



PATIENT

Baldur Canina

SPECIES

Canine

BREED

American Bully

SEX

Male

AGE

11 years

WEIGHT

94 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tess Fiamengo

HOSPITAL NAME

Slade VH

REFERRING VET

Dr. Schmieder

INVOICE

69872

DATE

1/6/26

PRESENTING CLINICAL SIGNS

History: Baldur, an adult male canine, presented for an abdominal ultrasound. The patient was seen on January 3rd for lethargy, inappetence, and vomiting. He has a history of prostatic disease and was previously treated with finasteride (5 mg PO SID) approximately 6 months ago, but the medication was discontinued without veterinary consultation. Recent treatment with enrofloxacin (Baytril, 136 mg - 3 tabs PO SID), resumption of Finasteride and an anti-emetic (Maropitant) resulted in some clinical improvement. However, the owner reports new onset of hematuria/bloody penile discharge and straining to urinate since starting the antibiotic. Relevant recent lab work includes a mild neutrophilia (11,000/ μ L) and an elevated specific canine pancreatic lipase (323 μ g/L).

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 7.1 cm, right measured 8.0 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 was symmetrically enlarged with a diffuse, hyperechogenic appearance and a regular curvilinear capsule. A large parenchymal cyst measuring 1.0 x 2.1 cm in size. Normal appearance of the periprostatic tissue. The prostate measured 3.5 x 5.0 cm in size.

Adrenal Glands

The adrenal glands are not clearly visualized, but appear 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 2.3 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.

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.

A small amount of acellular ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Cystic prostatomegaly.
- Ascites.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the prostatomegaly would be cystic, benign, prostatic hyperplasia.

On this ultrasound there is no obvious etiology for the ascites.

Further assessment would be thoracic radiographs and analysis of the ascitic fluid.

Further specific therapy would be dependent on an etiological diagnosis.



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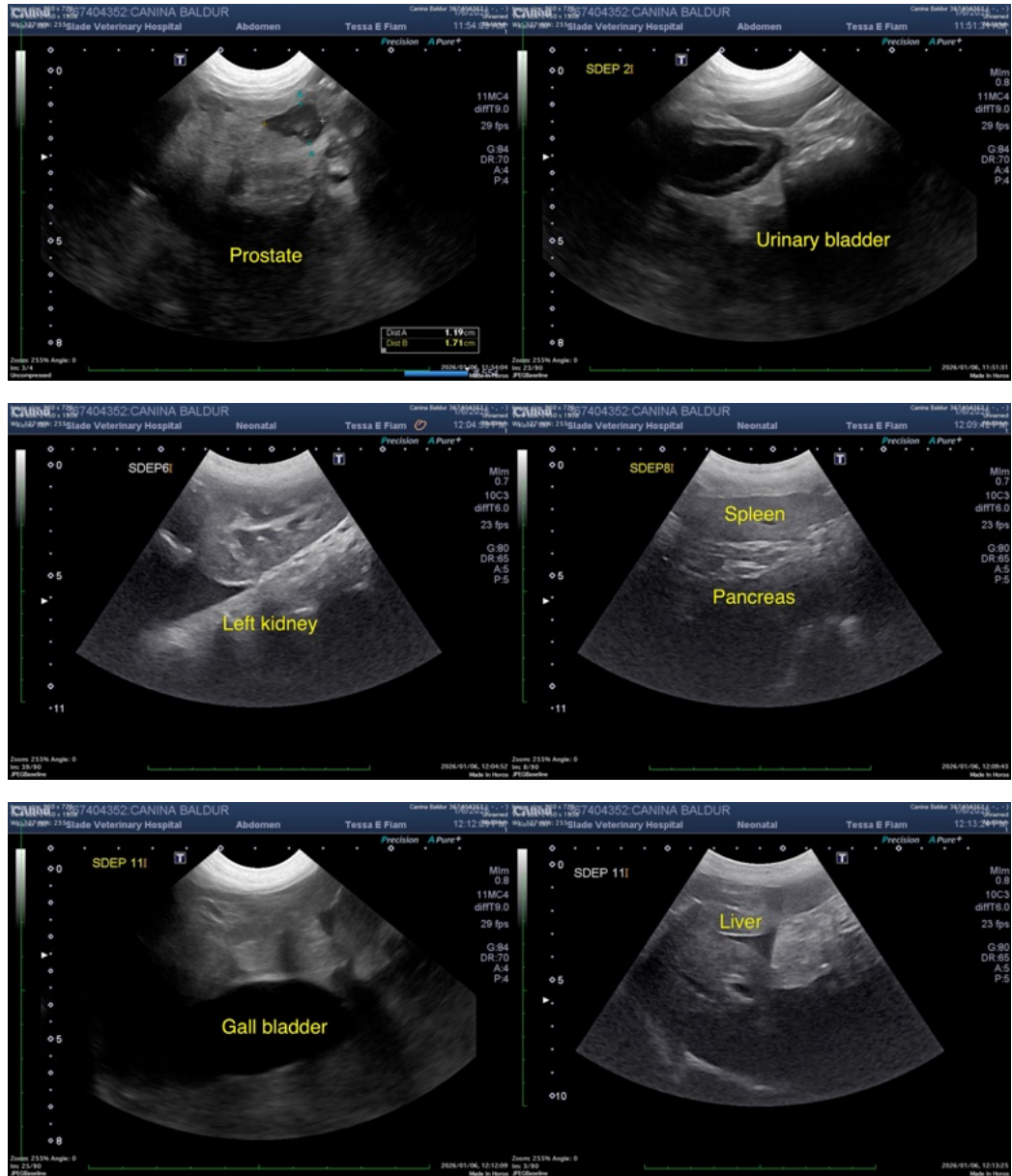
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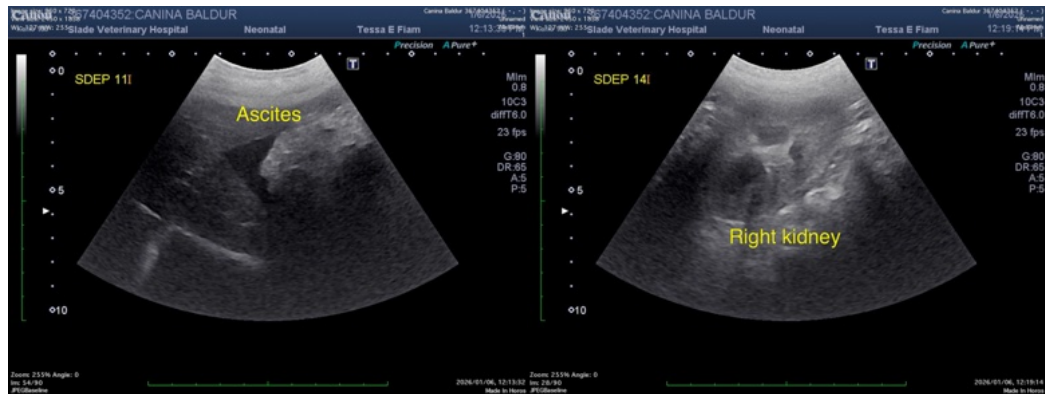
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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