



PATIENT

Apollo Carlman

SPECIES

Canine

BREED

Pitbull

SEX

Neutered male

AGE

11 years

WEIGHT

72 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jernea Bustria, DVM

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Bustria

INVOICE

69973

DATE

1/9/26

PRESENTING CLINICAL SIGNS

History: P is a 11yr 7mo MN Pitbull presenting for abdominal ultrasound to rule out liver disease and Cushing's disease in preparation for dental cleaning. P doing well at home. No signs of C/S/V/D
Butorphanol 10mg/ml: 0.9ml IV given prior to ultrasound
ALP 1885 high (5-131) TOTAL PROTEIN 7.7 HIGH 5.0-7.4 g/dL ALBUMIN 4 HIGH 2.7-4.4 g/dL GLOBULIN 3.7 HIGH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full 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 6.1 cm, right measured 6.2 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 noted in both kidneys.

The prostate is enlarged and measured 3.6 x 7.0 cm in size with a mottled echogenic and cystic appearance. There was 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 0.46 cm and 0.47 cm in width. The right adrenal gland measured 0.58 cm and 0.45 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. Focal, well circumscribed hypoechoic parenchymal nodule in the head of the spleen measuring 2.0 cm in size. The spleen measures 2.1 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.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Cystic prostatomegaly.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

As the patient is a neutered male, the appearance of the prostate would be consistent with neoplasia.

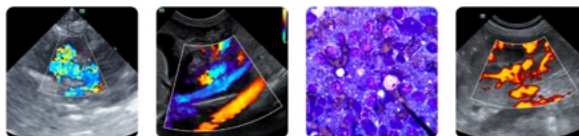
Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, organized hematoma or granuloma and possibly emerging neoplasia.

Although the liver appears ultrasonographically normal with the elevated ALP activity, an underlying hepatopathy such as reactive hyperplasia, vacuolar and metabolic should still be considered.

Further assessment would be prostatic wash for cytology and possibly culture and FNA cytology of the liver and splenic nodule.

Specific therapy would be dependent on an etiological diagnosis.

Regular ultrasound monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted then splenectomy should be considered.



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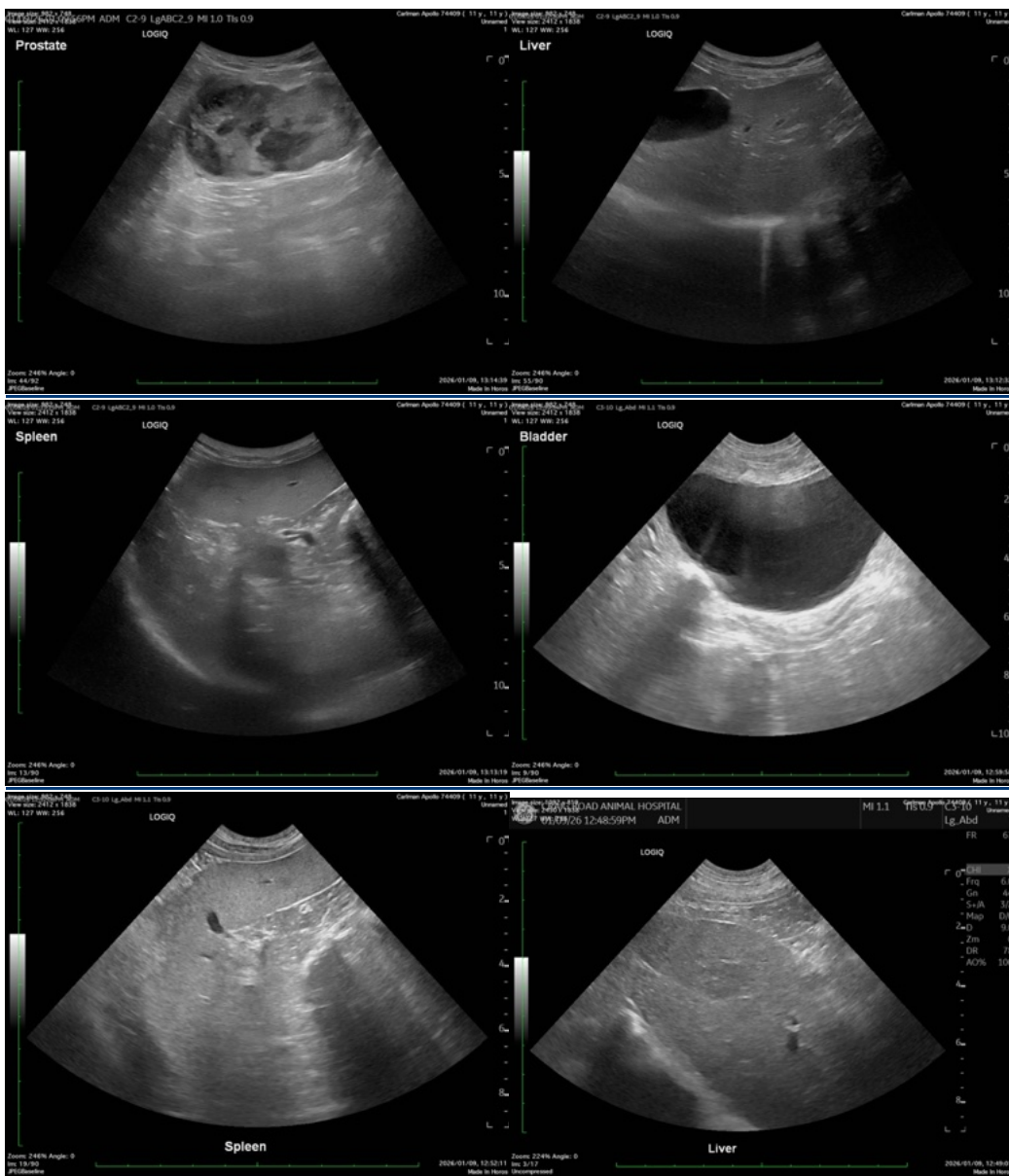
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Symptomatic management that can be considered for the elevated ALP activity would be the use of Ursodiol with regular monitoring of liver enzyme activity.





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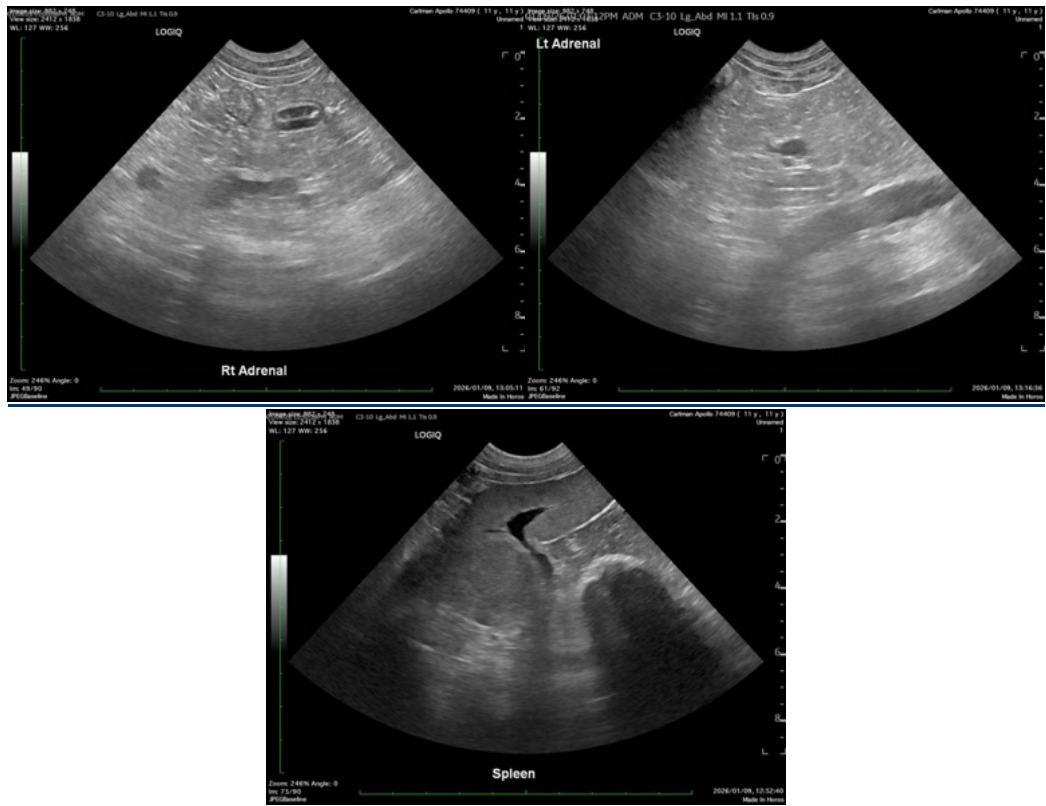
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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