



PATIENT

Fritz Duchesne

SPECIES

Canine

BREED

German Shepherd

SEX

Intact male

AGE

8 years

WEIGHT

45 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Louise Corbeil

HOSPITAL NAME

Cochrane AH

REFERRING VET

Dr. Corbeil

INVOICE

74976

DATE

4/29/26

PRESENTING CLINICAL SIGNS

History: Hematuria x 1 week. Treated in Jan with course of clindamycin for UTI vs prostatitis (free catch UA results from then listed below). Was also on 10 days meloxicam.
Intact male.

Hematuria resolved with tx but now relapsed in the past week.

Urine sample collected with sterile urethral catheterization. Urinalysis and culture pending

Abnormal PE/Chem/CBC/UA Results: 01-21-2026 free catch UA Specific Gravity 1.036 pH 8.0

White Blood Cells 2 /HPF Red Blood Cells 2 /HPF Bacteria, Cocci None detected Bacteria, Rods-

Suspect presence - on image review - rods not readily visible, may be identifying sperm? sperm present
Struvite Crystals -6 - 20 /HPF Fine needle aspirate of 'abdominal fluid' performed at the time (possibly from the cystic structures cranial to bladder?) - low cellularity, straw colored, TS: 3.2g/dL

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 7.7 cm, right measured 7.9 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 evident in both kidneys.

The prostate is symmetrically enlarged with a diffuse, hyperechogenic appearance and a regular curvilinear capsule. Small, focal parenchymal cyst was noted in the right lobe measuring 0.9 x 1.5 cm in size. The prostate measures 4.5 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.39 cm in length x 0.56 cm and 0.51 cm in width. The right adrenal gland measured 1.33 cm in length x 0.55 cm and 0.54 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 2.8 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.

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

Enlarged mesenteric lymph node measuring 0.5 x 1.8 cm in size, maintaining a normal shape and echogenic appearance.

The rest of the mesenteric lymph nodes are of normal size and shape.

No ascites evident.

Septate cyst in the caudal abdomen adjacent to the urinary bladder.

ULTRASONOGRAPHIC FINDINGS

- Prostatomegaly.
- Prostatic cyst.
- Paraprostatic cyst.
- Focal mesenteric lymphadenomegaly.



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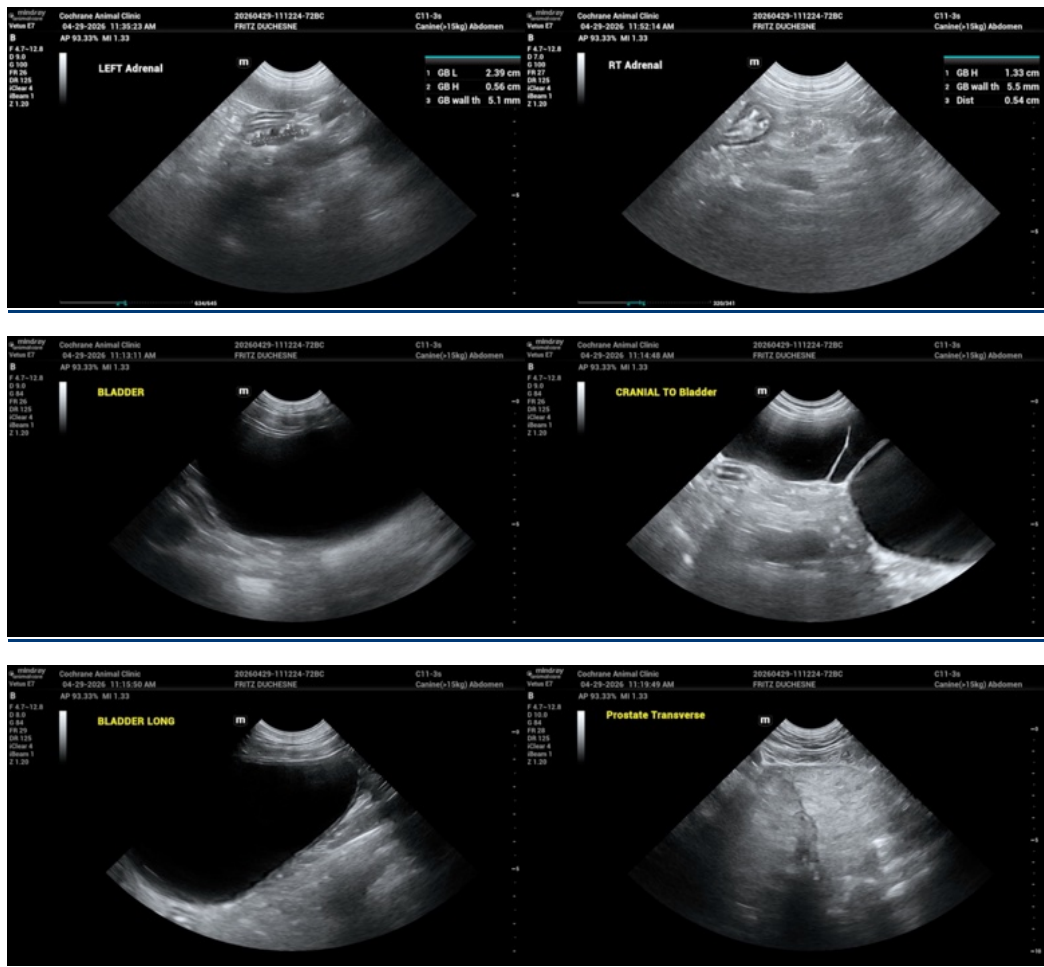
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the focal lymphadenomegaly would be reactive hyperplasia.

Management of the prostatomegaly would either be surgical or chemical castration. Ideal management of the paraprostatic cyst would either be surgical resection or marsupialization.

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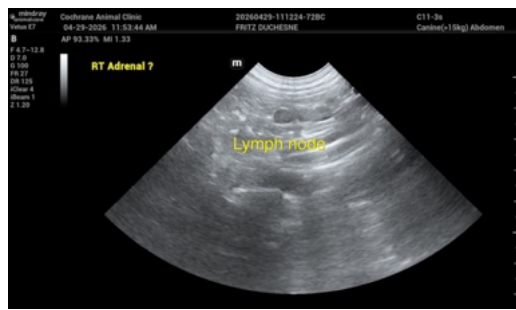
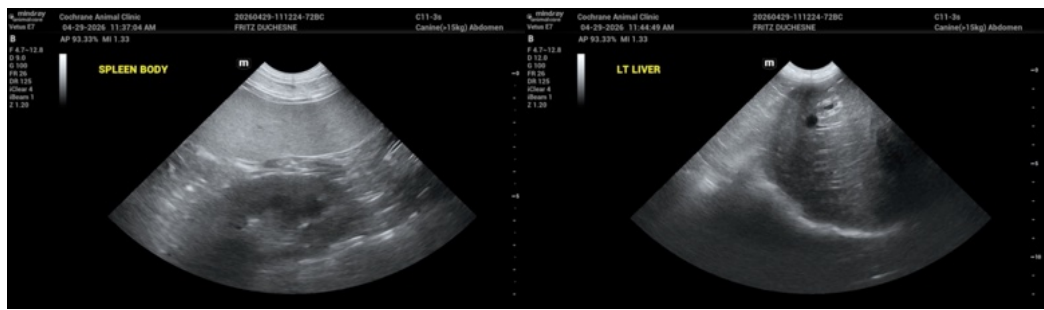
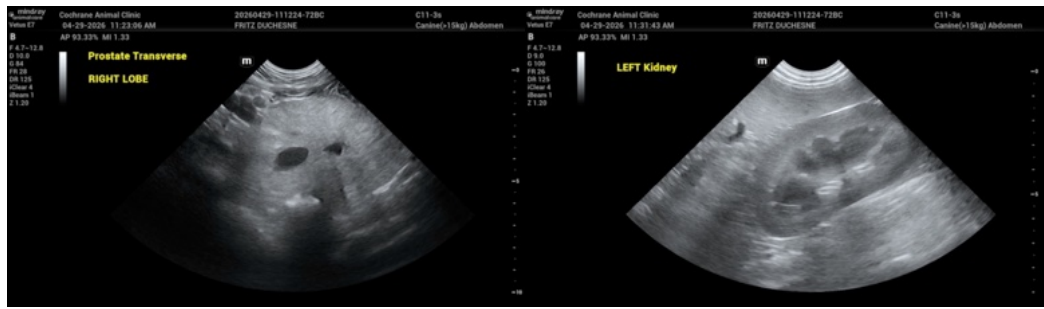
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com

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