



PATIENT

Koda Haines

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

8 years

WEIGHT

67.8 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Arms

HOSPITAL NAME

Gilbertsville VH

REFERRING VET

Dr. Arms

INVOICE

70158

DATE

1/15/26

PRESENTING CLINICAL SIGNS

History: abdominal mass palpated mid abdomen during annual. Hypoalbuminemia and proteinuria on senior wellness lab work. Started on Benazapril.

Abnormal PE/Chem/CBC/UA Results: albumin 2.4, UPC 3.8, quiet sediment and usg 1.023, normal BP, abdominal mass palpated but patient is tense and sometimes aggressive so deep palpation limited. Today with gaba/traz rectal - irregularity noted just at finger tip.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and 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.

Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding.

Normal renal size (left measured 5.8 cm, right measured 5.9 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 irregular with a diffuse, mottled echogenic and cystic appearance measuring 3.0 x 5.0 cm in size. Normal appearance of the periprostatic tissue.

Adrenal Glands

The left adrenal gland is normal in shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.4 cm in width. The right adrenal gland was not visualized.

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. Focal, hypoechoic parenchymal nodule in the body of the spleen measuring 1.2 x 2.1 cm in size. The spleen measures 2.2 cm in width.

Liver

Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. No nodules or masses evident. Normal appearance of the hepatic and portal vasculature.



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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. Fecal material is present in the colon.

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.

Well-circumscribed, poorly vascularized, mottled echogenic mass in the caudal abdomen measuring 5.1 x 5.6 cm in size.

ULTRASONOGRAPHIC FINDINGS

- Prostatomegaly.
- Abdominal mass.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the prostatomegaly would be neoplasia with prostatitis a less likely differential diagnosis.

Etiologies for the abdominal mass would be neoplasia and granuloma.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, hematoma, and emerging neoplasia.

Further assessment would be three view thoracic radiographs, prostatic wash for cytology and culture and FNA cytology of the abdominal mass.

Although the abdominal mass can be surgically excised, with the appearance of the prostate, palliative therapy is most likely indicated.



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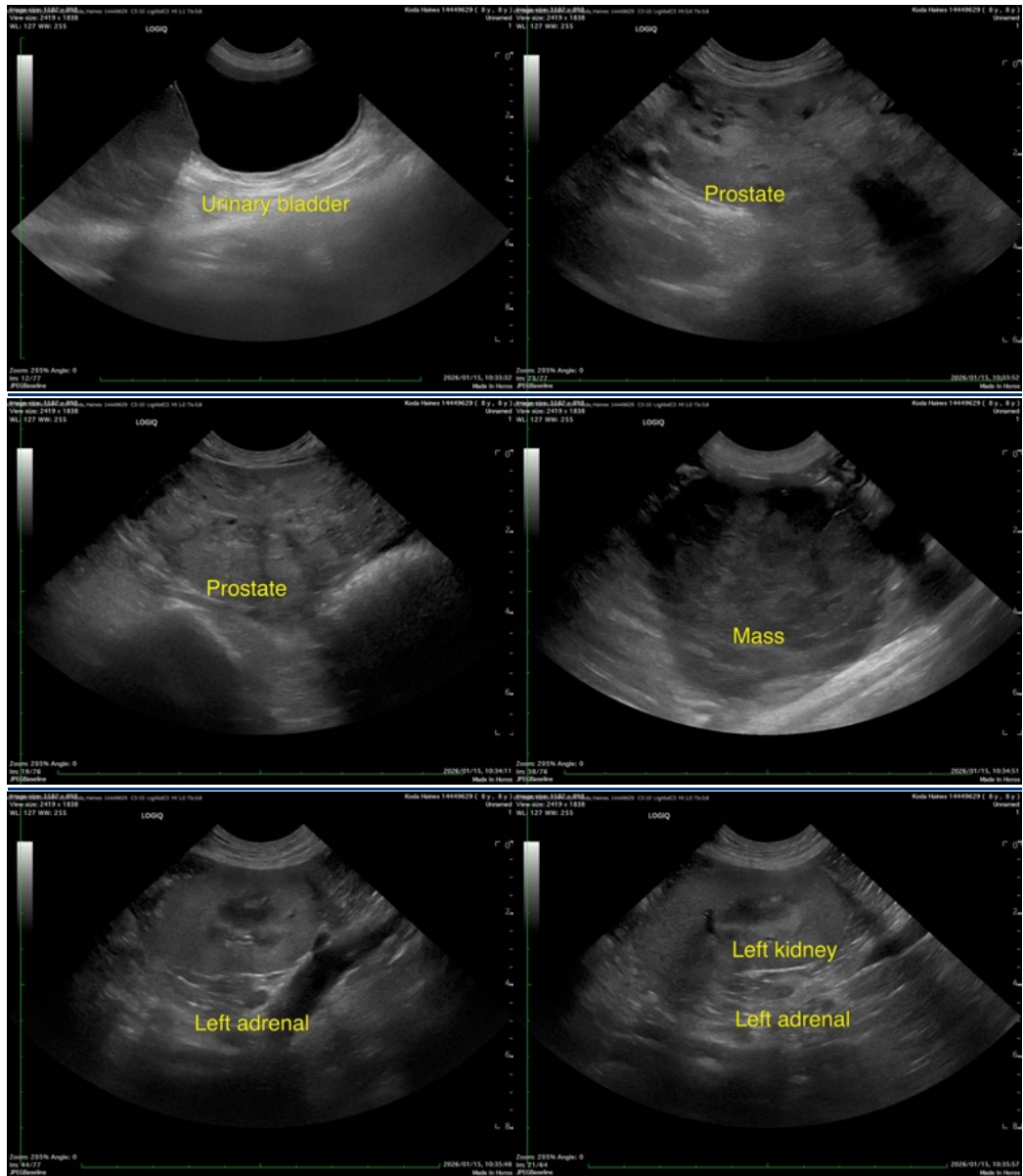
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Monitoring of the splenic nodule would also be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then splenectomy can be considered.

Specific therapy would be dependent on an etiological diagnosis. Palliative management of prostatic neoplasia is a combination of palladia and NSAIDs.





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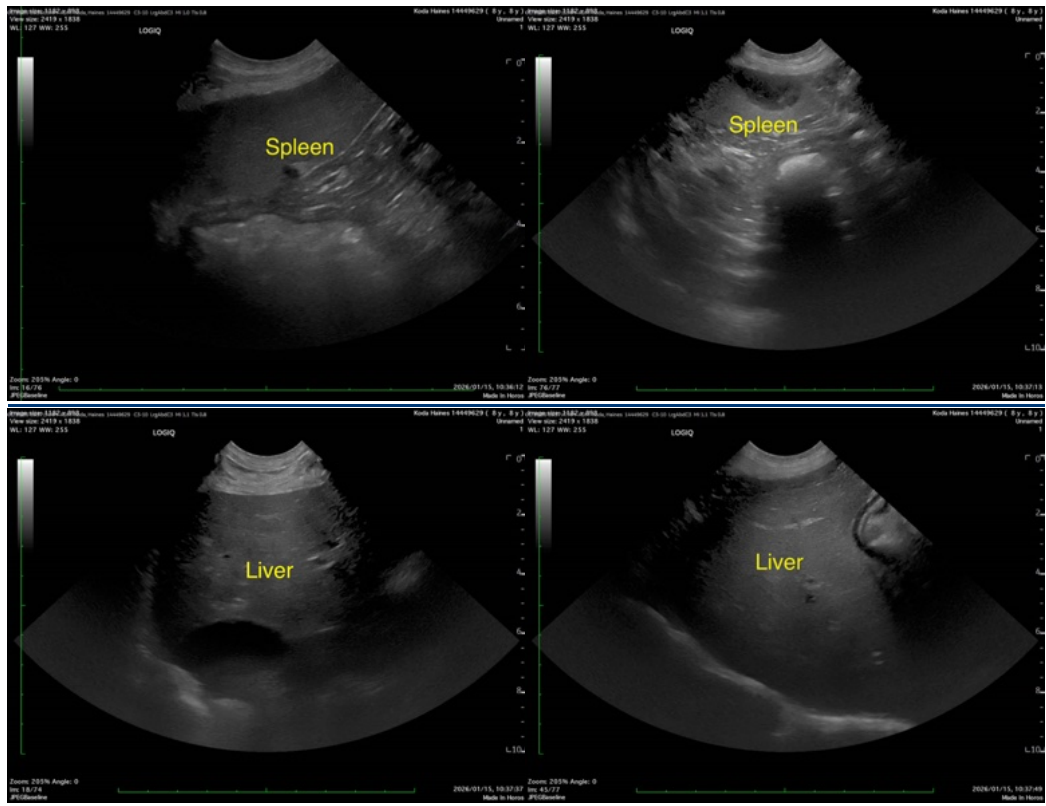
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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