



## PATIENT

Joy Ward-Jacobson

## SPECIES

Canine

## BREED

Belgian Malinois

## SEX

Neutered male

## AGE

11 years

## WEIGHT

50.8 lbs

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Robyn Lantz

## HOSPITAL NAME

Eastgate VC

## REFERRING VET

Dr. Kelley

## INVOICE

75119

## DATE

5/1/26

## PRESENTING CLINICAL SIGNS

The patient's sundowning behavior (pacing and staring) returned approximately 3-4 days ago and has been occurring nightly. He is also having 5-6 small bowel movements per day and strains to defecate, sometimes only producing a very small amount. The owner also notes a possible increase in urination frequency. There is a history of retching and eating grass, which occurs about once a week up to once a day, for the past year. A new lump was recently found on his chest -most likely lipoma. History of bloat with prophylactic gastropexy.

--Medications/Preventatives/Supplements, etc., Clonidine, Clomipramine, Omeprazole, Phycox, Gabapentin, FortiFlora, and Rx flea prevention

4/21/26 Assessment: Asymmetric prostatomegaly - R larger than L painful - neoplasia, inflam, infect, open. Tenesmus - compression from prostate, GI motility, colitis, open. Chronic emesis/retching - GERD, esophagitis, GI motility, infect, inflam, neoplasia, open. Pollakiuria/Polyuria: UTI, inflam, infect, neoplasia, open. Chronic canine cognitive dysfunction

New low thyroid 0.5 (0.8-3.5) - not currently on treatment Moderate monocytosis 1284 (0-840) Rest of CBC/Chem/UA/Fecal/4dx NSF

## 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 6.0 cm, right measured 6.1 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 enlarged (for a neutered male) measuring 1.9 x 2.3 cm in size with a mottled echogenic appearance and an irregular capsule. Parenchymal mineralization is present. There is a normal appearance of periprostatic tissue.

### Adrenal Glands

The **adrenal glands** were not clearly visualized, but appear to be of normal shape, echogenic appearance and size.

### 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 1.4 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*

Normal mesenteric lymph nodes.

No ascites evident.

## ULTRASONOGRAPHIC FINDINGS

- Prostatomegaly.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the prostatomegaly would be neoplasia with prostatitis a less likely differential diagnosis.

Further assessment and therapy needs to be based on the pending results.

Management of the prostatic neoplasia is generally palliative using a combination of palladia and NSAIDS.



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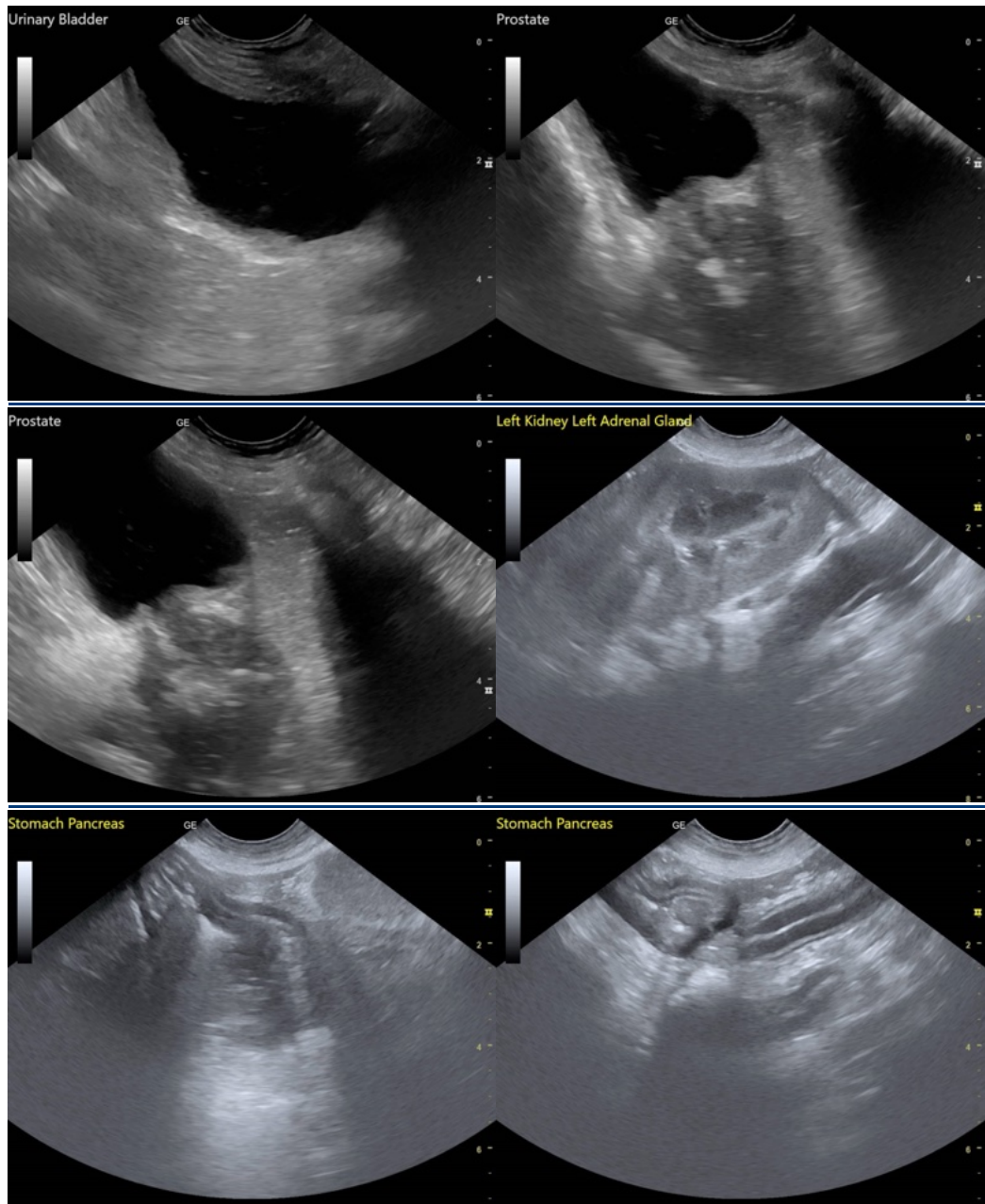
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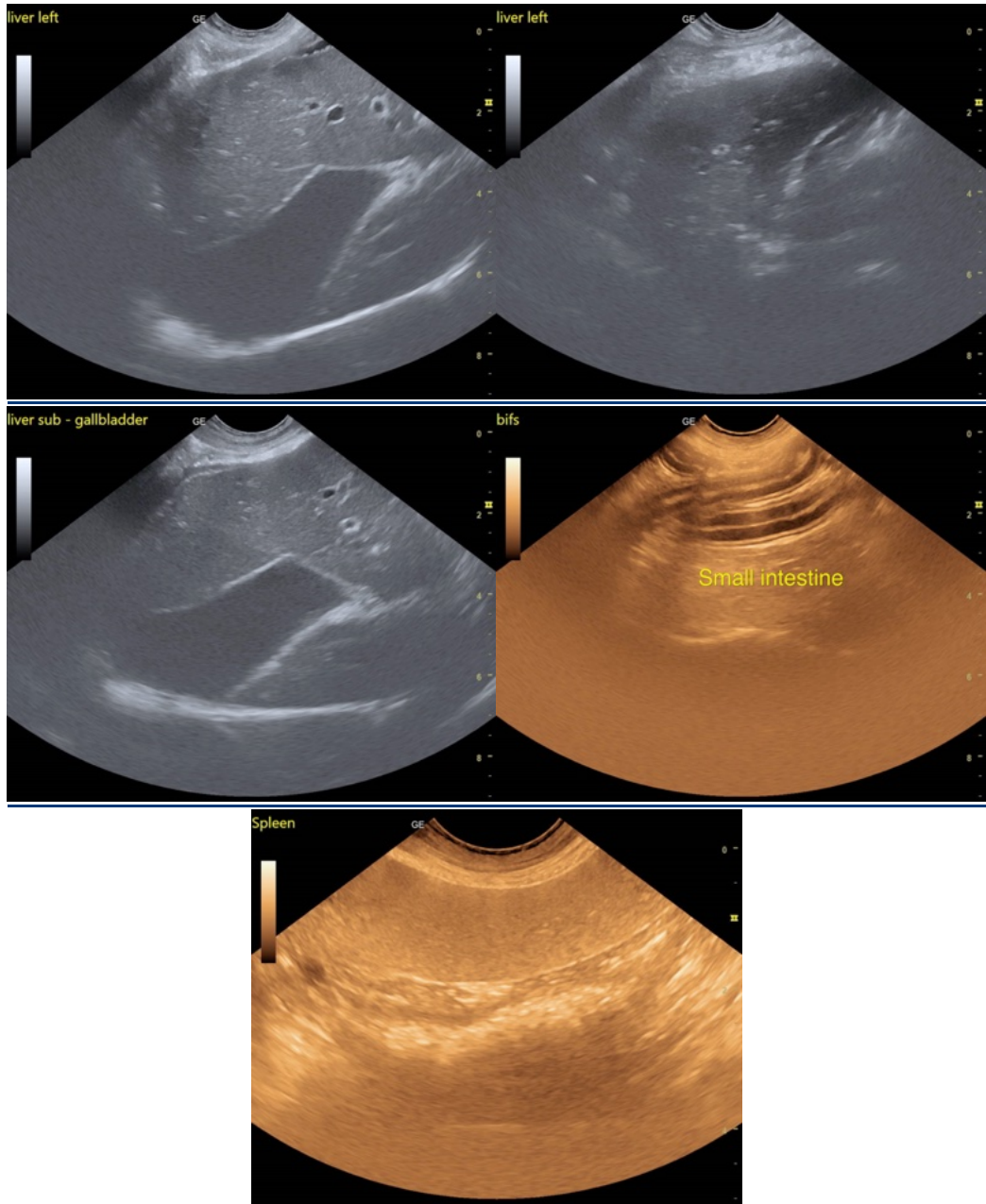
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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