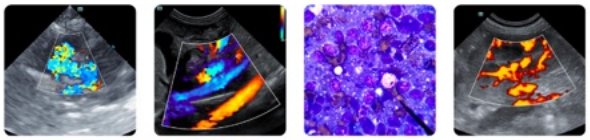


PATIENT

Brian Luecking

SPECIES

Canine

BREED

Sheltie

SEX

Neutered male

AGE

12 years

WEIGHT

21 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Bray

HOSPITAL NAME

Taylorsville VC

REFERRING VET

Dr. Bisset

INVOICE

73452

DATE

3/16/26

PRESENTING CLINICAL SIGNS

Brian is a 12-year-old neutered male Sheltie presenting for an AUS for persistent rafts of epithelial cells in his urinalysis since August 2025. In August of 2025 his UA showed 15-20 WBC, 4+ epi cells and USG 1.017. A culture was run and there was no bacterial growth. An AFAST was performed to look at the structure of the bladder/urinary system and no obvious abnormalities were seen. Owner was advised to monitor every 6 months. In February 2026, patient presented for a suspected UTI due to urinating in the house UA revealed rods, WBC 9, and <1 unclassified crystals - he was treated with Amoxicillin for 14 days. Check UA showed USG 1.017, WBC 6-10, epi cells 4+, cystatin B 138 H. Patient has had 3 urination accidents in the house over the last week.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A scant amount of floating, hyperechogenic sediment.

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 4.0 cm, right measured 4.7 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.

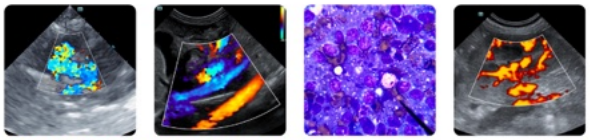
The prostate was enlarged (for a neutered male) measuring 1.9 x 2.6 cm in size with a mottled echogenic appearance and an irregular capsule. Focal, pinpoint parenchymal mineralization is evident. Normal appearance of the peri-prostatic tissue.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.95 cm in length x 0.35 cm and 0.45 cm in width. The right adrenal gland measured 0.56 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. Focal, non-vascularized, hypoechogenic parenchymal nodule in the head of the spleen measuring 0.7 cm in size. The spleen measures 1.6 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 a moderate 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

- Prostatomegaly.
- Splenic nodule.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the prostatomegaly would be emerging neoplasia and chronic prostatitis. The most likely etiology for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis with hematoma, granuloma and emerging neoplasia less likely differential diagnosis.

The gallbladder sediment can be considered an incidental finding; however, monitoring for the development of a mucocele would be recommended.

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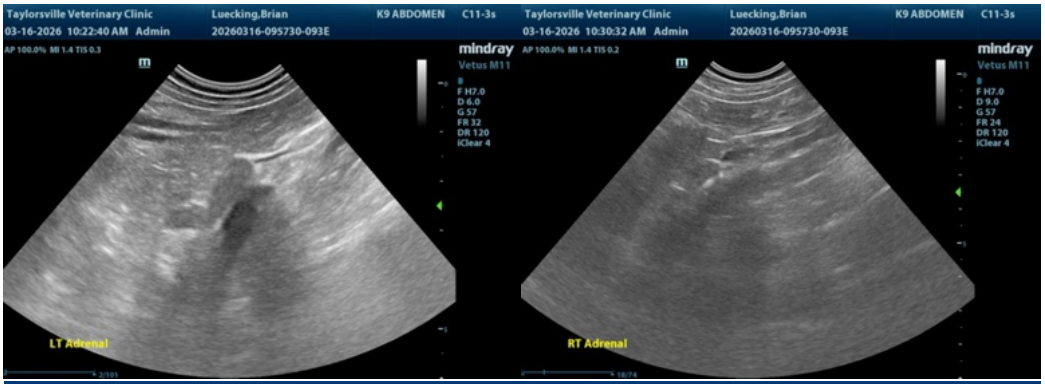
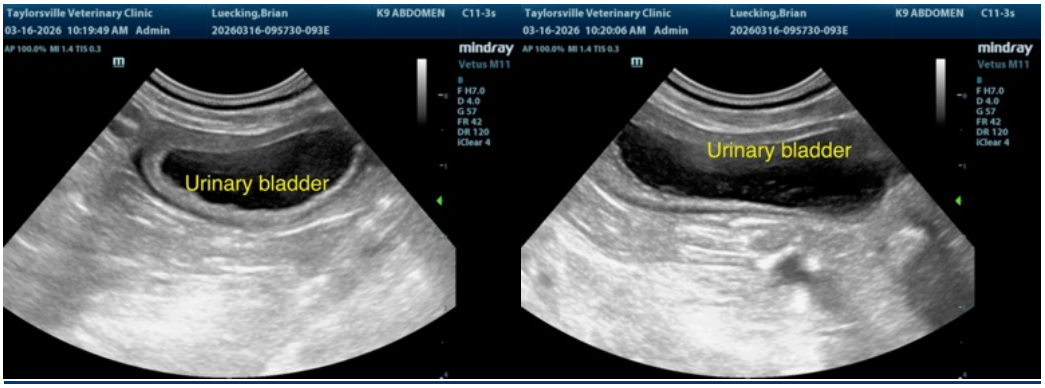
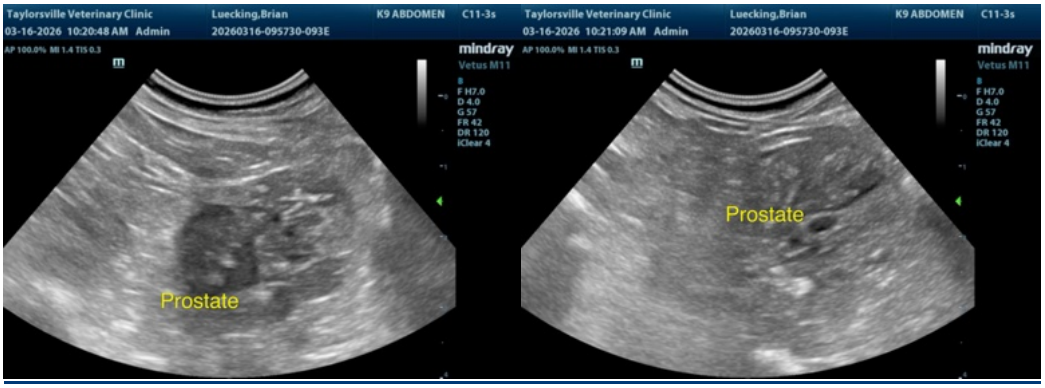
Further assessment of the prostatomegaly would be three view thoracic radiographs and prostatic wash for cytology and culture.

Specific therapy would be dependent on an etiological diagnosis.

Ultrasound monitoring of the splenic nodule would be recommended and if there is any progressive enlargement or bulging of the overlying capsule noted, then splenectomy should be considered.







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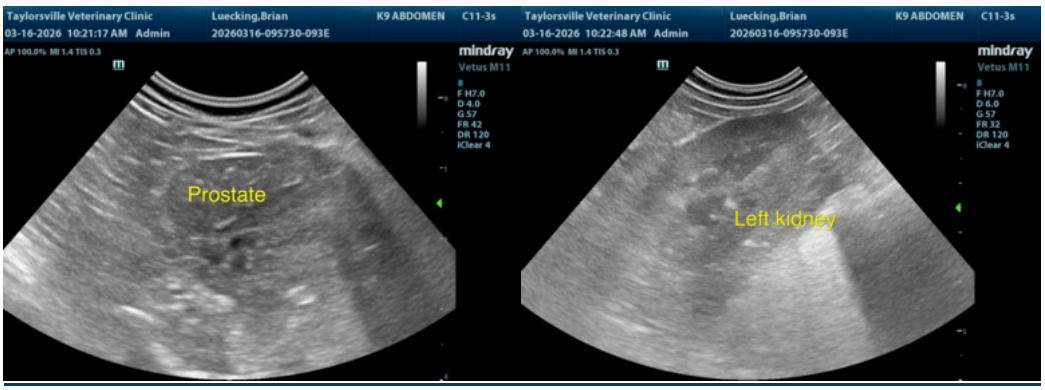

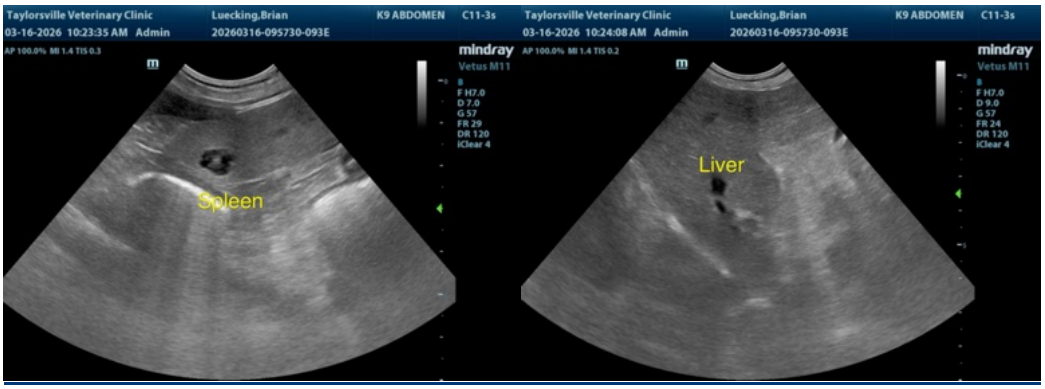

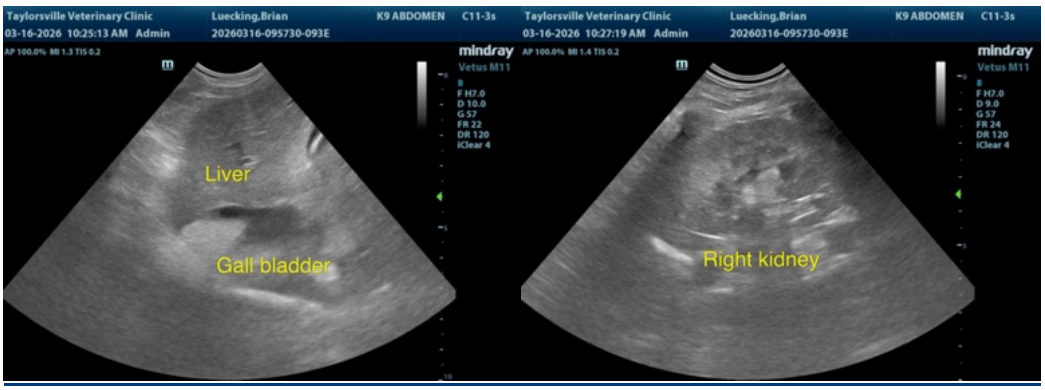

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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