


PATIENT PRESENTING CLINICAL SIGNS

Hudson Brockie
 History: Abdominal pain.
 Physical Examination: N/A.
SPECIES
 Canine
 Urinalysis: N/A
 CBC: N/A.
BREED
 CKCS
 Serum Biochemistry: N/A.
 Radiographic Findings: Prostate/bladder neck pathology.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
MN *Urinary System*

Age
 8 years
 Full urinary bladder with a normal thickness and appearance of the wall. Small amount of floating hyperechogenic sediment present. No uroliths evident.

WEIGHT
 Normal trigone area, proximal urethra (0.7 cm), and iliac blood vessels.

Iliac lymphadenomegaly (left 1 x 2.2 cm, right 0.8 x 1.4 cm) with rounded shaped and hypoechogenic appearance. Ureters not visualized.

INTERPRETED BY
 Normal renal size (left 4.6 cm, right 5.1 cm), echogenic appearance, cortico-medullary differentiation, pelvis, and capsule.

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 ECVIM

Reproductive System

Prostamegaly (3 x 3.6 cm) with a mottled echogenic and cystic appearance, foci of mineralization, and irregular capsule. Thickened appearance of the urethra adjacent to the prostate/cyst-urethral junction. Hyperechogenic appearance of peri-prostatic tissue.

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Sonya Myers, DVM

Adrenal Glands
HOSPITAL NAME

Normal position, echogenic appearance, shape, and size. Left 0.46/0.46 cm, right 0.48/0.5 cm.

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Spleen
REFERRING VET

Normal size (1.4 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. Two focal hypoechogenic parenchymal nodules (0.3 x 0.4 cm, 0.4 x 0.7 cm) present. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted.

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INVOICE *Liver*

303809
 Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.1 cm).

DATE

1/26/23


PATIENT *Gastrointestinal*

Hudson Brockie
 Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (stomach 0.44 cm, duodenum 0.5 cm, jejunum 0.33 cm, colon 0.19 cm) and peristaltic activity, and no distension of the lumen.

SPECIES

Canine

Pancreas
BREED

CKCS

Normal size (right 1.1 cm) with a diffuse hyperechogenic appearance and irregular capsule. Visible pancreatic duct. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

SEX

MN

Free Abdomen

Normal mesenteric lymph nodes (1.4 cm).
 No ascites.

Age

8 years

ULTRASONOGRAPHIC FINDINGS
WEIGHT

Primary Findings:

- Prostategaly.
- Iliac lymphadenomegaly.
- Splenic nodules.
- Pancreatic fibrosis vs chronic pancreatitis.

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Secondary Findings:

- Urinary and gall bladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonya Myers, DVM

The appearance of the prostate is consistent with neoplasia.

HOSPITAL NAME

Etiologies for the iliac lymph nodes would be reactive, lymphadenitis, and infiltrative neoplasia.

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The most likely etiology for the splenic nodules would be reactive hyperplasia with abscessation, granulomas, and neoplasia, differential diagnoses.

REFERRING VET

Although the appearance of the pancreas is typical for fibrosis, chronic pancreatitis needs to be considered.

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Further assessment that could be considered would be cPL/PSL assay, 3-view thoracic radiographs, prostatic wash cytology, and FNA cytology of the iliac lymph nodes.

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At this point, palliative therapy with NSAIDs would be indicated.

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PATIENT **IMAGES**
 Hudson Brockie **Prostate**

SPECIES

Canine

BREED

CKCS

SEX

MN

Age

8 years

WEIGHT



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Iliac lymph node

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REFERRING VET

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PATIENT Spleen

Hudson Brockie

SPECIES

Canine

BREED

CKCS

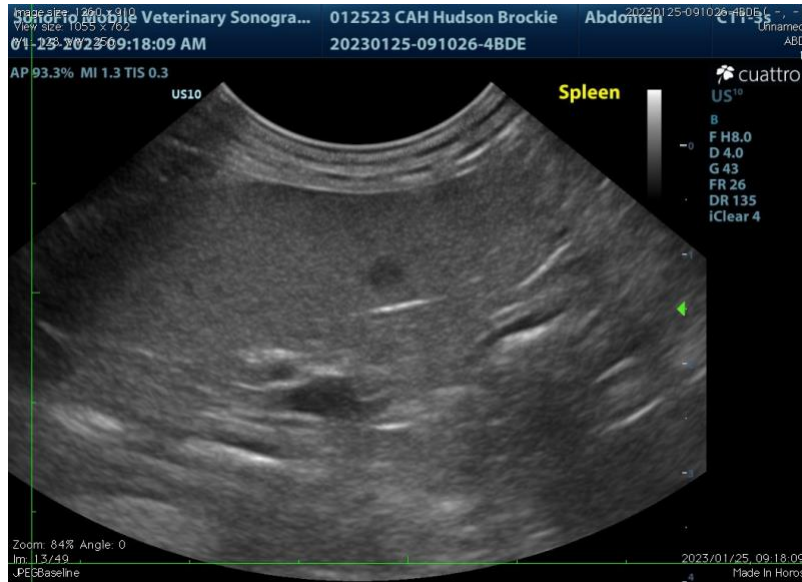
SEX

MN

Age

8 years

WEIGHT



Pancreas

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IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

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Dr Montgomery



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DATE

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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.

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