



PATIENT

Richie Garofalo

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered male

AGE

11 years

WEIGHT

60 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Julia Bakker

HOSPITAL NAME

Orange Blossom
Veterinary Imaging

REFERRING VET

Alejandra Perez

INVOICE

70032

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: The patient has been experiencing ongoing urinary tract issues, including frequent licking of the genital area. In addition, there have been intermittent episodes of lethargic, vomiting and diarrhea. Finished course of antibiotic and symptoms recur. The patient has been experiencing ongoing urinary tract issues, including frequent licking of the genital area. In addition, there have been intermittent episodes of lethargic, vomiting and diarrhea. During scan today a sterile urine sample was collected for culture. Additionally FNA of prostatic tissue to be sent for cytology and an FNA of prostatic fluid pocket revealing pink/brown/milky fluid concerning for abscess being sent for culture.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A moderate amount of floating, hyperechogenic sediment.

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 6.6 cm, right measured 5.1 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, pelvis, and capsule. No infarcts, mineralization or renoliths evident.

The prostate is enlarged and measured 4.0 x 4.6 cm in size with a mottled echogenic and cystic appearance and an irregular, curvilinear capsule. The cysts measure up to 1.1 cm in size. Normal appearance of the peri-prostatic tissue.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.72 cm in length x 0.68 cm and 0.72 cm in width. The right adrenal gland measured 3.07 cm in length x 0.82 cm in width.

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 1.6 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.

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

- Cystic prostatomegaly.
- Urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the prostate would be prostatitis and neoplasia.

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

Further assessment and therapy needs to be based on the pending results.



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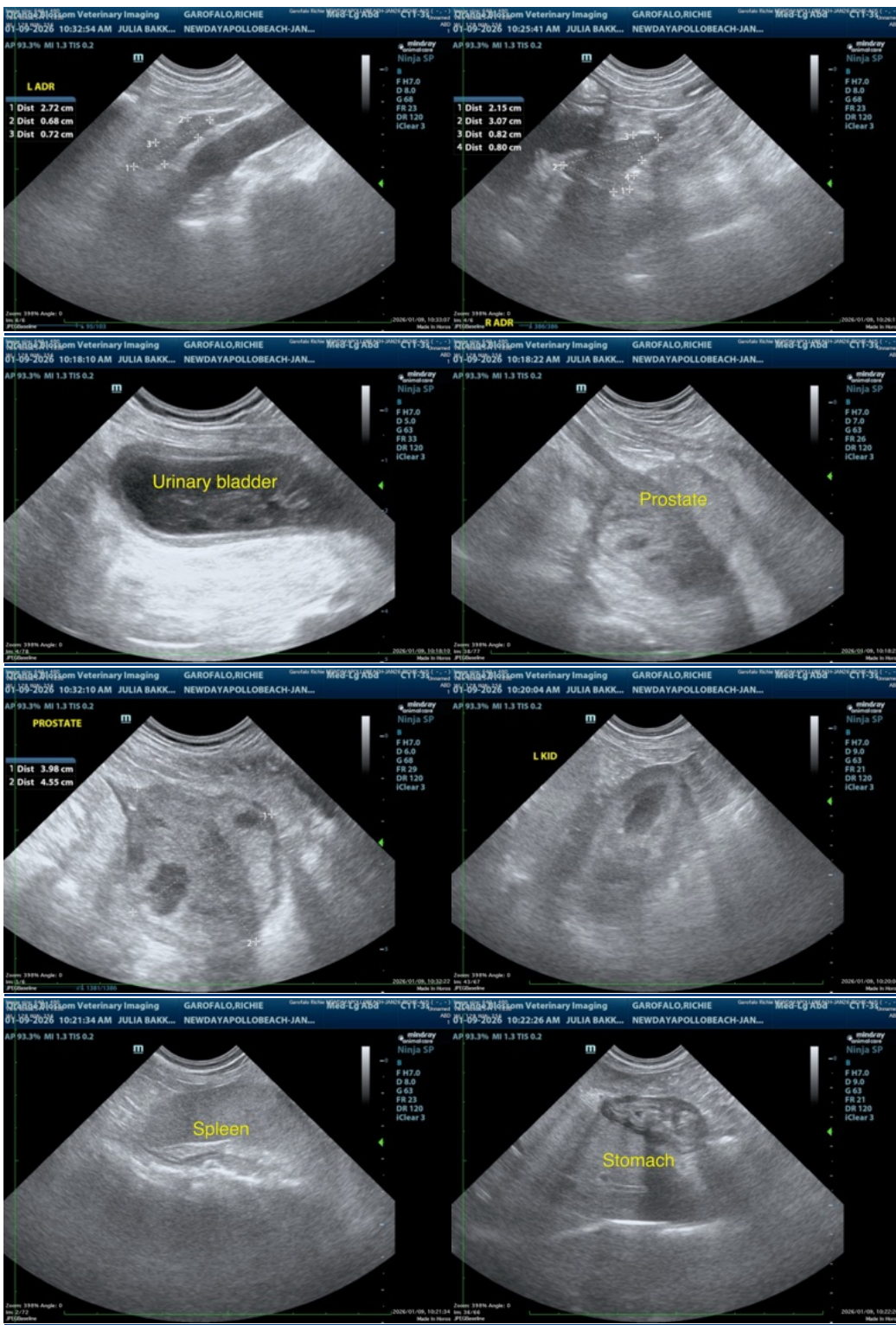
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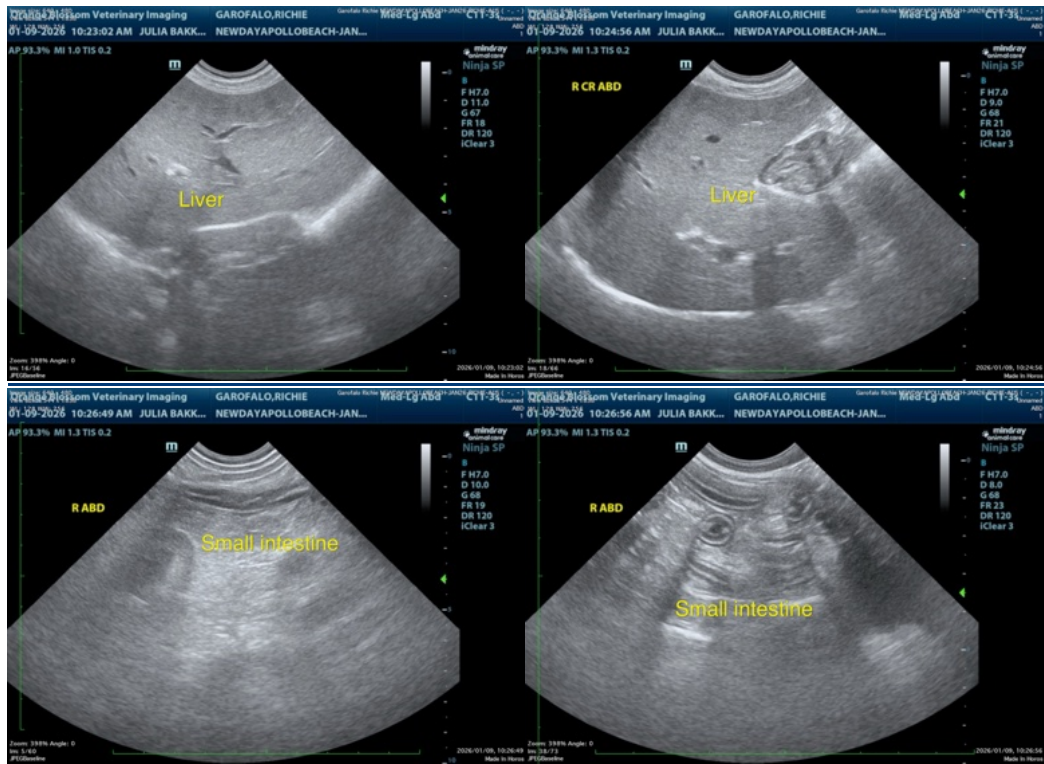
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com