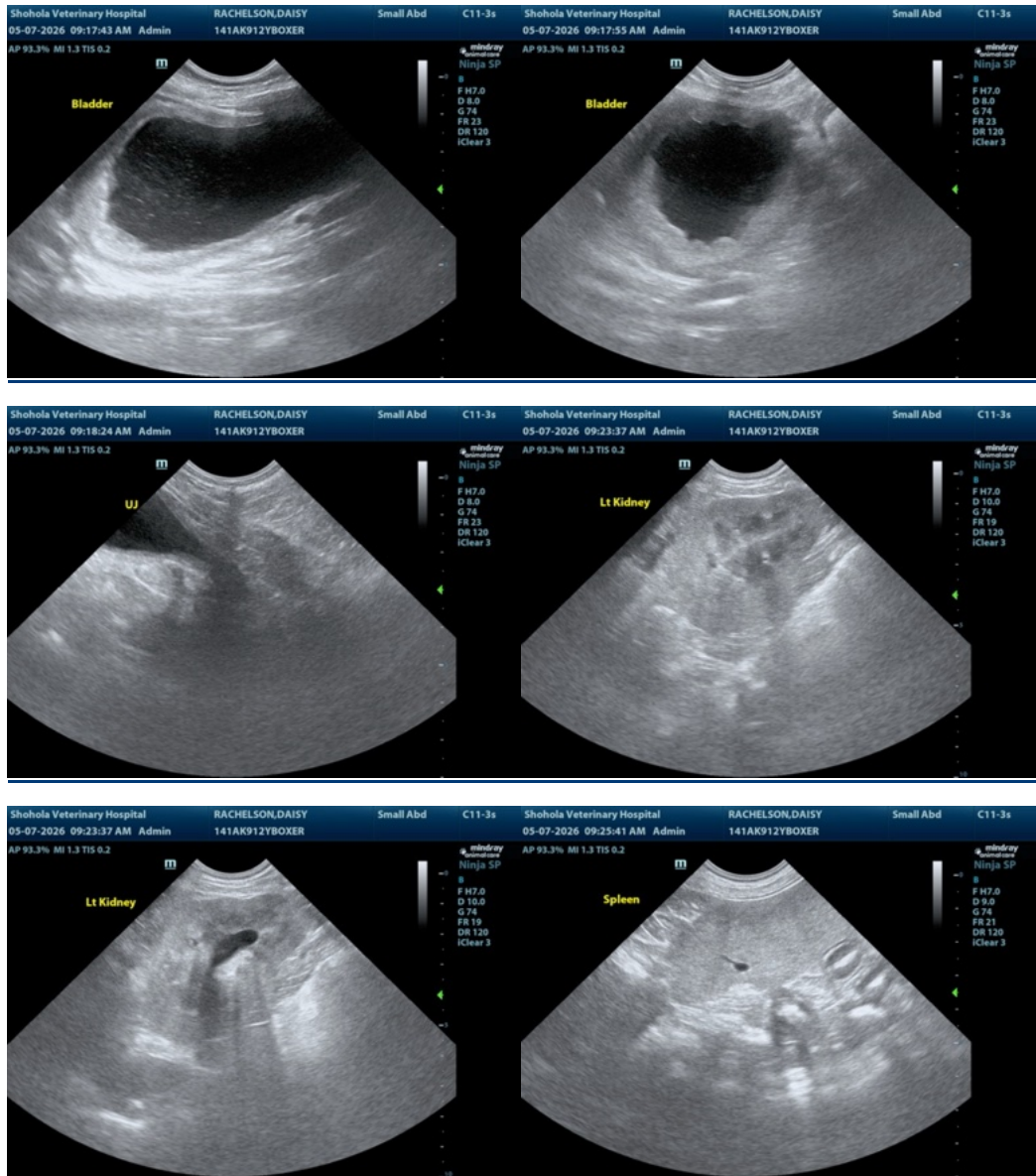
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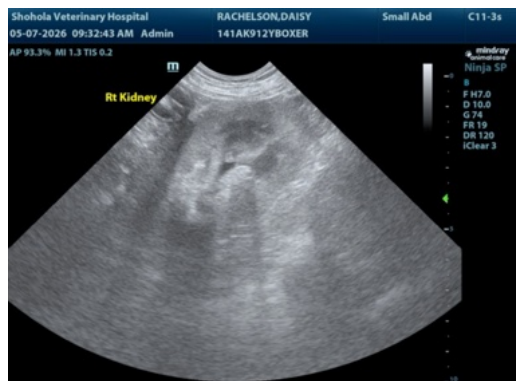
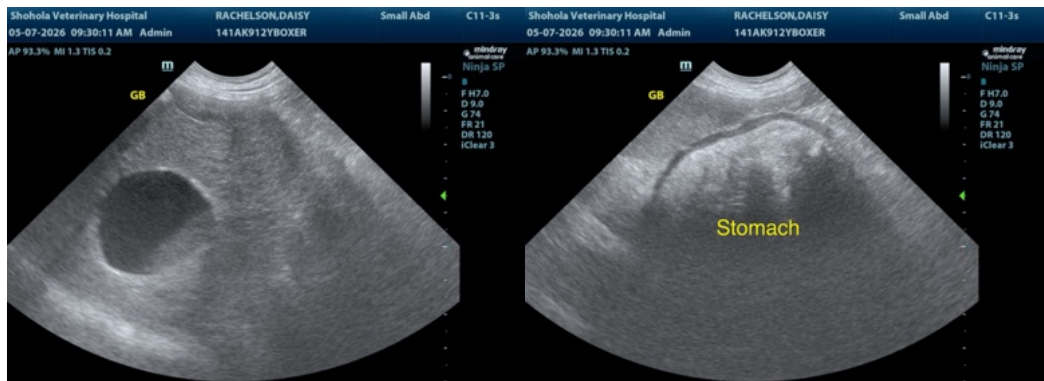
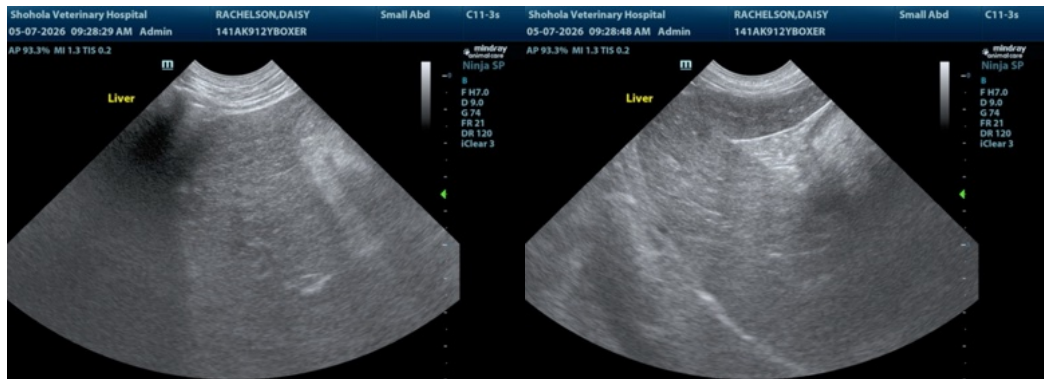
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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