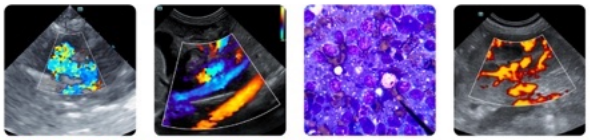


PATIENT

Gunner Olsen

SPECIES

Canine

BREED

Labrador

SEX

Intact male

AGE

7 years

WEIGHT

85 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. McCaughan

HOSPITAL NAME

Marina Village Veterinary & Integrative Care

REFERRING VET

Dr. McCaughan

INVOICE

68352

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: 1 month duration polydipsia noted by owner. No other changes on PE. Good appetite. Some halitosis and lip smacking (Suspect nausea). Known food allergy - going through novel protein diet trial now for allergic dermatitis on lateral aspects of all 4 paws.
Abnormal PE/Chem/CBC/UA Results: Polydipsia. 10/15/25 labwork abnormal findings: TP 7.9 (H) ; Glob4.6 (H); Creat 1.5 (wnl) ; SDMA 18.7 (H); BUN 21. USG 1017, quiet urine sediment. labs 6/2025 - SMDA 26 labs 4/2025 showed SDMA 21.1

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.

A large, hydronephrotic left kidney measuring 8.0 cm. The right kidney is normal in size and measured 6.4 cm. The kidneys have normal 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 symmetrically enlarged with a diffuse, hypoechogenic appearance and a regular curvilinear capsule. Normal appearance of the peri-prostatic tissue. The prostate measures 3.0 x 6.0 cm in size.

Adrenal Glands

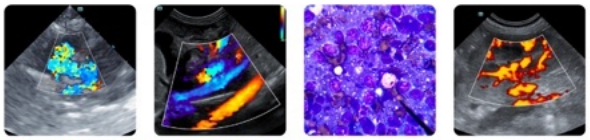
The adrenal glands are not visualized.

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. No inflammatory, neoplastic, infarction, or infiltrative changes evident. The spleen measured 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. The small intestine measured up to 0.4 cm.

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 fluid filled tube like cystic structure was situated between the trigone area and the prostate measuring 1.4 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Left hydronephrosis
- Prostatomegaly
- Caudal abdominal fluid cyst like structure

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the cyst like structure would be a paraprostatic cyst and a dilated ureter.

Further, non-invasive assessment would be a CT scan. Laparotomy could be considered as it could be both diagnostic and therapeutic with further specific therapy dependent on an etiological diagnosis.

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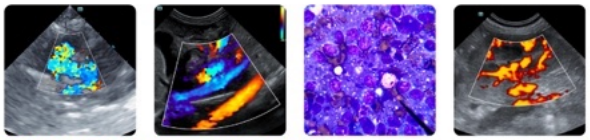

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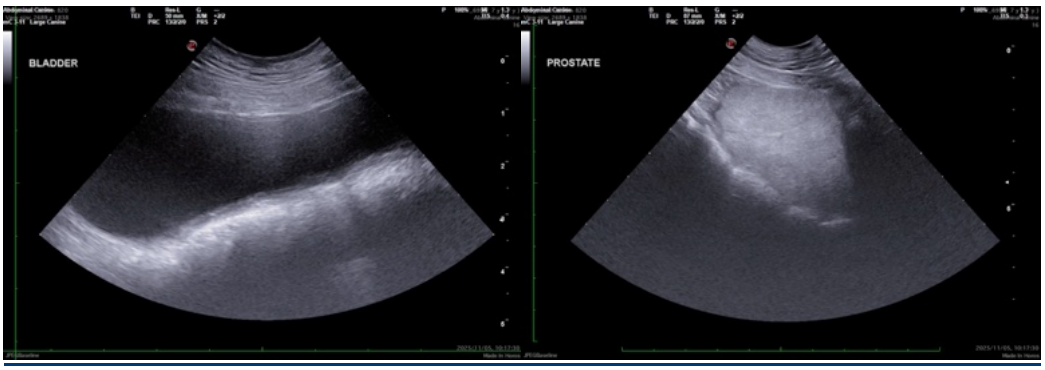

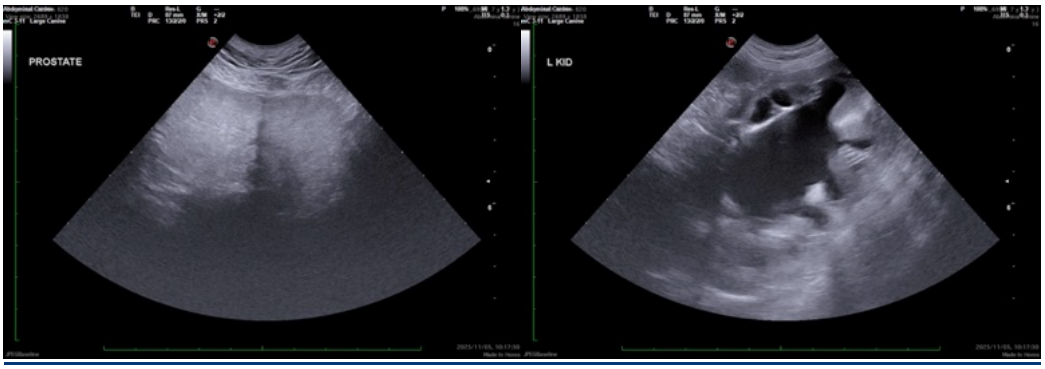

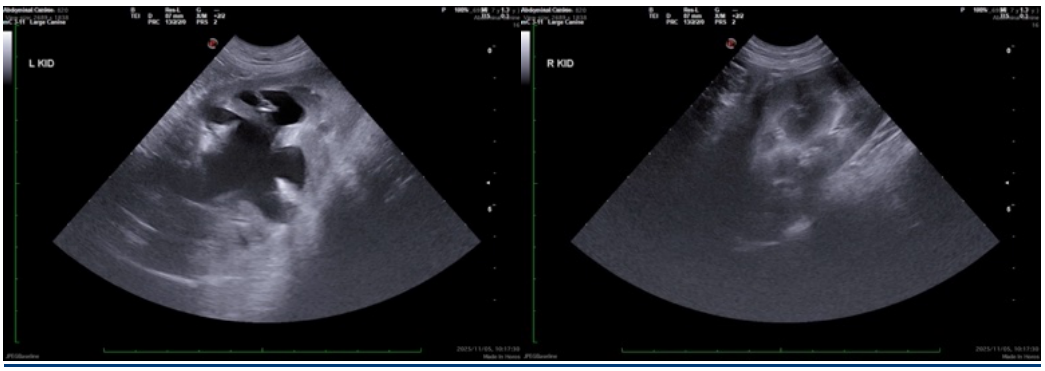

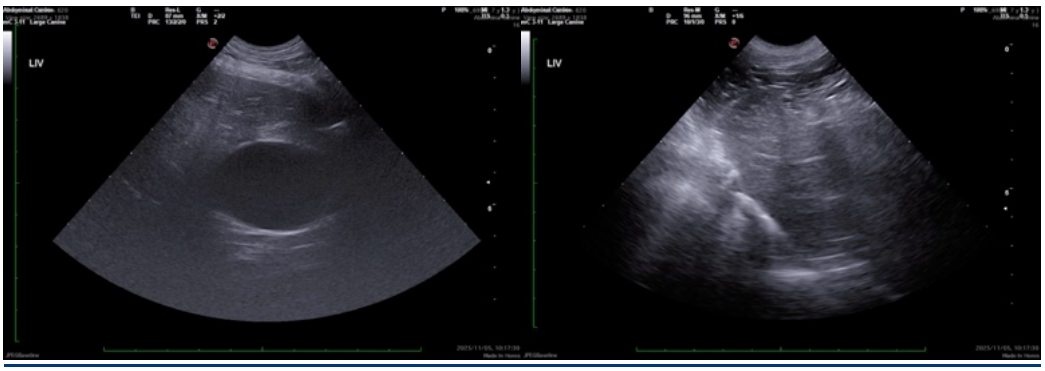

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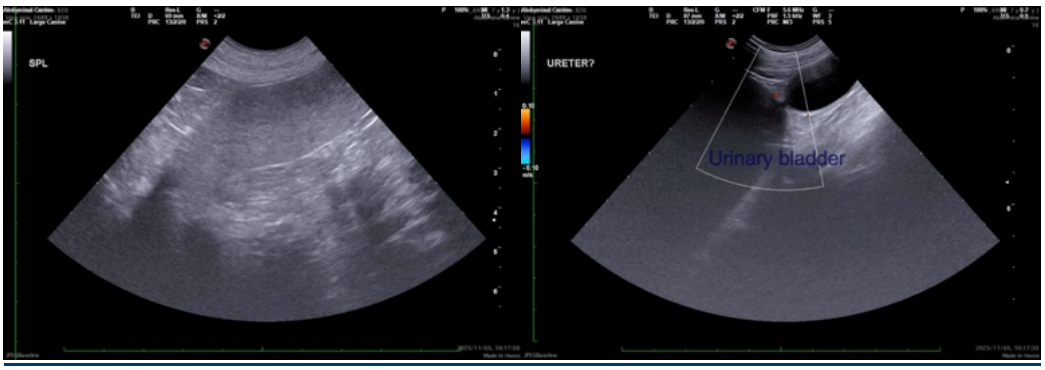

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com