



## PATIENT

Murdoch Urtins

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Intact male

## AGE

3 years

## WEIGHT

34.5 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Michelle DeMelo, RVT

## HOSPITAL NAME

Woodstock VH

## REFERRING VET

Dr. Knowles

## INVOICE

69305

## DATE

12/15/25

## PRESENTING CLINICAL SIGNS

History: Musculoskeletal: - 12/12/2025: Significant muscle wasting and cachexia noted. Bony prominences of the pelvis, vertebrae, and shoulders are easily visualized. Gastrointestinal: - 05/23/2025: Presented for one-month history of intermittent vomiting, hyporexia, and a 5% weight loss. Bloodwork revealed eosinophilia. Started on sucralfate, omeprazole, and a gastrointestinal diet for suspected gastric ulceration or dietary sensitivity. - 07/04/2025: Re-presented for morning inappetence and recent episode of vomiting brown, bile-like fluid. Mild cranial abdominal pain noted. - July-August 2025: Referral for specialist ultrasound was attempted but cancelled due to owner scheduling conflicts. Omeprazole was discontinued by the owner with no perceived change in clinical signs. - 12/12/2025: Presented for ongoing hyporexia and a 2-3 month history of tenesmus. A firm, 10-15cm diameter, painful mid-abdominal mass was palpated. A digital rectal exam was painful and revealed diffusely firm, lumpy, and thickened rectal tissue. The primary differential diagnosis is neoplasia. Patient was started on Onsior and Sulcrate. Reproductive Urinary: - Patient is an intact male, noted to be a bilateral cryptorchid. Owner declined further diagnostics or surgical intervention for this condition. - 12/12/2025: Hair coat appears dull. The perianal region is extremely inflamed and ulcerated, with at least two erosions through the cutaneous layer. - Digital rectal exam findings are suggestive of neoplasia.

Abnormal PE/Chem/CBC/UA Results: Laboratory Trends: - 4Dx/Heartworm Testing: Consistently declined by owner in 2024 and 2025. No test results are on file. - Bloodwork: A CBC/Chemistry/T4 panel was performed on 05/23/2025. The only significant abnormality was a marked eosinophilia. Kidney and liver values were within normal limits.

## 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 6.6 cm, right measured 6.8 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 evident in both kidneys.

The prostate is not visualized.

### 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 0.52 cm in width. The right adrenal gland was not clearly visualized, but appears to be of normal shape, echogenic appearance and size.



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## *Spleen*

The spleen is mildly enlarged measuring up to 3.6 cm in width, but maintained a normal, echogenic appearance, smooth homogenous parenchyma and a regular curvilinear capsule.

## *Liver*

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

## *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*

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

- Splenomegaly?

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild splenomegaly is most likely a breed variant with reactive hyperplasia a differential diagnosis and infiltrative neoplasia and splenitis unlikely differential diagnosis.

On this ultrasound there is no obvious etiology for the presenting clinical signs.



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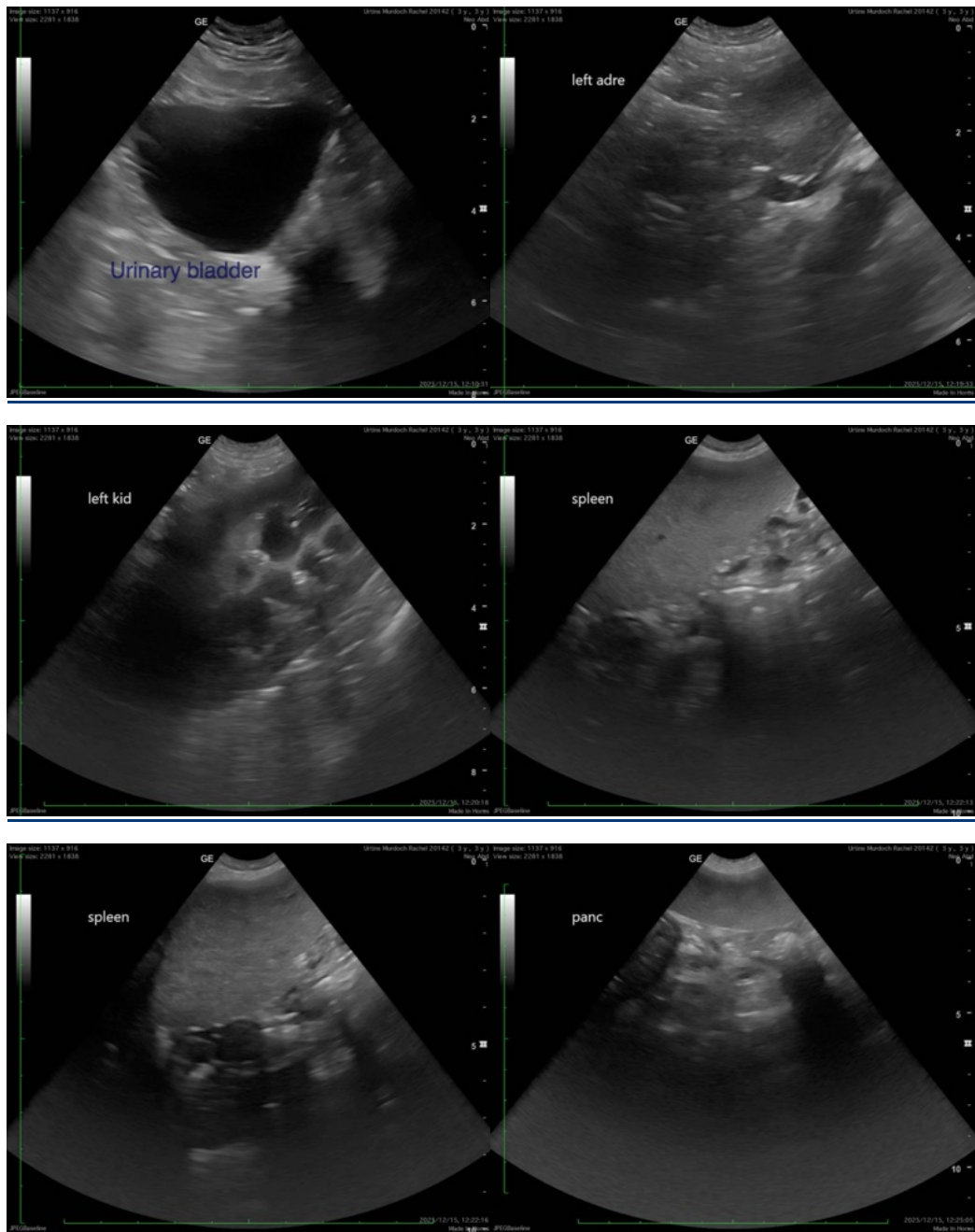
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Etiologies to consider for the presenting clinical signs would be granulomatous colitis, severe parasitic disease and neoplasia.

Further assessment would be fecal analysis, rectal cytobrush cytology and colonoscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis.





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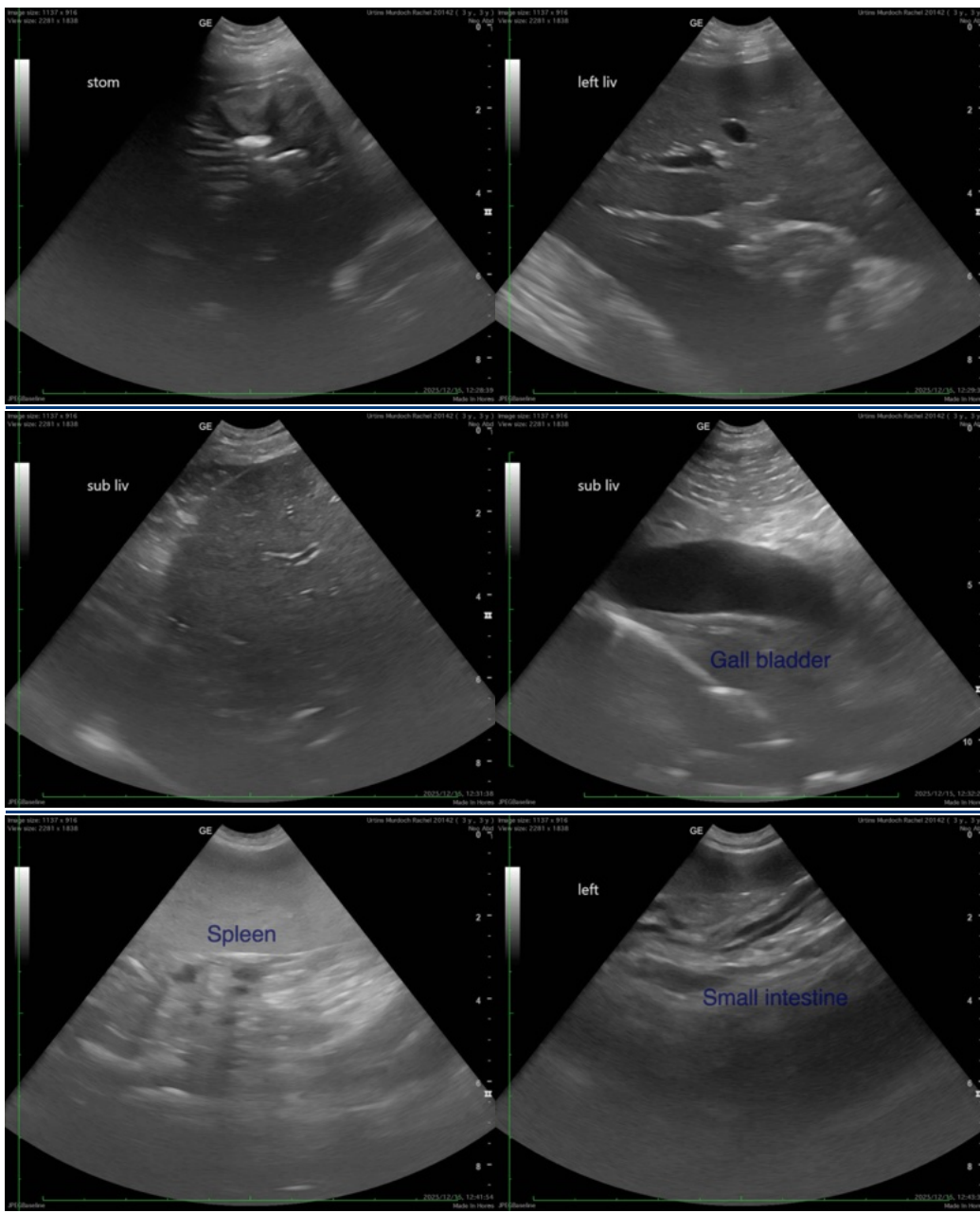
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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