

## PATIENT

Benji Palomeque

## SPECIES

Canine

## BREED

Pitbull

## SEX

Male

## AGE

2016

## WEIGHT

55.5 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Denise Bruno, LVT,  
RDMS

## HOSPITAL NAME

Ideal Pet Vet

## REFERRING VET

Dr. Kolta

## INVOICE

71637

## DATE

2/17/26

## PRESENTING CLINICAL SIGNS

- Vomiting for weeks. Did not respond to cerenia treatment. History of Mast Cell Tumor. Labs/radiographs attached

## 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 (0.6 cm), 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, 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 left kidney measured 6.0 cm and the right kidney measured 5.9 cm. Normal color flow pattern is evident in both kidneys.

The prostate is symmetrically enlarged measuring 2.3 x 3.5 cm in size with an increased echogenic appearance and a regular curvilinear capsule. A few, small parenchymal cysts are present. Normal appearance of the periprostatic tissue.

Normal size and appearance of the testicles. The left testicle measured 3.5 cm in length. The right testicle measured 3.2 cm in length.

### *Adrenal Glands*

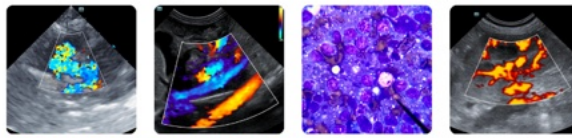
Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 3.05 cm in length x 0.44 cm and 0.43 cm in width. The right adrenal gland measured 1.69 cm in length x 0.53 cm and 0.55 cm in width.

### *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 1.2 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 almost distended containing a large 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. The small intestine measured up to 0.32 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.

No ascites evident.

**ULTRASONOGRAPHIC FINDINGS**

- Cystic prostatomegaly.
- Gallbladder sediment.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the cystic prostatomegaly would be benign prostatic hyperplasia in line with the patient's age and intact status.

Although the gallbladder sediment is most likely an incidental finding, monitoring for the development of a mucocele would be recommended.

On this ultrasound there is no obvious etiology for the chronic vomiting.

Although the stomach appears ultrasonographically normal, with the chronic vomiting, an underlying gastroenteropathy such as chronic gastritis, Helicobacter gastritis, ulcerative disease, parasitic gastroenteritis and inflammatory bowel disease should still be considered.

Further assessment would be fecal analysis and gastroscopy with biopsies.

Specific therapy would be dependent on an etiological diagnosis. 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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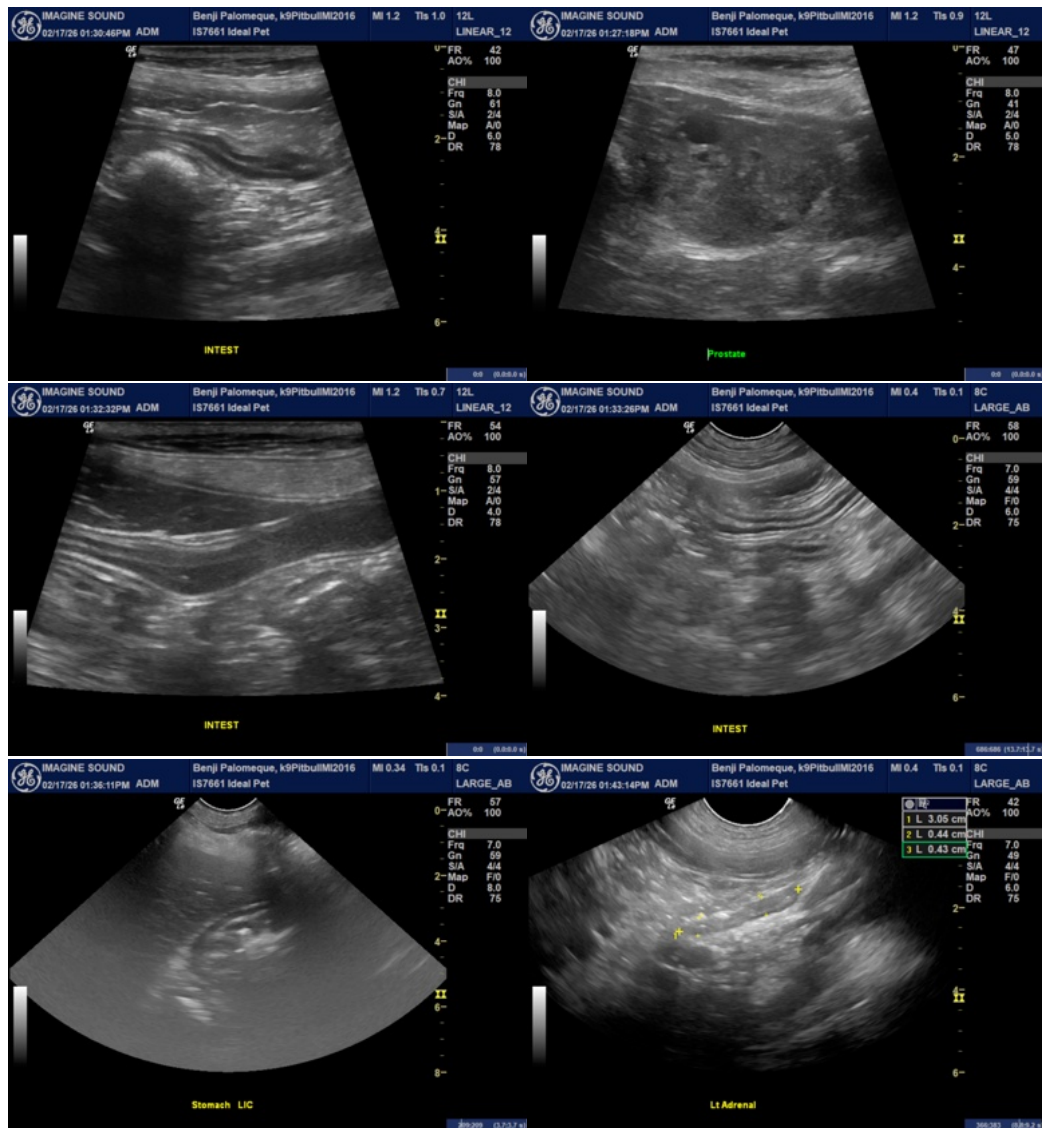
Dr. Kolta

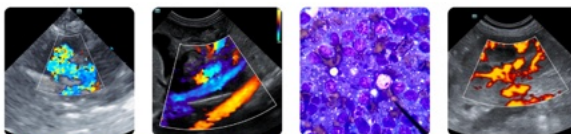
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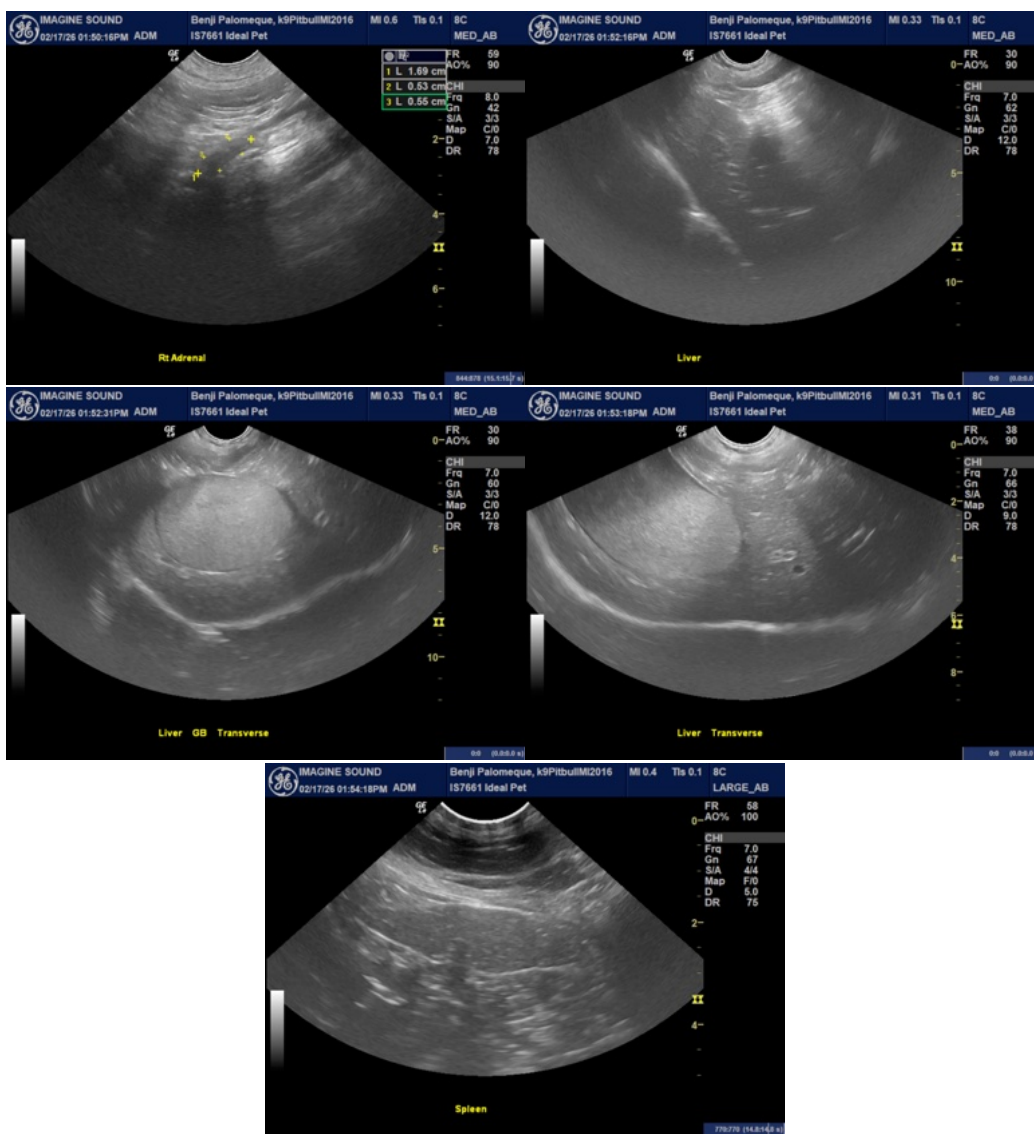
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)