


PATIENT PRESENTING CLINICAL SIGNS

Benny Ossmer History: Stranguria, pollakiuria.

SPECIES Physical Examination: N/A.

Canine Urinalysis: N/A.

CBC: N/A.

BREED Serum Biochemistry: N/A.

Border Collie Radiographic Findings: N/A.

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Intact Male **Urinary System**

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

7 years Large irregular vascularized mass (2.8 x 4.1 cm) in the trigone area. Normal proximal urethra.

WEIGHT Iliac lymphadenomegaly (left 0.9 x 2.6 cm, right 0.9 x 2.4 cm) with normal shape and echogenic appearance. Dilated ureters (left 0.7, right 0.5 cm). Normal iliac blood vessels.

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INTERPRETED BY Renomegaly (left 9.1 cm right 8.1 cm) with increased echogenic appearance, loss of cortico-medullary differentiation, and normal capsule. Bilateral pyelectasia (left 1.1 cm, right 0.5 cm). Hyperechogenic appearance of the peri-renal fat.

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

Reproductive System

IMAGING PERFORMED BY Prostamegaly (4.3 x 4.4 cm) with increased echogenic appearance, and normal capsule and appearance of the peri-prostatic tissue. Normal size and appearance of the testes. Small hypoechoic parenchymal nodule in the left testicle.

Sonya Myers, DVM

HOSPITAL NAME Adrenal Glands

My Pets Wellness Daytona Beach Normal shape, echogenic appearance, size, and position. Left 0.64/0.65 cm, right 0.68/0.54 cm.

Spleen

REFERRING VET Normal size (2.4 cm) and echogenic appearance. Smooth homogenous parenchyma, regular curvilinear capsule, and normal vasculature. No evidence of inflammatory, neoplastic, infarction, or infiltrative changes noted. Incidental myelolipoma.

Dr Erik

INVOICE Liver

303192 Enlarged with rounded edges with a diffuse hyperechogenic and nodular appearance, some loss of portal markings and regular curvilinear capsule. Nodules are hypoechoic, parenchymal, and up to 1.5 cm in size. Full gall bladder containing small amount of hyperechogenic sediment. Normal thickness and appearance of the gall bladder wall. Normal bile duct (0.2 cm).

DATE

8/12/22



PATIENT

Gastrointestinal

Benny Ossmer

Normal appearance of the stomach, duodenum, small intestine, ileo-cecal junction, and colon with no loss of layering, normal wall thickness (duodenum 0.29 cm, jejunum 0.33 cm) and peristaltic activity, and no distension of the lumen.

SPECIES

Canine

Pancreas

Normal size (right 1.6 cm) and echogenic appearance. Normal echogenic appearance of the mesentery and fat surrounding the pancreas.

BREED

Border Collie

Free Abdomen

SEX

Intact Male

Normal mesenteric lymph nodes (1.9 cm).
Small amount of retroperitoneal free fluid near the left kidney.
No ascites.

Age

7 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings:

WEIGHT

60 #

- Urinary bladder mass.
- Obstructive uropathy.
- Iliac lymphadenomegaly.
- Benign prostatic hyperplasia.
- Nodular hepatopathy.

INTERPRETED BY

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Secondary Findings:

- Gall bladder sediment.
- Left testicular nodule.

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

My Pets Wellness Daytona
Beach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely diagnosis for the urinary bladder mass would be neoplasia with secondary obstructive uropathy.

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

REFERRING VET

Dr Erik

Etiologies for the liver would be reactive, hyperplasia, chronic hepatitis, nodular regeneration, and infiltrative neoplasia.

With the position of the mass and obstructive uropathy prognosis is guarded.

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PATIENT IMAGES

Benny Ossmer

Urinary bladder

SPECIES

Canine

BREED

Border Collie

SEX

Intact Male

Age

7 years

WEIGHT

60 #



Urinary bladder/urethra

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 MMedVet (Med), PhD, Dipl.
 ECVIM

IMAGING PERFORMED BY

Sonya Myers, DVM

HOSPITAL NAME

My Pets Wellness Daytona
 Beach

REFERRING VET

Dr Erik



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PATIENT Left kidney

Benny Ossmer

SPECIES

Canine

BREED

Border Collie

SEX

Intact Male

Age

7 years

WEIGHT

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Dr Erik

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Liver



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)
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