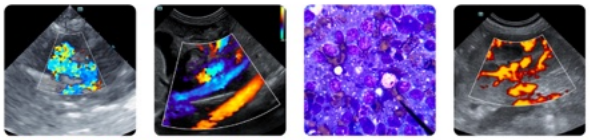


PATIENT

Timber Eichler

SPECIES

Canine

BREED

Rottweiler

SEX

Male

AGE

8 years

WEIGHT

114 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Joan Kula Gramazio

HOSPITAL NAME

Narrowsburg Veterinary

REFERRING VET

Dr. Kula Gramazio

INVOICE

75492

DATE

5/13/26

PRESENTING CLINICAL SIGNS

History: PU/PD, weight loss, no V/D/ and good appetite, difficulty defecating and radiographs were performed with a large prostate noted, did pre-op blood work and found elevated kidney values and azotemia. Instead of neuter performed ultrasound for the elevated kidney values and cytology of the prostate to rule out cancer. Patient was sedated with DKT for ultrasound and cytology of the prostate Abnormal PE/Chem/CBC/UA Results: CREATININE 1.7 0.5-1.6 mg/dL HIGH SDMA 16.7 <14.0 UG/dL HIGH GLOBULIN 4.0 1.6-3.6 g/dL HIGH A/G RATIO 0.7 0.8-2.0 LOW protein 2+ UPC 0.5 SG 1015

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 7.4 cm, right measured 7.8 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 with a diffuse, hyperechogenic appearance. A few, small parenchymal cysts were noted as well as irregular, curvilinear capsule. Normal appearance of the periprostatic tissue. The prostate measures 4.2 x 5.5 cm in size.

Adrenal Glands

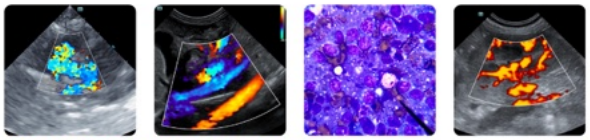
The adrenal glands are not visualized.

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. The spleen revealed a small, focal, hypoechogenic parenchymal nodule in the body of the spleen measuring 0.8 cm in size. The spleen measures 1.9 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

- Prostatomegaly.
- Splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the prostatomegaly would be age related benign cystic prostatic hyperplasia.

Etiologies for the splenic nodule would be reactive hyperplasia/extramedullary hemopoiesis, hematoma and granuloma with emerging neoplasia a less likely differential diagnosis.

Although the kidneys appear ultrasonographically normal, with the azotemia and inappropriate urine specific gravity, underlying, early chronic kidney disease should still be considered.

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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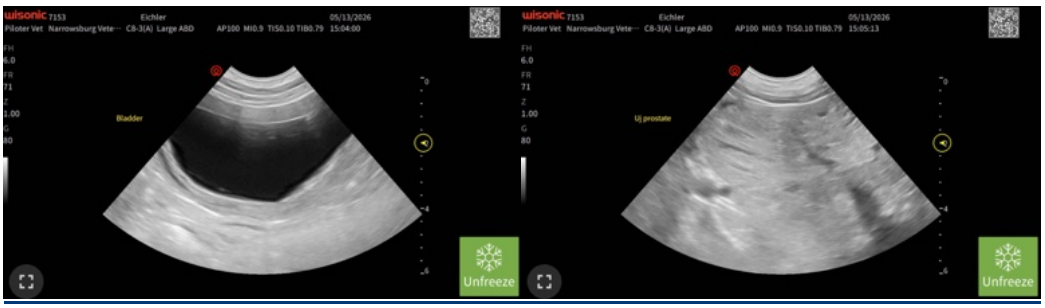

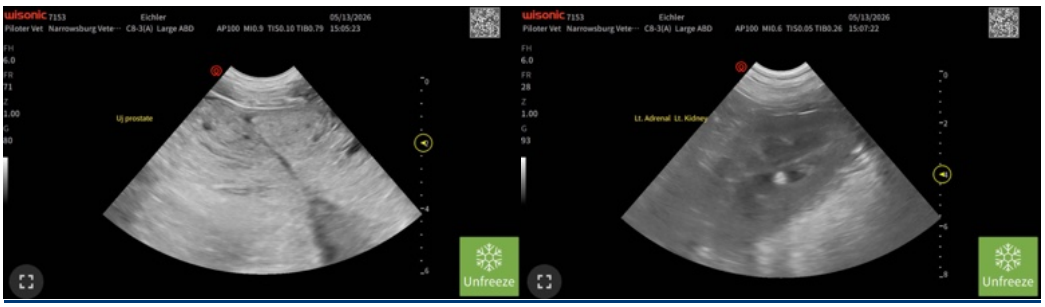

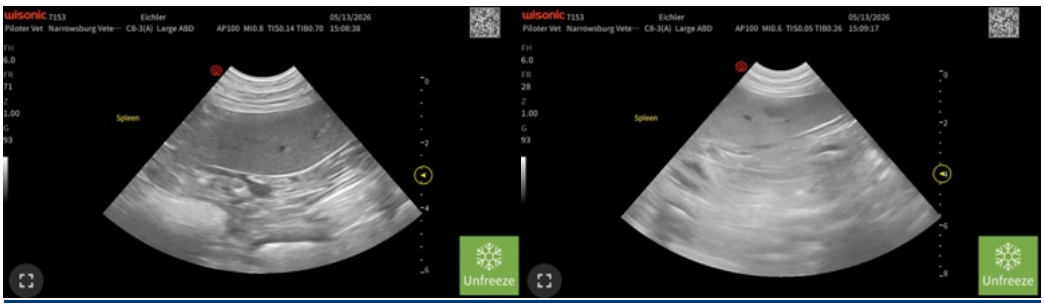

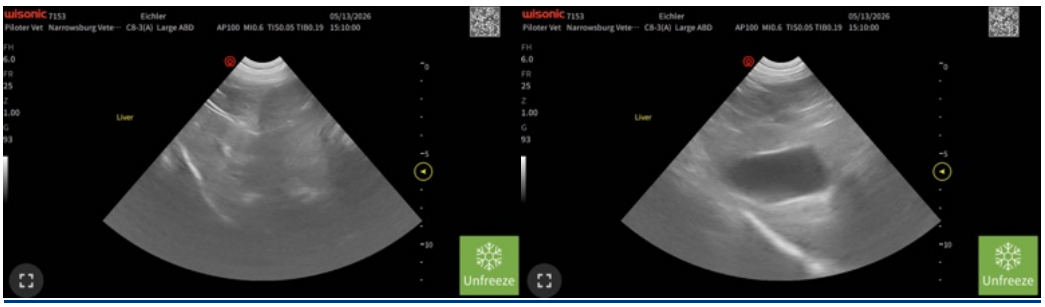

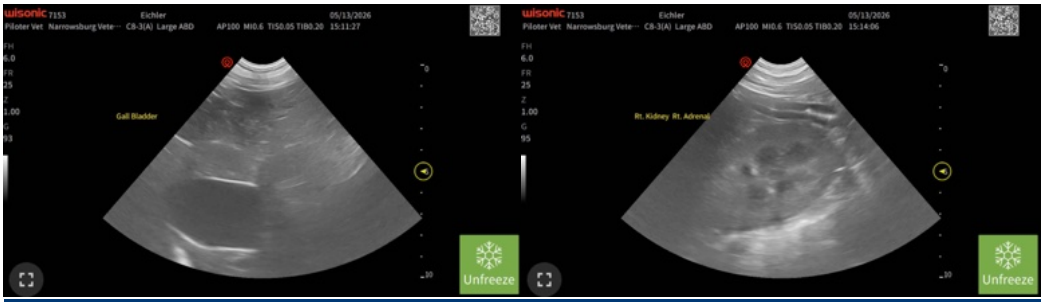

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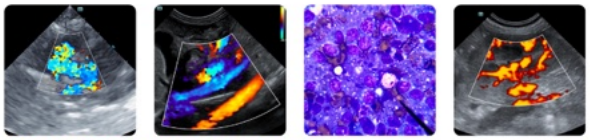

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com