



PATIENT

Mo MacClaren

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Intact Male

AGE

12 Years

WEIGHT

63 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Danielle Shemanski
DVM, MA

HOSPITAL NAME

Western New York
Veterinary Services

REFERRING VET

Dr. Mary Neilans DVM

INVOICE

15107

DATE

04/14/26

PRESENTING CLINICAL SIGNS

RDVM REASON FOR REFERRAL: Concern for bloody stool and an enlarged prostate, unable to pass stool normally. Mo has a history of anal ring infections and a recent right-sided perianal hernia. He presents with straining to defecate, hematochezia, and weight loss. The recent RDVM exam noted prostatomegaly. Current medications include cephalexin and probiotics; carprofen was discontinued due to bleeding. The owner reports recent diarrhea, decreased appetite, and PU/PD. Mo is allergic to ketoconazole and requires a muzzle for procedures. He is also overweight. History of perianal hernia, tenesmus, and hematochezia. MEDICATIONS: cephalexin

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Full urinary bladder 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.

Symmetrically enlarged prostate with a mottled echogenic appearance but maintaining a curvilinear capsule. Few small parenchymal cysts present. Normal appearance of the periprostatic tissue. Normal size and appearance of both testicles. The left testicle measured 2.4 cm in length. The right testicle measured 2.3 cm in length. Small hypoechoic parenchymal nodule present in the left testicle measuring approximately 0.5 cm in size.

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 7.1 cm in length. The right kidney measured 6.4 cm in length.

Adrenal Glands

Bilaterally enlarged but maintaining normal shape, echogenic appearance, position and appearance of a visible periadrenal vasculature. The left adrenal gland measured 2.87 cm length x 0.86 cm and 0.78 cm in width. The right adrenal gland measured 2.73 cm length x 0.79 cm and 0.93 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, hypoechoic, parenchymal nodule in the body of the spleen measuring approximately 0.7 cm x 1.3 cm in size. Spleen measures 1.8 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



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Full gallbladder 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

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

- Bilateral adrenomegaly.
- Prostatomegaly.
- Splenic nodule.
- Left testicular nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Etiologies for the adrenomegaly would be age-related reactive hyperplasia, disease stress and possibly emerging pituitary-dependent Cushing's disease. The most likely etiology for the prostatomegaly would be age-related cystic benign prostatic hyperplasia with prostatitis an unlikely differential diagnosis. Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, hematoma and granuloma with emerging neoplasia a less likely differential diagnosis. Etiologies for the testicular nodule would be granuloma and possibly emerging neoplasia.

Further assessment of the prostate that could be considered would be prostatic wash for cytology and culture. Further assessment of the adrenomegaly would be urine specific gravity and a urine cortisol to creatinine ratio and if abnormal, then adrenal function testing (ACTH simulation/LDDS test) would then be indicated. Monitoring of the splenic nodule would be recommended and if there's any progressive enlargement or bulging of the overlying capsule noted, then splenectomy would be indicated.

Management of the prostatomegaly would either be surgical or chemical castration. 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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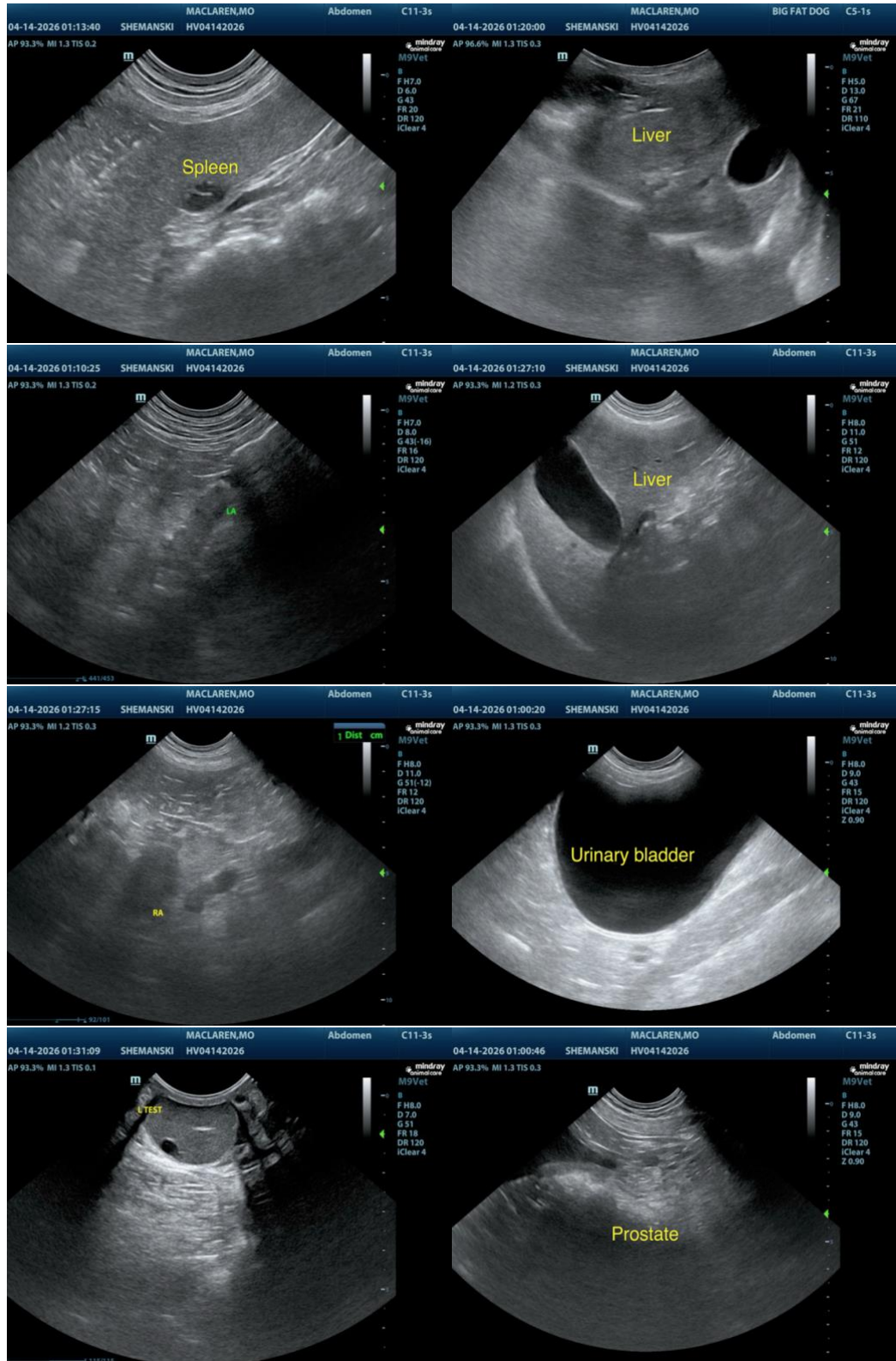
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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