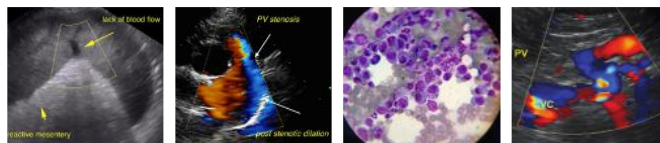




| PATIENT | PRESENTING CLINICAL SIGNS |
|---|--|
| Sammy Maldonado | History: Persistent hematuria without stranguria. History of hypothyroidism. Abnormal PE/Chem/CBC/UA Results: RBC's and mild protein in multiple urine samples without bacteria or leukocytes. |
| SPECIES | |
| Canine | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| BREED | Urinary System |
| Pomeranian | The urinary bladder is small with a normal thickness and smooth appearance of the wall. Normal anechoic urine with no sediment or uroliths evident. |
| SEX | Normal appearance of the trigone area, proximal urethra, and iliac blood vessels. |
| Intact Male | Normal appearance and size of the iliac lymph nodes. Ureters not visualized, which can be considered a normal finding. |
| AGE | |
| 12 years | Normal renal size (left kidney 5.00 cm) (right kidney 5.30 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. |
| WEIGHT | |
| 25 lbs | Reproductive System |
| INTERPRETED BY | Enlarged prostate (measuring 2.30 x 2.70 cm) with diffuse increased echogenic appearance and smooth curvilinear capsule. Normal appearance of the periprostatic tissue. |
| Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM | Adrenal Glands |
| IMAGING PERFORMED BY | Normal shape, echogenic appearance, size (left 1.51 cm in length x 0.56 and 0.56 cm in width) (right 1.71 cm in length x 0.81 cm in width), position, and appearance of the visible peri-renal vasculature. |
| Brandon Holmes | Spleen |
| HOSPITAL NAME | 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. Two focal, isoechoic nodules within the parenchyma of the head of the spleen, resulting in bulging of the overlying capsule (one measuring 0.50 cm / the other 0.70 cm). Smaller, focal, hypoechoic parenchymal nodule, also in the head of the spleen, without any bulging of the overlying capsule (measuring 0.40 cm). |
| West Newton AC | Liver |
| REFERRING VET | Normal size, echogenic appearance, portal markings, and regular curvilinear capsule. Focal, hyperechoic parenchymal nodule in the caudal right lobe (measuring 2.20 cm). |
| Brandon Holmes | Gallbladder |
| INVOICE | The gallbladder is small containing normal anechoic bile. Normal thickness and echogenic appearance of the wall. Normal size and appearance of the cystic and common bile duct. |
| 14095 | Gastrointestinal |
| DATE | 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. Small amount of ingesta within the stomach. |
| 8.14.23 | Pancreas |
| | Normal size and echogenic appearance. Regular capsule. Normal echogenic appearance of the mesentery and fat surrounding the pancreas. |



PATIENT *Free Abdomen*

Normal mesenteric lymph nodes.

Sammy Maldonado

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Male

AGE

12 years

WEIGHT

25 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Brandon Holmes

HOSPITAL NAME

West Newton AC

REFERRING VET

Brandon Holmes

INVOICE

14095

DATE

8.14.23

No ascites evident.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prostatomegaly
- Hepatic nodule
- Splenic nodules

Secondary Findings

- None

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

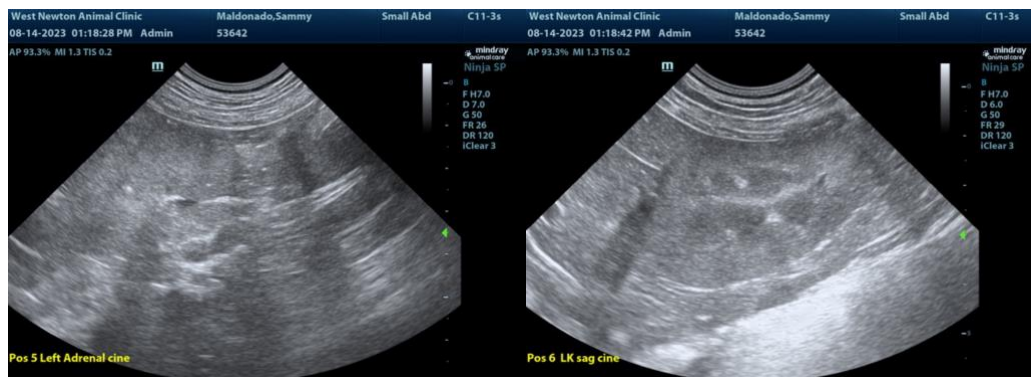
The most likely etiology for the prostate would be benign prostatic hyperplasia, with chronic prostatitis a less likely differential diagnosis.

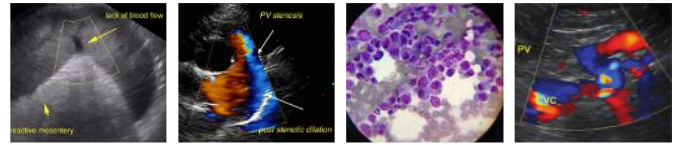
Although both the hepatic nodule and splenic nodules can be considered incidental findings, etiologies that need to be considered for the hepatic nodule would be hepatoma, organized hematoma, granuloma and neoplasia; and for the splenic nodules, foci of hyperplasia, granuloma, abscessation and neoplasia.

Further assessment of the prostate would be FNA cytology and/or prostatic wash cytology. FNA cytology of the hepatic nodule and splenic nodules can also be considered.

Management of the prostatomegaly would be either 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.





PATIENT

Sammy Maldonado

SPECIES

Canine

BREED

Pomeranian

SEX

Intact Male

AGE

12 years

WEIGHT

25 lbs

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IMAGING

PERFORMED BY

Brandon Holmes

HOSPITAL NAME

West Newton AC

REFERRING VET

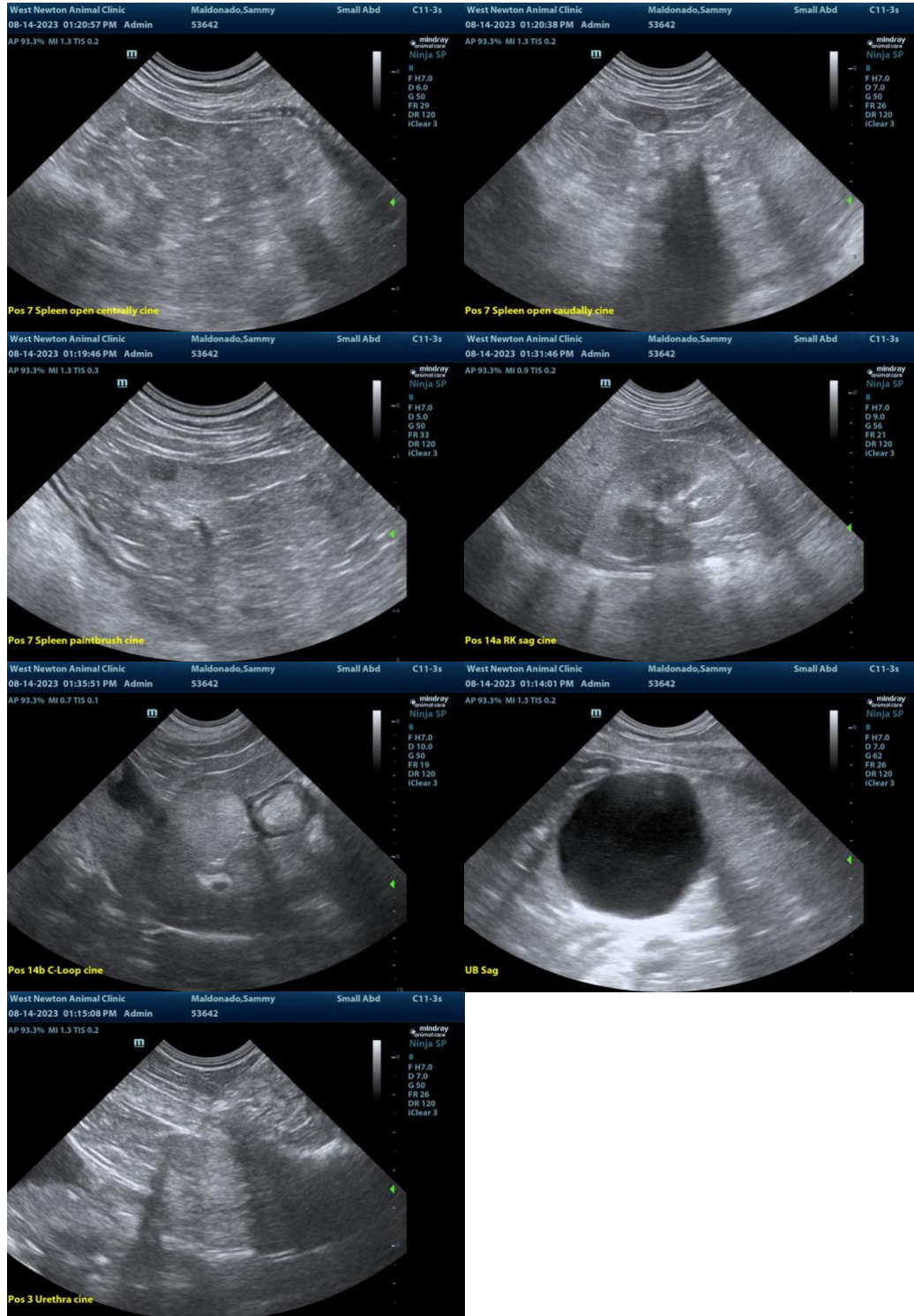
Brandon Holmes

INVOICE

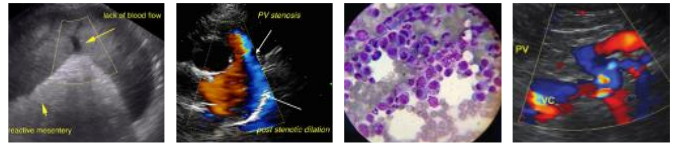
14095

DATE

8.14.23



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



PATIENT

Sammy Maldonado

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.

SPECIES

Canine

Remo Lobetti, BVSc, MMedVet (Med), PhD, Dipl. ECVIM (Internal Medicine)
info@sonopath.com

BREED

Pomeranian

SEX

Intact Male

AGE

12 years

WEIGHT

25 lbs

INTERPRETED BY

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MMedVet (Med),
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**IMAGING
PERFORMED BY**

Brandon Holmes

HOSPITAL NAME

West Newton AC

REFERRING VET

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