



PATIENT

Declan Kovacich

SPECIES

Canine

BREED

Irish Wolfhound

SEX

Intact male

AGE

5 years

WEIGHT

147 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle Shemanski,
DVM, MA

HOSPITAL NAME

Western New York VS

REFERRING VET

Dr. Kurtz

INVOICE

70149

DATE

1/14/26

PRESENTING CLINICAL SIGNS

History: RDVM REASON FOR REFERRAL: Presented December 9th for stranguria, pollakiuria, pyuria, hematuria, and a painful prostate. Very active urine sediment at the time. Suspect prostatitis. Started on enrofloxacin. Less straining but still frequent urination. Had 3 days of nighttime incontinence, which resolved by the time he presented on December 24th. A urinalysis was mostly normal, with an abnormal finding of 5 WBC/hpf. The recommendation was to continue enrofloxacin, neuter, and evaluate the prostate. MEDICATIONS: Enrofloxacin Capsule 350mg Heartgard 51-100lb and 26-50lb
Urinalysis before Baytril had a very active sediment with bacteria and epithelial cells, but mostly resolved within 3 weeks

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a thickened wall (0.8 cm), but maintained a smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident.

Normal appearance of the trigone area, proximal urethra, and iliac blood vessels.

Enlarged iliac lymph nodes measuring up to 1.6 x 2.8 cm in size with a hypoechoic appearance and slightly rounded shape. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 8.9 cm, right measured 10.6 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. Normal color flow pattern is evident in both kidneys.

The prostate is enlarged measuring 4.2 x 4.6 cm in size with a diffuse, mottled echogenic appearance, but maintained a regular curvilinear capsule. Mild, increased echogenic appearance of the periprostatic tissue. Normal size and appearance of both testicles. The left testicle measured 3.9 cm in length and the right testicle measured 4.1 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 4.19 x 0.78 cm and 1.05 cm in width. The right adrenal gland was not clearly visualized, but appears 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 3.9 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.

Thorax

Normal appearance of the heart. No pericardial or pleural effusion evident.

ULTRASONOGRAPHIC FINDINGS

- Prostatomegaly.
- Thickened urinary bladder wall.
- Iliac lymphadenopathy.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the prostatomegaly would be benign prostatic hyperplasia and prostatitis.

Etiologies for the thickened urinary bladder wall would be chronic bacterial cystitis.



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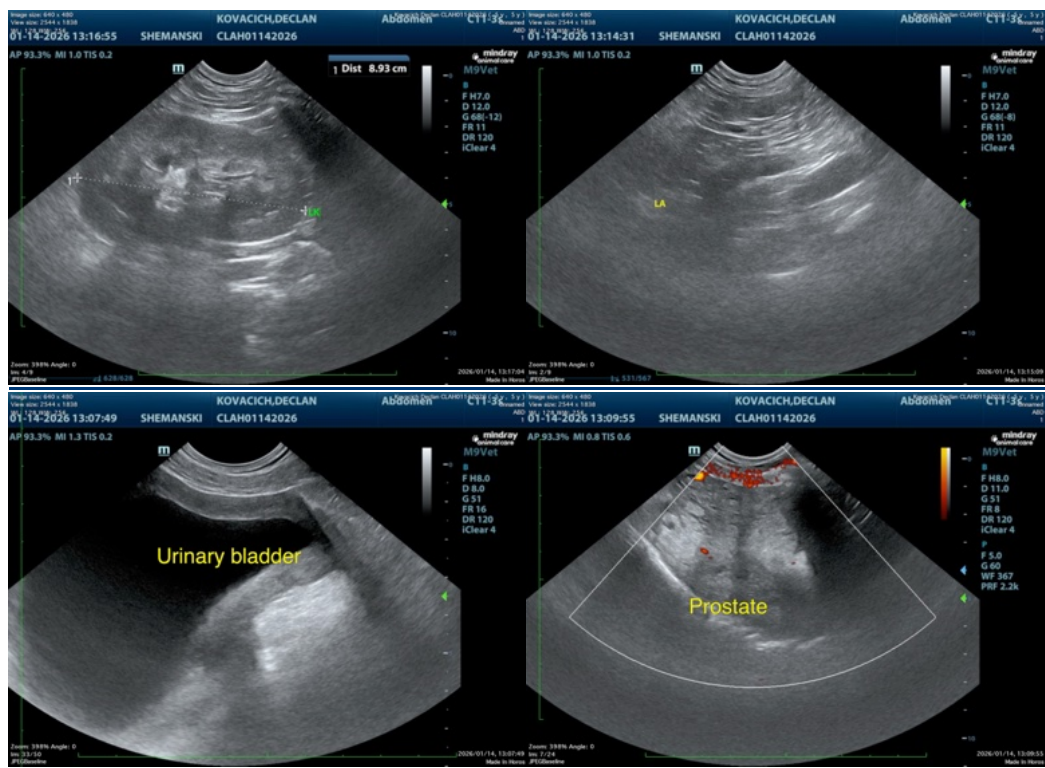
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Etiologies for the iliac lymphadenomegaly would be reactive hyperplasia, lymphadenitis with infiltrative neoplasia an unlikely differential diagnosis.

Further assessment would be urine culture and prostatic wash for cytology and culture.

Management of the prostatic disease would either be surgical or chemical castration and to continue with the antibiotic therapy.

Chemical castration would be the use of osaterone acetate, delmadinone acetate, or deslorelin acetate. This is less invasive and safer than surgical castration in systemically ill and potentially unstable patients.





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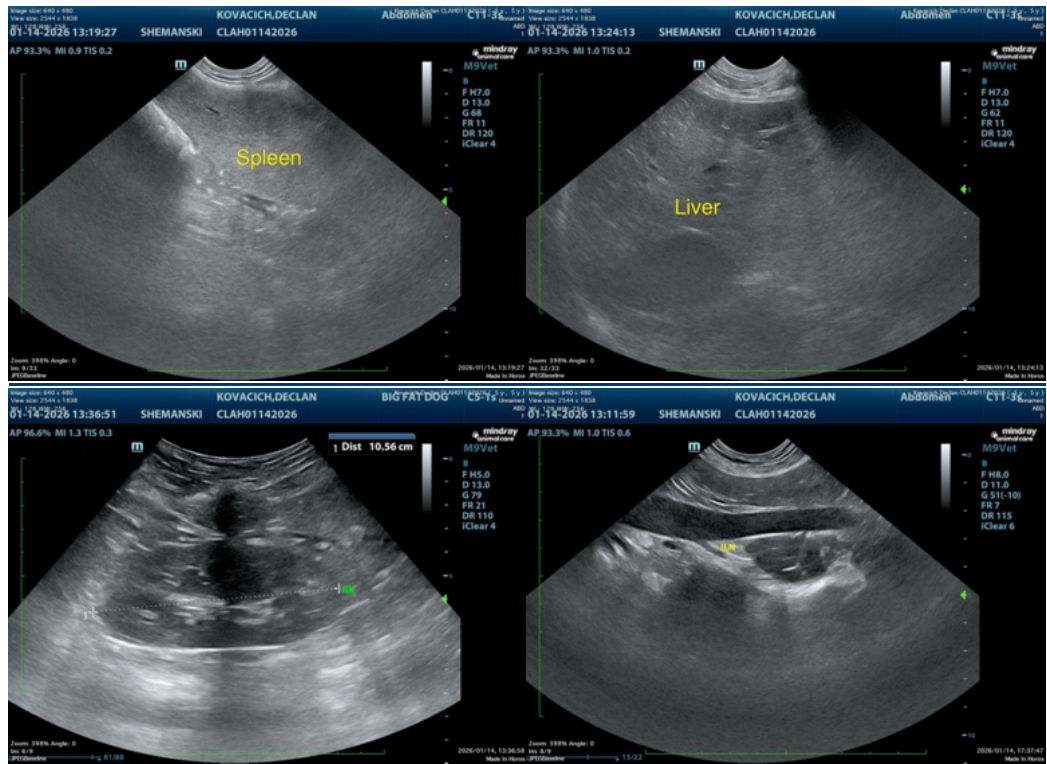
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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