



PATIENT

Titan Perry

SPECIES

Canine

BREED

American Bulldog

SEX

Intact male

AGE

7 years

WEIGHT

42.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Michelle DeMelo, RVT

HOSPITAL NAME

Woodstock VH

REFERRING VET

Dr. Plummer

INVOICE

71485

DATE

2/11/26

PRESENTING CLINICAL SIGNS

January 12, 2026

- The patient presented for acute onset of vomiting, anorexia, and inappropriate urination.
- Physical exam revealed slight shaking; the prostate was not palpable on rectal exam due to his size (42 kg).
- An ULTRASOUND of the prostate showed it was enlarged and abnormal with multiple cystic structures, some containing solid-appearing, hyperechoic material.
- A chemistry panel revealed azotemia (creatinine 239 umol/L, urea 18.7 mmol/L), mildly elevated amylase (1,782 U/L), and high-normal globulins (45 g/L).
- A CBC showed a mild lymphopenia.
- UA showed 3+ protein, 4+ blood, 15 wbc/hpf and 12 RBC/hpf. Presence of rods and cocci, but a dry mount was performed and no bacteria
- LEPTO WITNESS TEST was negative
- He was started on CERENIA and ZENIQUIN.

February 10, 2026:

- The owner reported complete resolution of clinical signs at home.
- Repeat LAB WORK was performed
- A chemistry panel showed persistent azotemia (creatinine 250 umol/L, urea 14.5 mmol/L).
- CBC was unremarkable
- urinalysis on both cysto and free-catch samples showed a specific gravity of 1.016, 3+ protein, 4+ blood, 4 wbc/hpf, and 26 RBCs/hpf. No bacteria
- A focal ULTRASOUND of the prostate was repeated showed minimal change in size or appearance compared to the previous scan.
- A URINE C/S was submitted from the cysto sample prior to restarting antibiotics.
- The patient was restarted on ZENIQUIN with treatment may be required for several months.

PROBLEM LIST: - Urogenital: - Persistent moderate azotemia - Prostatomegaly with cystic changes - Proteinuria - Hematuria/Pyuria - Isosthenuria (dilute urine) - Inappropriate urination (historical) - Gastrointestinal: - Vomiting (historical) - Anorexia (historical) - Hemic/Lymphatic: - Mild lymphopenia (historical) DIFFERENTIAL DIAGNOSES: - Prostatitis or prostatic abscess secondary to a urinary tract infection - Pyelonephritis (kidney infection) - Acute kidney injury secondary to an infectious cause (e.g., prostatitis, leptospirosis) or a toxin - Leptospirosis - Chronic kidney disease

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.



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Normal renal size (left measured 6.5 cm, right measured 6.2 cm), increased echogenic appearance, loss of cortico-medullary differentiation, bilaterally pyelectasia and an irregular capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

The prostate is symmetrically enlarged with a diffuse increased echogenic appearance, regular curvilinear capsule and few, small parenchymal cysts. Normal appearance of the peri-prostatic tissue.

Adrenal Glands

The adrenal glands are not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

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 2.6 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.

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



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Normal mesenteric lymph nodes.

Titan Perry

No ascites evident.

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ULTRASONOGRAPHIC FINDINGS

- Cystic prostatomegaly.
- Renal disease.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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The appearance of the kidneys is consistent with chronic kidney disease. Although the pyelectasia is most likely secondary to the renal changes, underlying pyelonephritis should still be considered.

WEIGHT

42.3 kg

Further assessment of the prostatomegaly would be prostatic wash for cytology and culture. Further assessment of the renal disease would be UPC (if sediment and culture are negative) and blood pressure.

Management of the renal disease would be feeding a renal diet and the use of enteric phosphate binders as needed.

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Antibiotic therapy needs to be based on the pending culture results.

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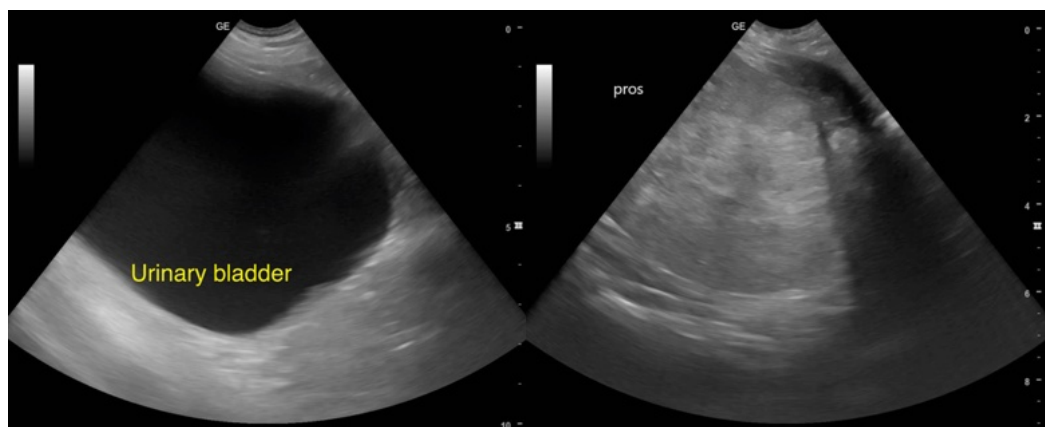
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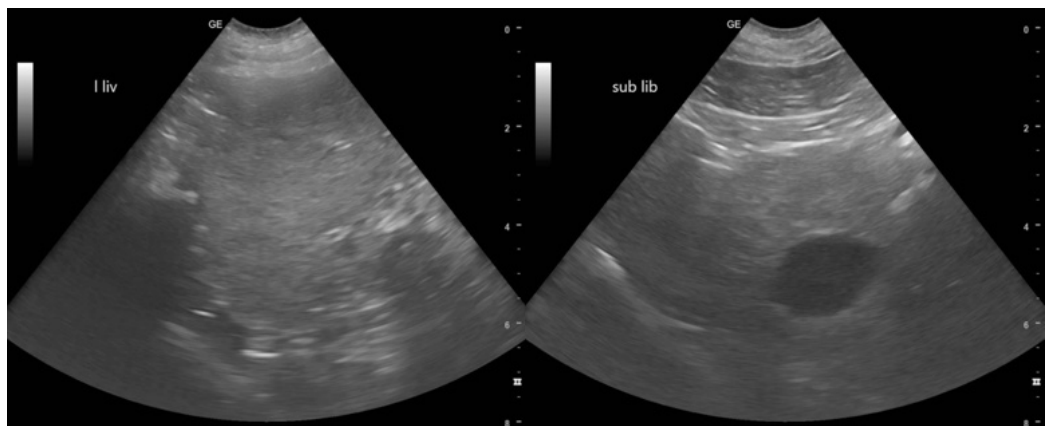
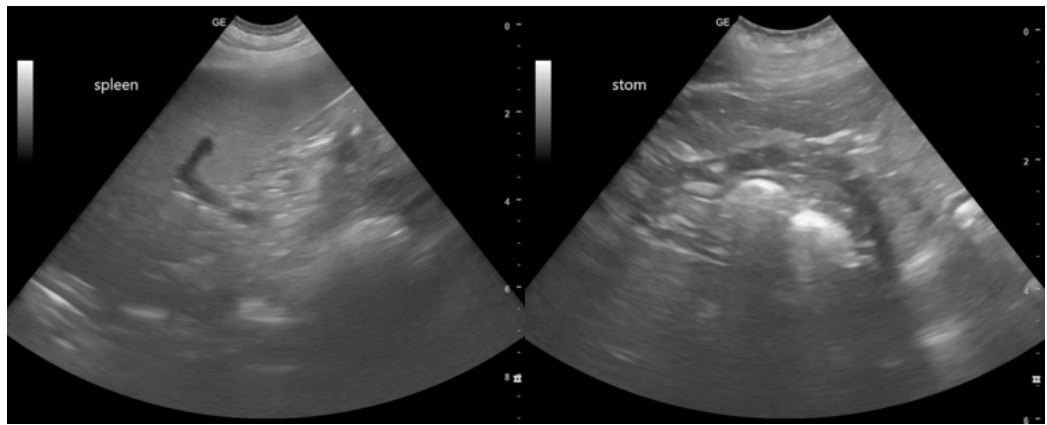
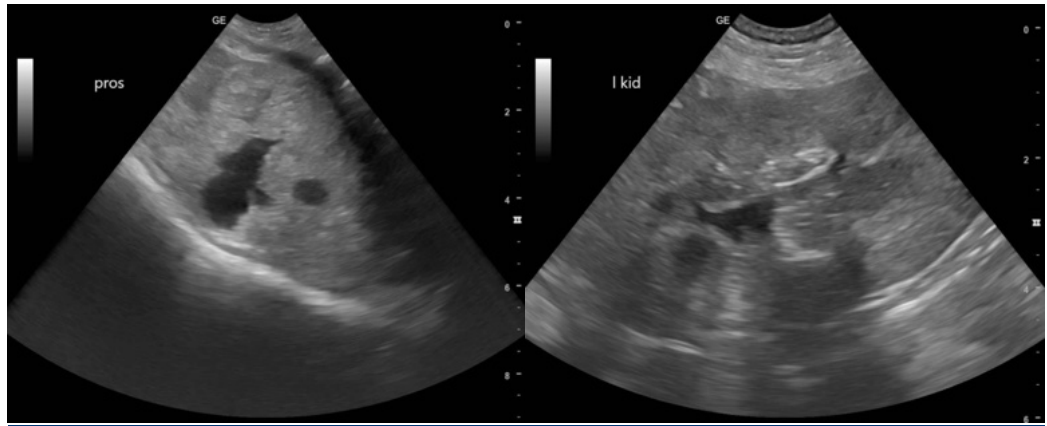
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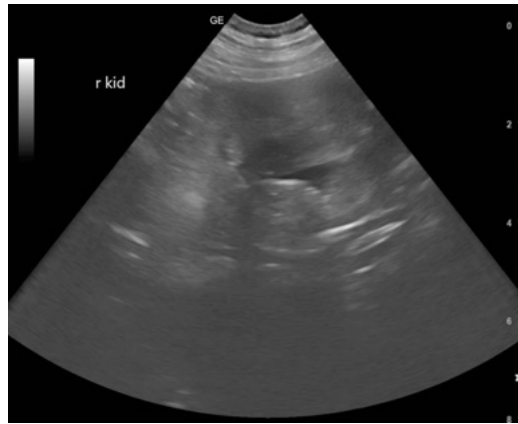
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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