



PATIENT

Albert Littlefield

SPECIES

Canine

BREED

Shih Tzu

SEX

Intact male

AGE

12 years

WEIGHT

8.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Desen Ertunc

HOSPITAL NAME

Humboldt Veterinary
Medical Group

REFERRING VET

Dr. Renner

INVOICE

75329

DATE

5/11/26

PRESENTING CLINICAL SIGNS

History: - Decreased appetite for several weeks. Currently not eating.
- Oral sedatives for exams (when owner able to give.)

Abnormal PE/Chem/CBC/UA Results: Murmur (Grade V/VI), periodontal disease, mild dehydration.
*Abnormal CBC/Chem/UA/rads (& date obtained): All tests done 5/11/26. CBC: WBC 22400 (5050-16760), Neu 16460 (2950-11640), Mono 2400 (160-1120), Plt 717 (148-484) CHEM: SDMA 15 (0-14), BUN 39 (7-27), Glob 5.1 (2.5-4.5), ALT 133 (10-125), ALP 453 (23-212), Lip 160 (200-1800) Pancreatic lipase: <30 (200-1800) Urinalysis: WBCs >50/hpf, RBCs >50/hpf, possible rods, sperm Radiographs (abdomen): suspect small urolith in bladder

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is full with a normal thickness and smooth appearance of the wall. A small amount of both floating and dependent, 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 4.1 cm), normal echogenic appearance, loss of cortico-medullary differentiation, normal pelvis and an irregular capsule. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

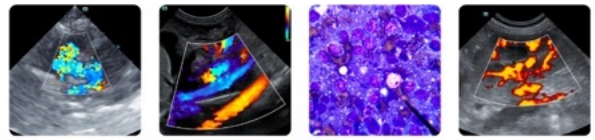
The prostate is symmetrically enlarged measuring 1.8 x 3.0 cm in size with a mottled echogenic appearance and a regular curvilinear capsule. Few, parenchymal cysts are present and measure up to 0.5 cm in size. Normal appearance of the peri-prostatic tissue.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 1.43 cm in length x 0.49 cm and 0.59 cm in width. The right adrenal gland measured 0.46 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 0.7 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 small amount of scant, 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

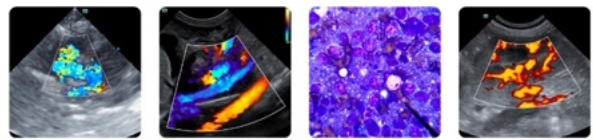
- Urinary bladder sediment.
- Cystic prostatomegaly.
- Renal disease.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The likely etiologies for the urinary bladder sediment would be hematuria and bacterial cystitis as per the patient's urinalysis findings.

The most likely etiology for the cystic prostatomegaly would be cystic, benign prostatic hyperplasia, with prostatitis a less likely differential diagnosis.

The appearance of the kidneys would be consistent with chronic kidney disease.



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

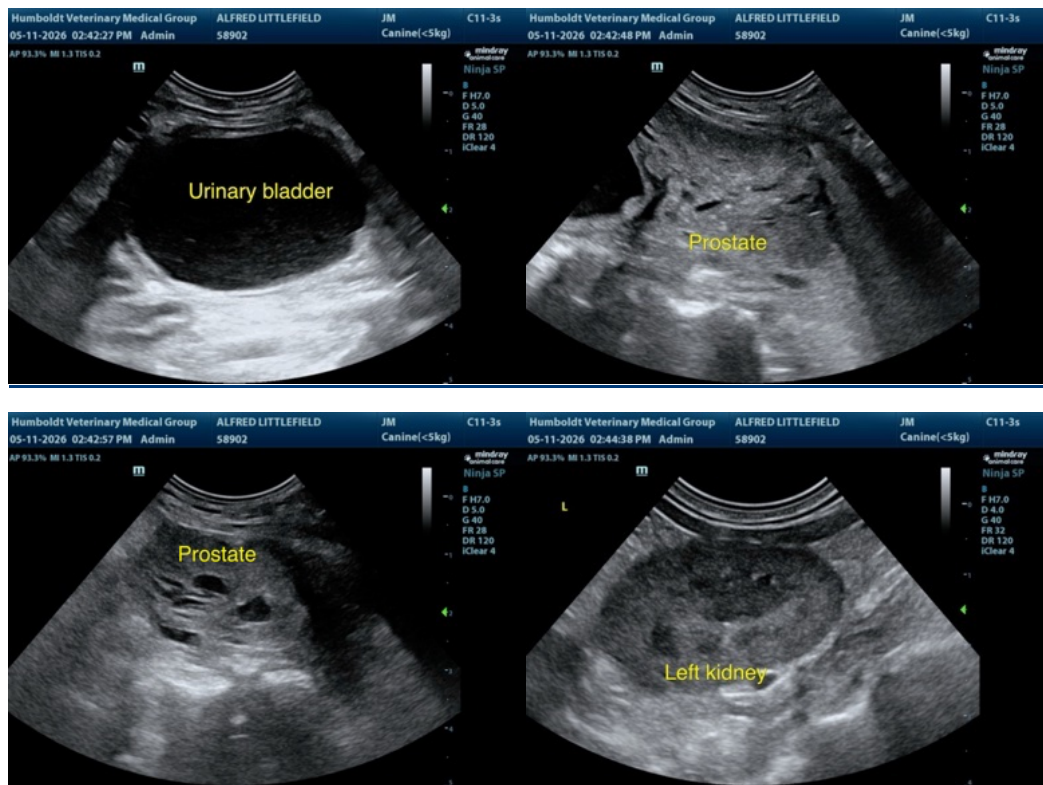
Further assessment of the urinary tract would be urine culture and blood pressure. FNA cytology of the prostate or prostatic wash for cytology and culture could also be considered.

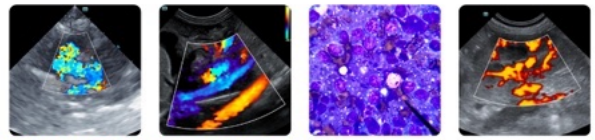
With the neutrophilia and monocytosis and the presenting clinical signs, intrathoracic pathology needs to be considered with further assessment being survey thoracic radiographs.

Specific therapy would be dependent on an etiological diagnosis.

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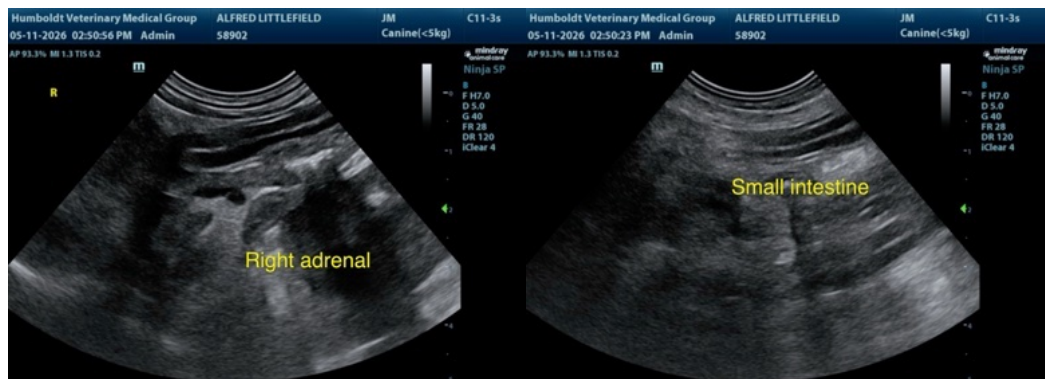
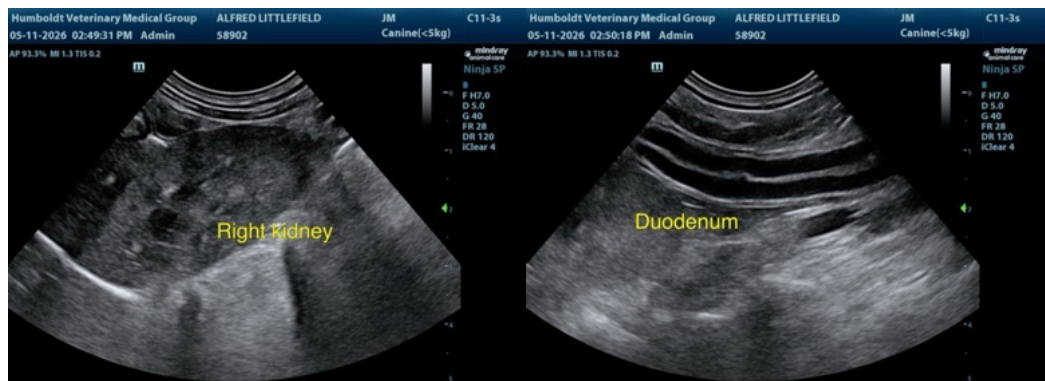
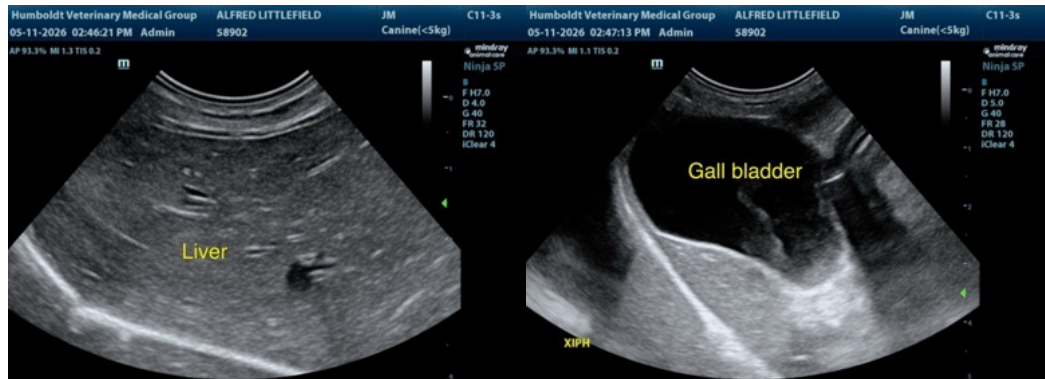
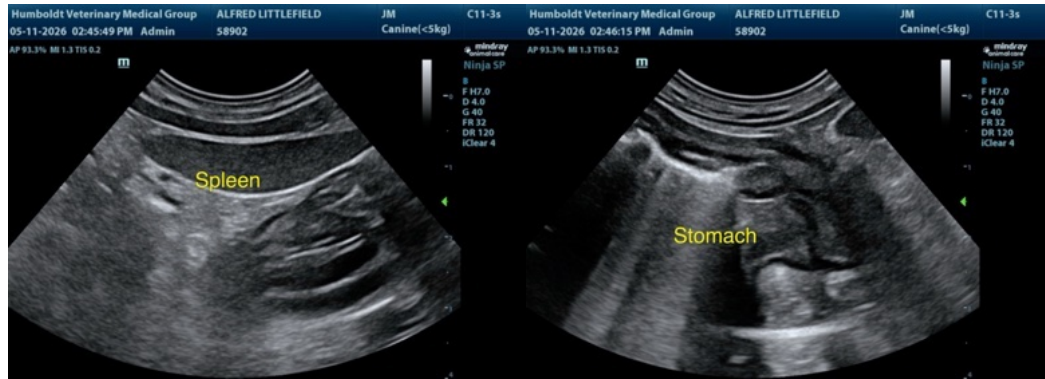
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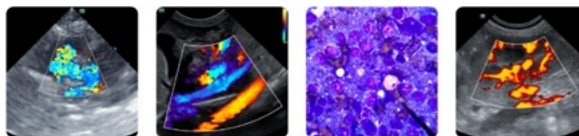
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com