

PATIENT

Gus Dewey

SPECIES

Canine

BREED

English Bulldog

SEX

Male

AGE

4 years

WEIGHT

21.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Tiffany Moore

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Moore

INVOICE

74090

DATE

4/2/26

PRESENTING CLINICAL SIGNS

- P presented 4/1/26 for vomiting with blood and being lethargic since last night. P ate a piece of a turkey leg bone.
- P mild-moderately dehydrated
- Megaesophagus noted on xray alongside aspiration pneumonia
- Neutrophilia, mildly low HCT (36%)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small 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 5.6 cm, right measured 5.7 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.

The prostate is symmetrically enlarged and measured 3.0 x 5.0 cm in size with a diffuse, hyperechogenic appearance and a regular curvilinear capsule. A few, small parenchymal cysts are evident. Normal echogenic 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 1.4 cm in length x 0.48 cm in width. The right adrenal gland measured 1.67 cm in length x 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. Large, circumscribed, cystic, mottled echogenic mass in the head of the spleen measuring 3.7 x 6.0 cm in size. The spleen measures 1.0 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 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

Normal mesenteric lymph nodes.

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

- Splenic mass.
- Prostatomegaly.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia with granuloma and hematoma a less likely differential diagnosis.

The appearance of the prostate would be consistent with benign, cystic prostatic hyperplasia.

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

The most likely etiology for the presenting clinical signs would be dietary indiscretion.

Further assessment of the splenic mass would be three view thoracic radiographs and echocardiography to evaluate the right atrium and right auricle. FNA cytology could also be considered. Splenectomy should also be considered as it could be both diagnostic and therapeutic.

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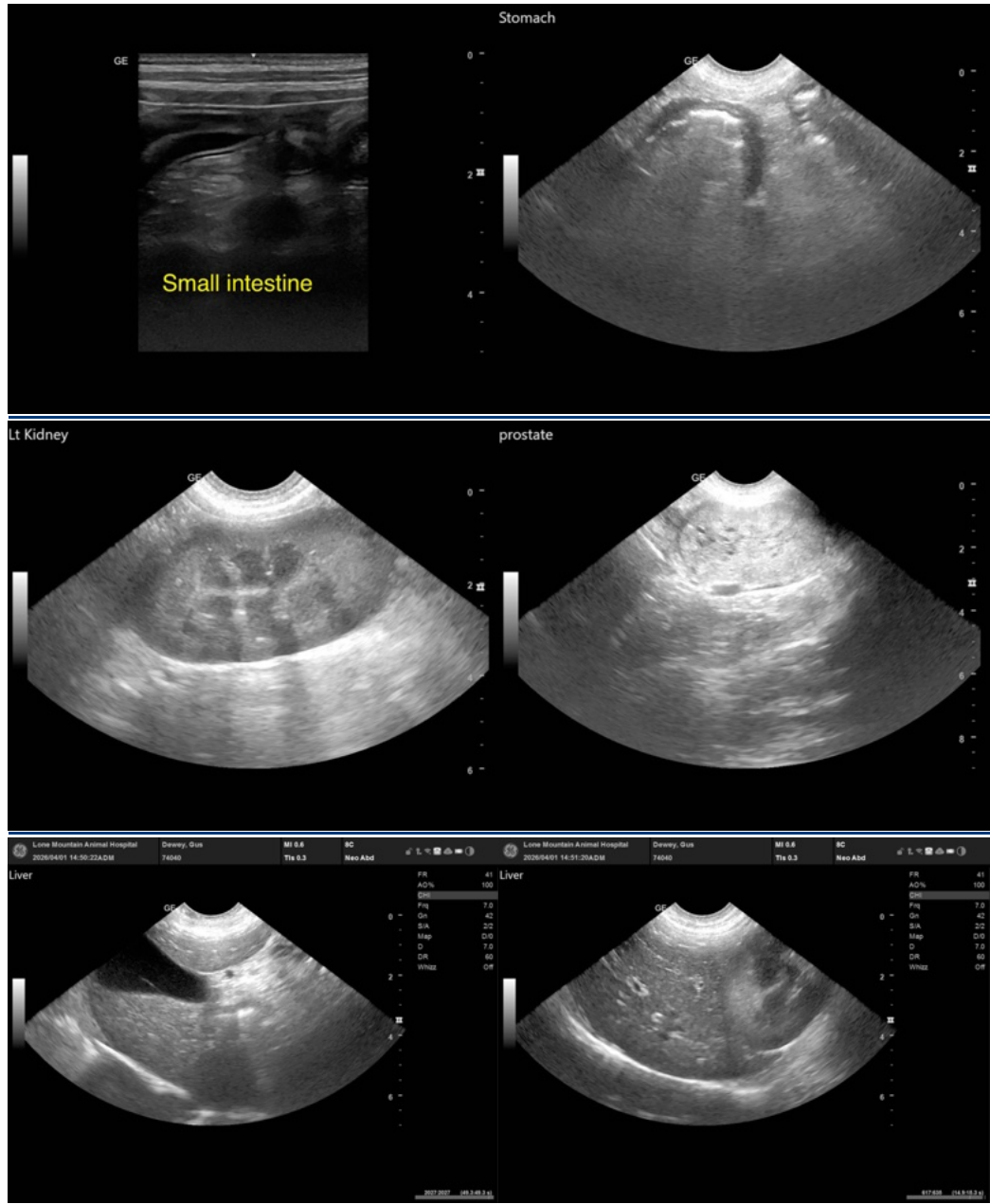
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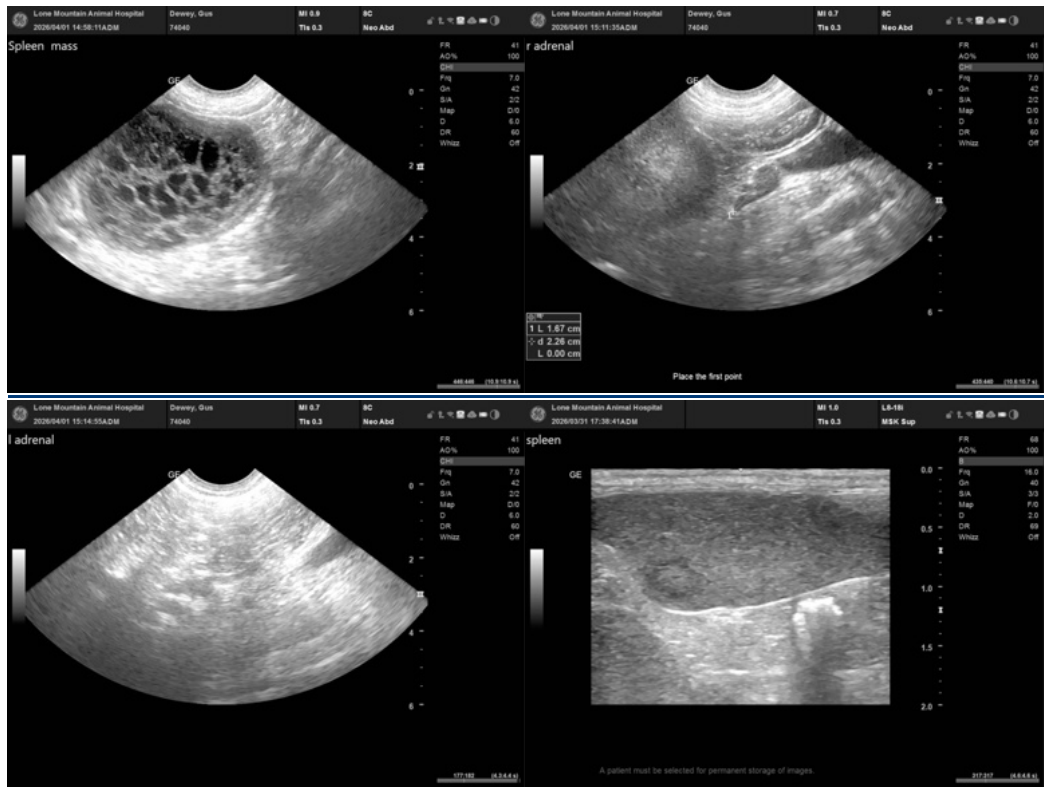
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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