



## PATIENT

Barley Rye Guy Foley

## SPECIES

Canine

## BREED

Miniature Dachshund

## SEX

Male

## AGE

3 years

## WEIGHT

15 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Nikki Kollman, RVT

## HOSPITAL NAME

Airpark AH

## REFERRING VET

Dr. Marcisewski

## INVOICE

71580

## DATE

2/16/26

## PRESENTING CLINICAL SIGNS

- Presented for acute on chronic tenesmus, diarrhea on Feb 9th, 2026
- January 2026 presented at other rDVM: Hookworm antigen + , 4DX: NEG, and CPL elevated
- Dewormed with Panacur
- Has been used previously for breeding-unsure of last breeding
- On Credelio Quatro
- Mild, prostatomegaly palpable on rectal-symmetrical but painful Prostatomegaly seen on radiographs CBC: HCT 60% Cortisol: WNL, 4.1 4DX: NEG CHEM: WNL CPL: WNL FECAL: Hookworm antigen +

## 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 5.5 cm, right measured 5.9 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 in both kidneys.

The prostate is symmetrically enlarged and measured 2.1 x 2.6 cm in size with a hyperechogenic appearance and a smooth curvilinear capsule. Normal appearance of the periprostatic tissue.

### *Adrenal Glands*

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.5 cm in length x 0.34 cm and 0.44 cm in width. The right adrenal gland measured 1.92 cm in length x 0.39 cm and 0.65 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 1.1 cm in width.



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## 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. Gas and fecal material is present within the colon.

## 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

- Prostatomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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

Etiologies for the presenting clinical signs would be idiopathic colitis, granulomatous colitis, inflammatory bowel disease, dietary hypersensitivity and parasitic disease.

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

Prostatic wash for cytology and culture could also be considered.



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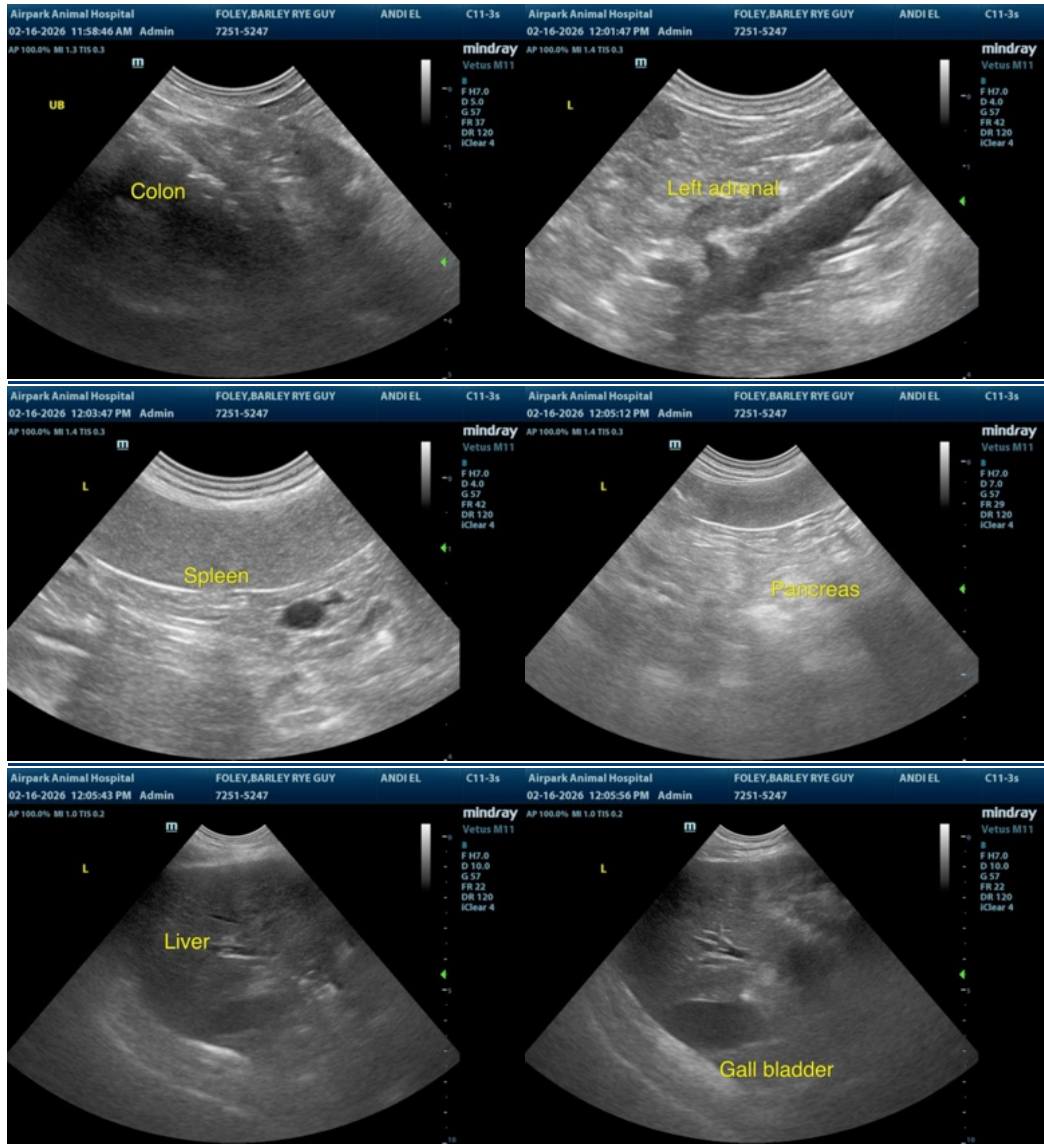
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Specific therapy would be dependent on an etiological diagnosis. Symptomatic management of the colonic disease would be feeding a novel protein/hypoallergenic diet, course of Fenbendazole and either Sulfasalazine or Olsalazine.





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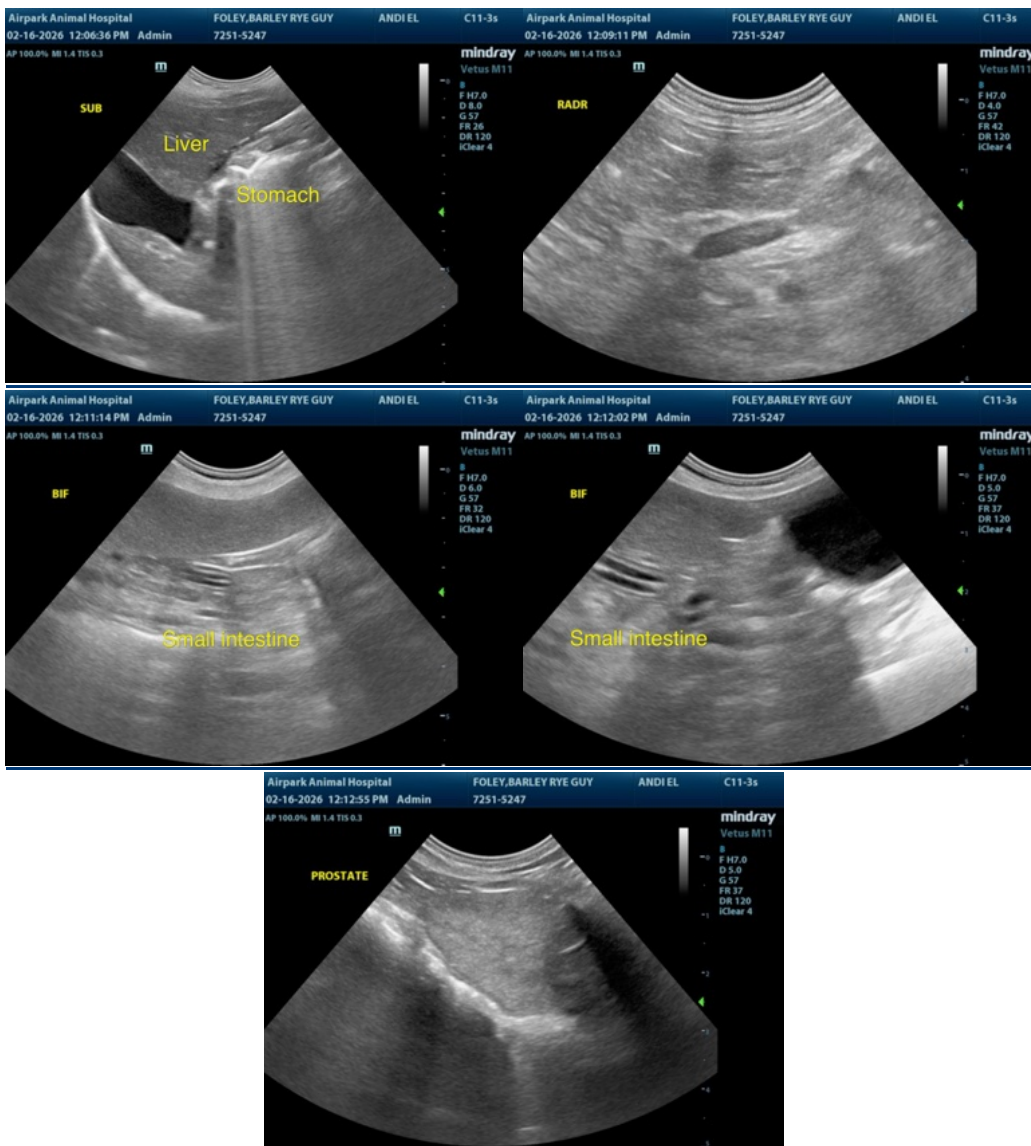
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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