



PATIENT

Strider Culbert

SPECIES

Canine

BREED

Afgan Hound

SEX

Intact male

AGE

years

WEIGHT

24.5 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Danielle RVT

HOSPITAL NAME

Orchard VC

REFERRING VET

Dr. Antonopoulos

INVOICE

77998

DATE

5/27/26

PRESENTING CLINICAL SIGNS

History: Changes in breathing noted, increased panting started fall 2025, getting worse. PU/PD, weight loss in the face of good appetite

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 7.2 cm, right measured 6.9 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. Small, incidental cortical cysts are present in the left kidney.

The prostate is symmetrically enlarged with a diffuse, increased echogenic appearance and a regular curvilinear capsule. Normal echogenic appearance of the periprostatic tissue. The prostatic gland measures 4.0 x 4.5 cm in size. The testicles were normal in size, but both show a mottled echogenic appearance of the parenchyma. The left testicle measured 3.7 cm in length and the right testicle measures 3.5 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.3 cm in length x 0.44 cm in width. The right adrenal gland measured 1.93 cm in length x 0.5 cm and 0.65 cm n 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 1.5 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.
- Testicular pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

On this ultrasound there is no obvious etiology for the presenting clinical signs as both the testicular changes and prostatomegaly can be ascribed to age related changes.

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

The most likely etiology for the appearance of both testicle would be age related degeneration.

Further assessment of the prostrating clinical signs would be survey thoracic radiographs and possibly echocardiography to exclude cardiovascular and respiratory disease.

Although the adrenal glands appear ultrasonographically normal, with the presenting clinical signs, pituitary dependent Cushing's disease should still be considered with further assessment being urine specific gravity and urine cortisol to creatinine ratio and if abnormal then adrenal function testing (ACTH stimulation/LDDST) would then be indicated.

Specific therapy would be dependent on an etiological diagnosis.



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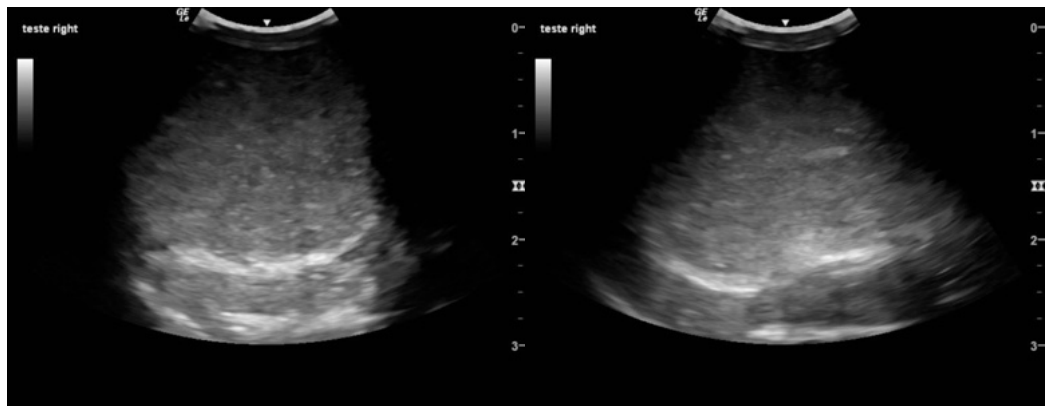
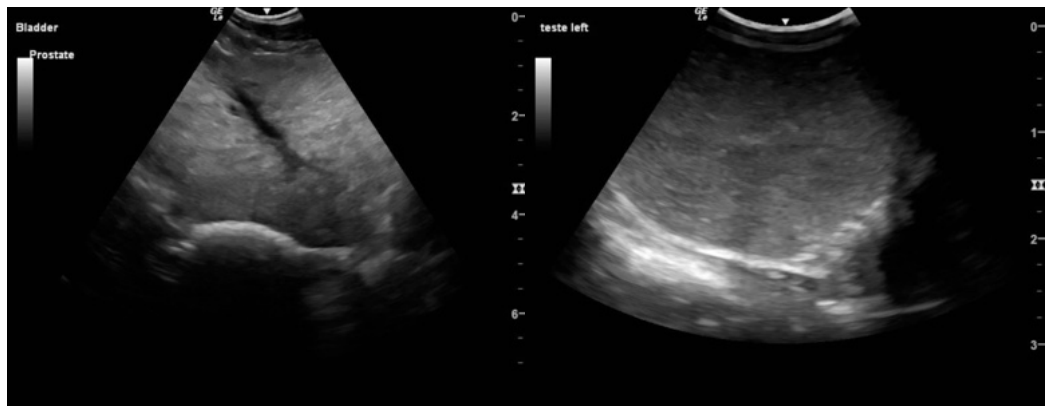
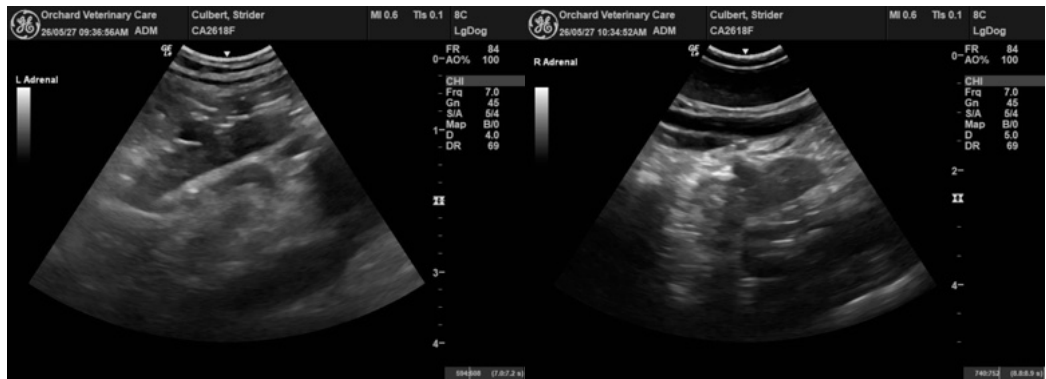
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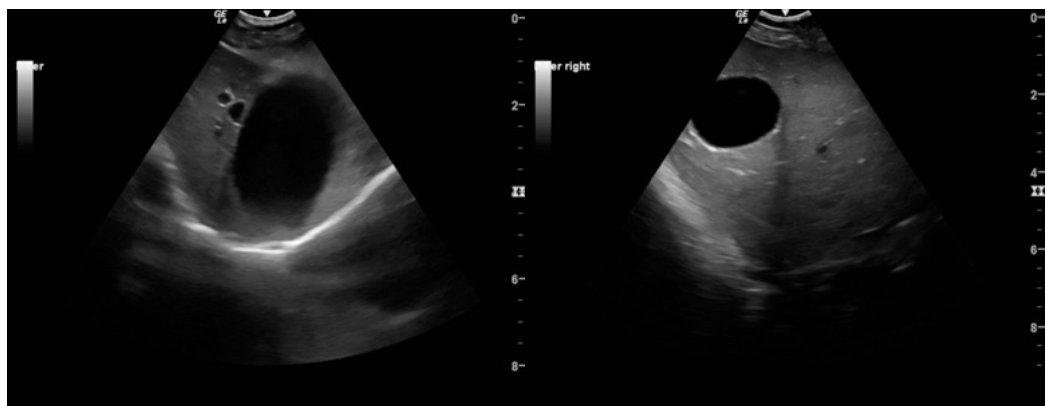
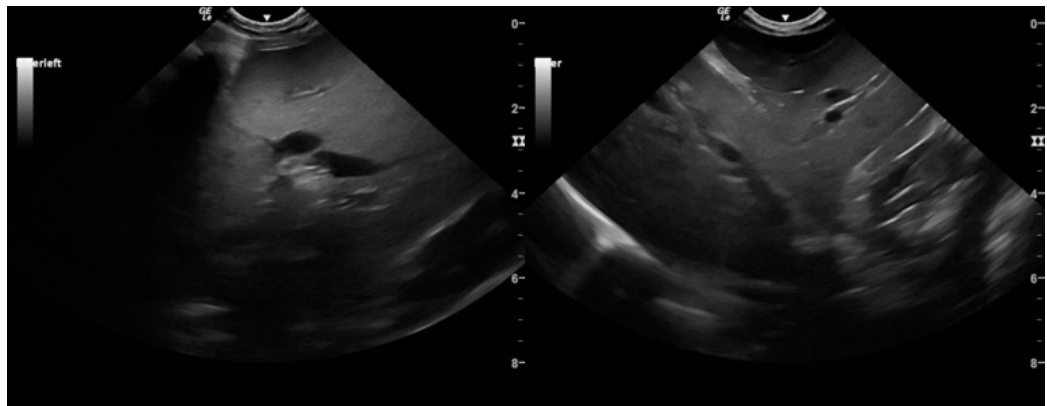
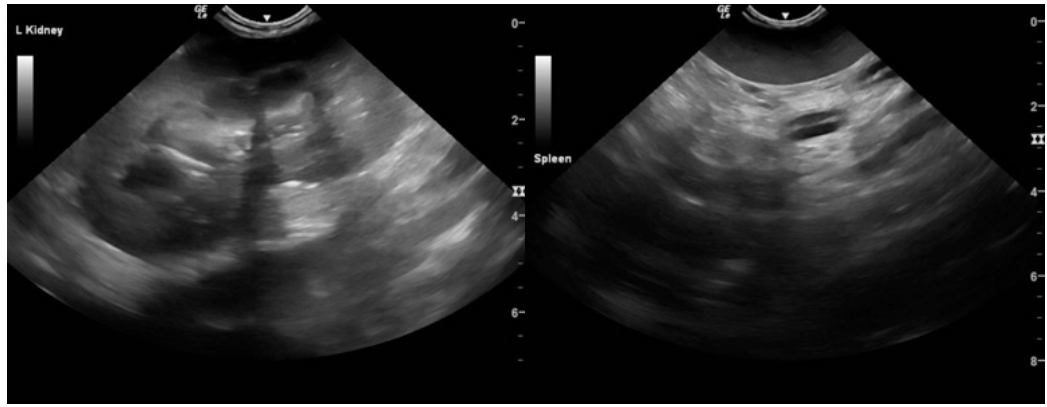
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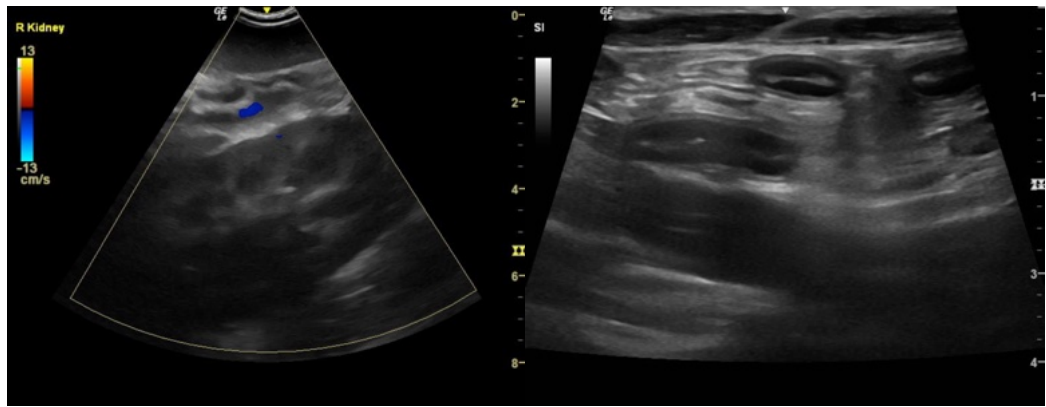
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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