



## PATIENT

Peter Stoltzfus

## SPECIES

Canine

## BREED

Welsh Corgi

## SEX

Intact male

## AGE

10 years

## WEIGHT

40.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jack Reese

## HOSPITAL NAME

Willow Run VC

## REFERRING VET

Dr. Kaeli Witmer

## INVOICE

71491

## DATE

2/11/26

## PRESENTING CLINICAL SIGNS

- Patient presented for PU/PD and facial erythema/alopecia. CBC, chem, T4, UA showed mild ALP/ALT elevation, dilute urine, and proteinuria. Radiographs showed soft tissue opacity mass effect caudal to the stomach and soft tissue opacity mass caudal to the bladder
- ALT 193 (18 - 121 U/L) ALP 198 (5 - 160 U/L) Lipase 842 (0 - 250 U/L) Creatine Kinase 269 (10 - 200 U/L) Isosthenuria UPC 1.5

## 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 6.0 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. Normal color flow pattern is evident in both kidneys.

Symmetrically enlarged prostate measuring 2.4 x 4.6 cm in size with a mottled echogenic appearance of the parenchyma and a regular curvilinear capsule. A focal parenchymal cyst measuring 1.6 x 2.6 cm in size. 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 0.58 cm and 0.77 cm in width. The right adrenal gland measured 0.61 cm and 0.7 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 2.0 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 a small amount of non-adhered hyperechogenic sediment. 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.
- Gallbladder sediment.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

The gallbladder sediment can be considered an incidental finding.

Further assessment of the prostatomegaly that can be considered would be prostatic wash for cytology and culture.

Further assessment of the proteinuria would be blood pressure.

Management of the proteinuria would be either an ace inhibitor or receptor blocker and Omega 3 fatty acid supplementation.

Management of the prostatomegaly would either be surgical or chemical castration.



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Chemical castration would be the use of osaterone acetate, delmadinone acetate, or deslorelin acetate. This is less invasive and safer than surgical castration in systemically ill and potentially unstable patients.

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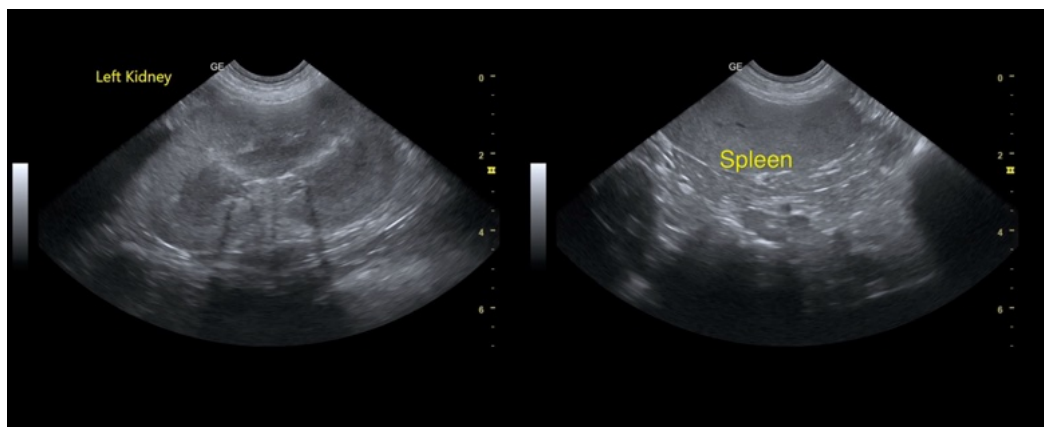
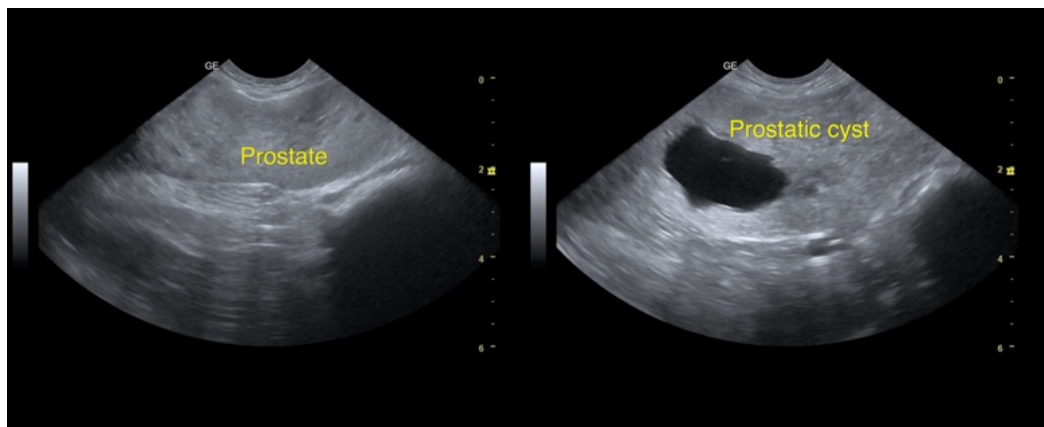
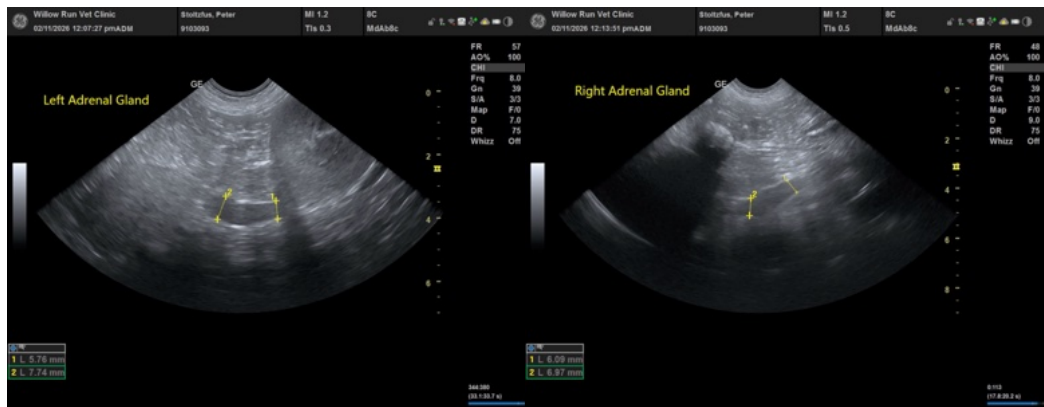
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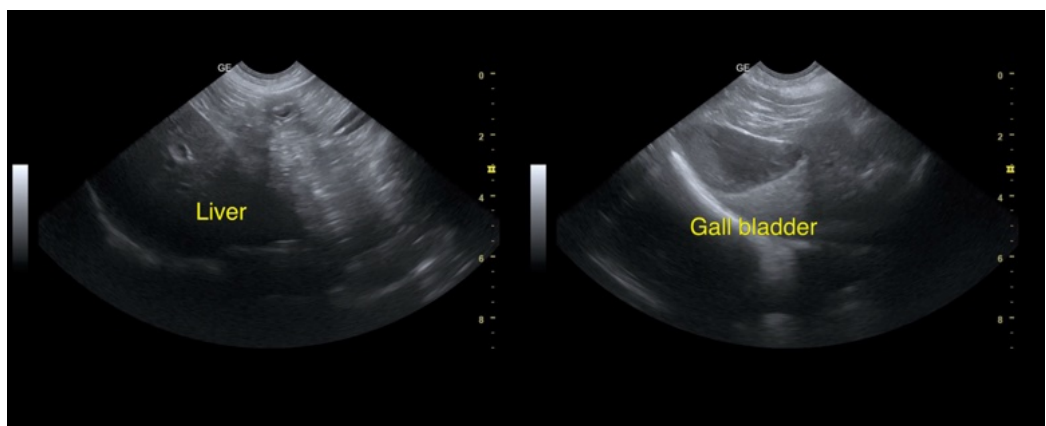
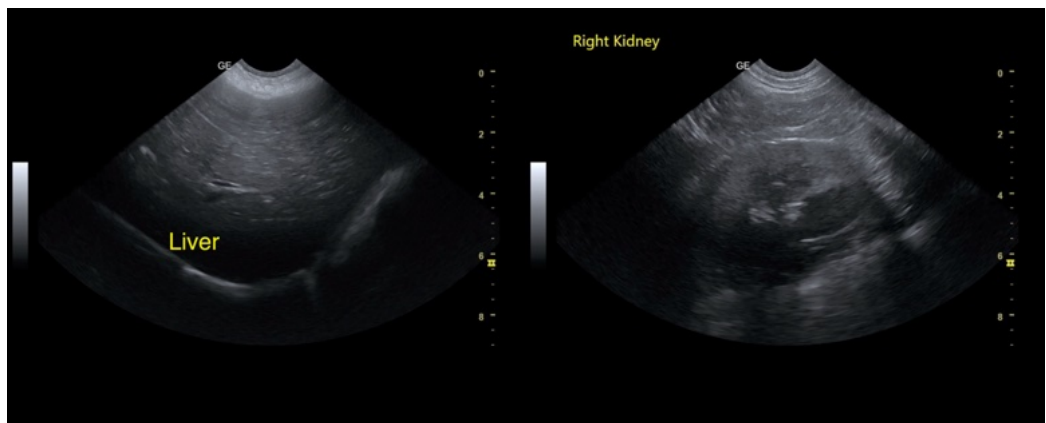
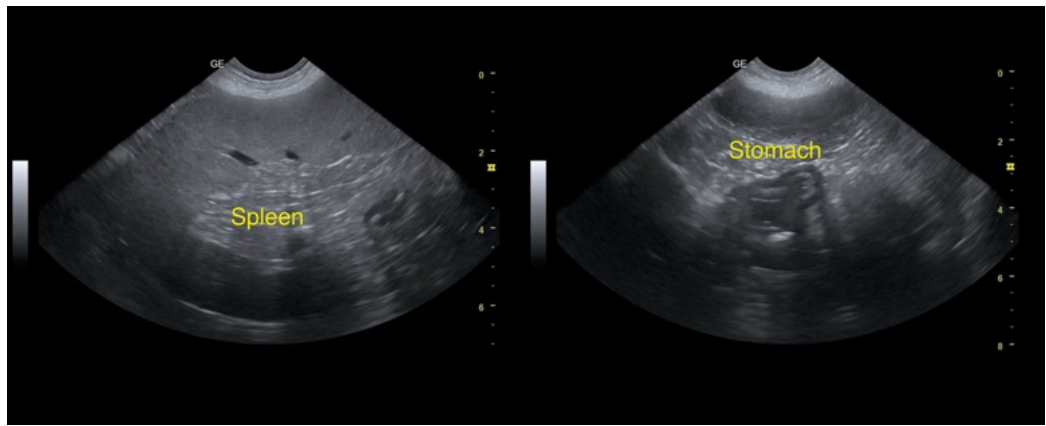
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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