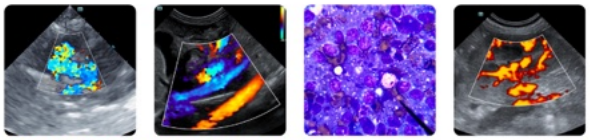


PATIENT

Buddy Bechtold

SPECIES

Canine

BREED

Pitbull Mix

SEX

Male

AGE

8 years

WEIGHT

69.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dana Kraeutler, CVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Santore

INVOICE

68823

DATE

11/19/25

PRESENTING CLINICAL SIGNS

History: Two week history of inappetence and diarrhea. 3-4 month history of progressive hind limb weakness. Eleven pound weight loss over the past two months.
Abnormal PE/Chem/CBC/UA Results: 11/18/25: CBC/Chemistry: TP:8.3, GLOB:5.4, AMLY:1587

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.

Left sided hydronephrosis with no normal architecture present.

The right kidney is normal in size (9.2 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.

The prostate is symmetrically enlarged measuring 5.0 x 5.6 cm with a mottled echogenic parenchyma and a regular curvilinear capsule. Normal appearance of the periprostatic tissue.

Adrenal Glands

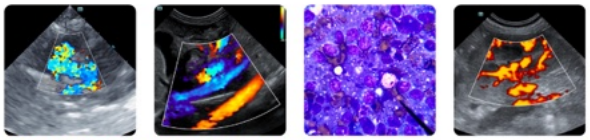
The adrenal glands are bilaterally enlarged with a slightly rounded shape, but maintained a normal echogenic appearance, position and appearance of the visible periadrenal vasculature. The left adrenal gland measured 4.02 cm in length x 1.3 cm and 1.29 cm in width. The right adrenal gland measured 3.29 cm in length x 1.03 cm and 0.9 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 3.2 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.



PATIENT

Buddy Bechtold

SPECIES

Canine

BREED

Pitbull Mix

SEX

Male

AGE

8 years

WEIGHT

69.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dana Kraeutler, CVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Santore

INVOICE

68823

DATE

11/19/25

Gallbladder

The gallbladder is small 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.

A large well circumscribed, mottled echogenic mass is noted in the caudal abdomen in the region of the iliac lymph nodes measuring 7.8 x 8.0 cm in size with no vascular pattern evident.

ULTRASONOGRAPHIC FINDINGS

- Caudal abdominal mass.
- Left-sided hydronephrosis.
- Bilateral adrenomegaly.
- Prostatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the abdominal mass would be neoplasia possibly originating from the iliac lymph node with granulomatous disease a less likely differential diagnosis.

The most likely etiology for the left-sided hydronephrosis would be obstructive uropathy secondary to the caudal abdominal mass.

The most likely etiology for the bilateral adrenomegaly would be disease, stress or reactive hyperplasia with emerging pituitary dependent Cushing's disease a less likely differential diagnosis.

The most likely etiology for the prostatomegaly would be age related benign prostatic hyperplasia.

PATIENT

Buddy Bechtold

SPECIES

Canine

BREED

Pitbull Mix

SEX

Male

AGE

8 years

WEIGHT

69.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dana Kraeutler, CVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Santore

INVOICE

68823

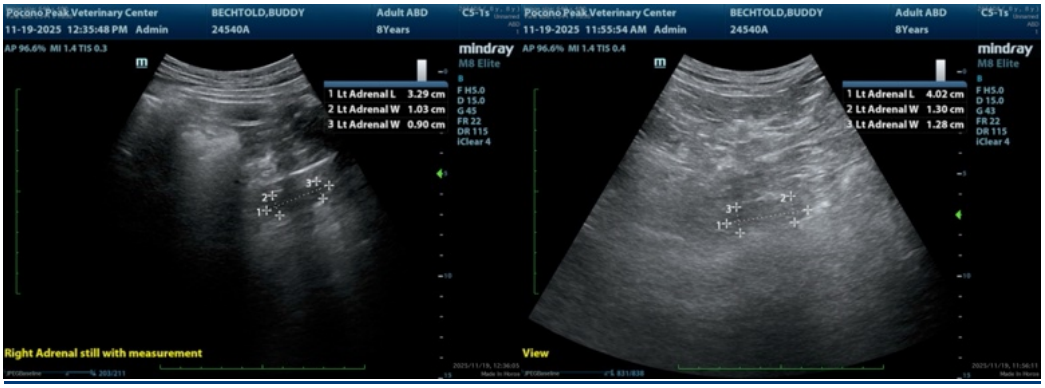
DATE

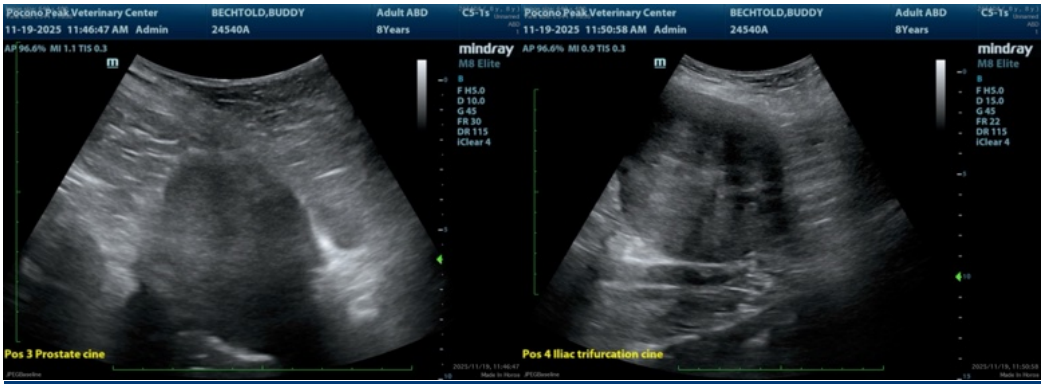
11/19/25

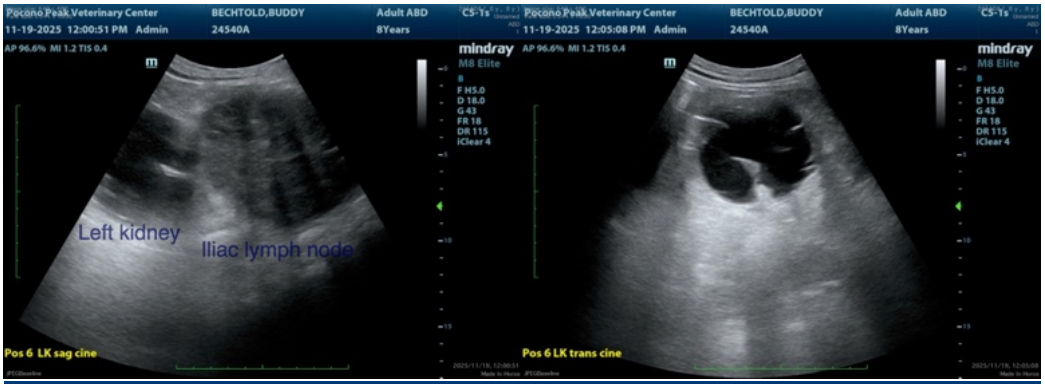
Initial further assessment would be three view thoracic radiographs and FNA cytology of the abdominal mass.

A laparotomy should be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.

Ideal management of the benign prostatic hyperplasia would be castration.







PATIENT

Buddy Bechtold

SPECIES

Canine

BREED

Pitbull Mix

SEX

Male

AGE

8 years

WEIGHT

69.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dana Kraeutler, CVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

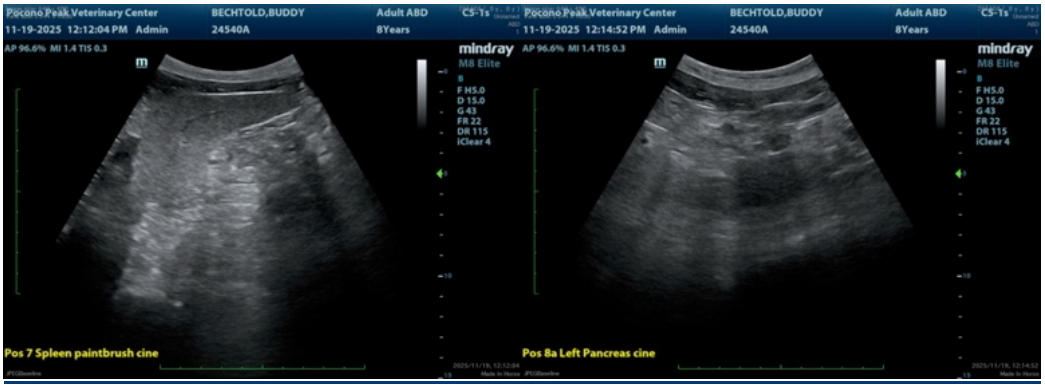
Dr. Santore

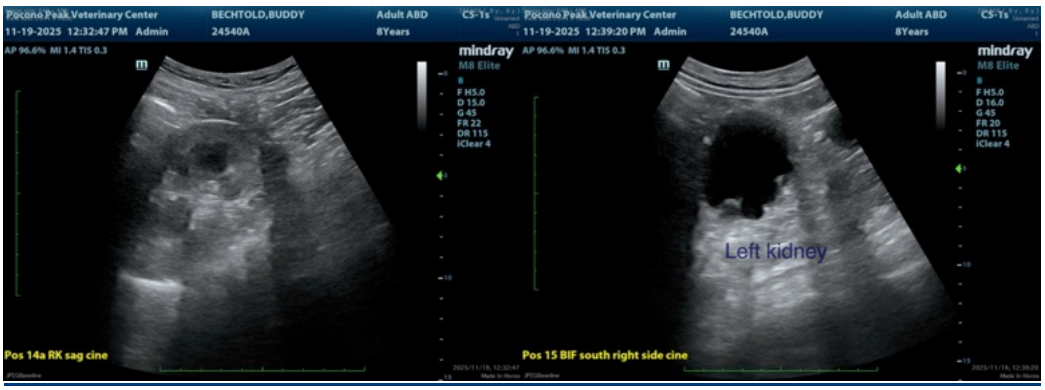
INVOICE

68823

DATE

11/19/25





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