

**PATIENT**

Beau Scarfato

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Intact male

**AGE**

8 years

**WEIGHT**

92 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Ginny Dodd, DVM

**HOSPITAL NAME**

Charlotte Natural AC

**REFERRING VET**

Dr. Schacht

**INVOICE**

71832

**DATE**

2/24/26

**PRESENTING CLINICAL SIGNS**

- Fever, possible mass in liver region on palpation, intermittent diarrhea, hot spot over hip
- Has been on antibiotics since last Wednesday and is feeling better
- PE: BAR, abdomen slightly pendulous, no masses palpated, non painful on palpation, hot spot is resolving CBC- >reticulated Hgb, rest WNL CHEM- alb 3.9, alb 3.0, rest normal UA free catch- 1.032, prot +1, mod rods, 10-15 RBC/hpf, 0-2 WBC/hpf, +1 epithelial cells abd rads- r kidney appears wider than left or r caudate lobe is superimposed over it

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is small with a mildly thickened and irregular appearance of the wall (0.5 cm). 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 7.6 cm, right measured 8.8 cm), architecture, echogenic appearance, cortico-medullary differentiation, which maintains a 1:3 cortex to medulla ratio, and capsule. Mild, bilateral pyelectasia both measuring 0.3 cm with a hyperechogenic appearance. No infarcts, mineralization or renoliths evident. Normal color flow pattern is evident in both kidneys.

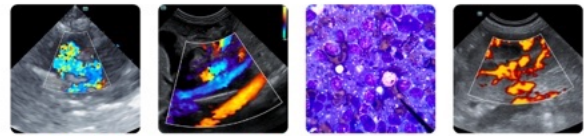
The prostate is symmetrically enlarged and measured 3.9 x 5.7 cm in size with a diffuse, hyperechogenic appearance and a regular curvilinear capsule. Normal echogenic appearance of the periprostatic tissue. Normal size and appearance of both testicles. The right testicle measured 4.1 cm in length and the left testicle measured 4.0 cm in length.

**Adrenal Glands**

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.54 cm in length x 0.55 cm and 0.87 cm in width. The right adrenal gland measured 2.49 cm in length x 0.48 cm and 0.52 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 2.1 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**

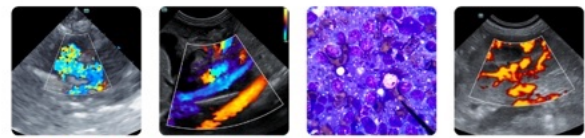
- Prostatomegaly.
- Urinary bladder thickening.
- Bilateral pyelectasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The most likely etiology for the prostatomegaly would be benign prostatic hyperplasia in line with the patient's age and intact nature.

Prostatitis would be a less likely differential diagnosis.

The most likely etiology for the urinary bladder would be bacterial cystitis although the pyelectasia may be an incidental finding with the presenting clinical signs, presence of bacterial cystitis and response to antibiotic therapy pyelonephritis would be an important differential diagnosis.



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Management would be to complete the course of antibiotics with repeat urinalysis and possibly urine culture at the completion of the course.

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Management of the prostatomegaly would either be surgical or chemical castration.

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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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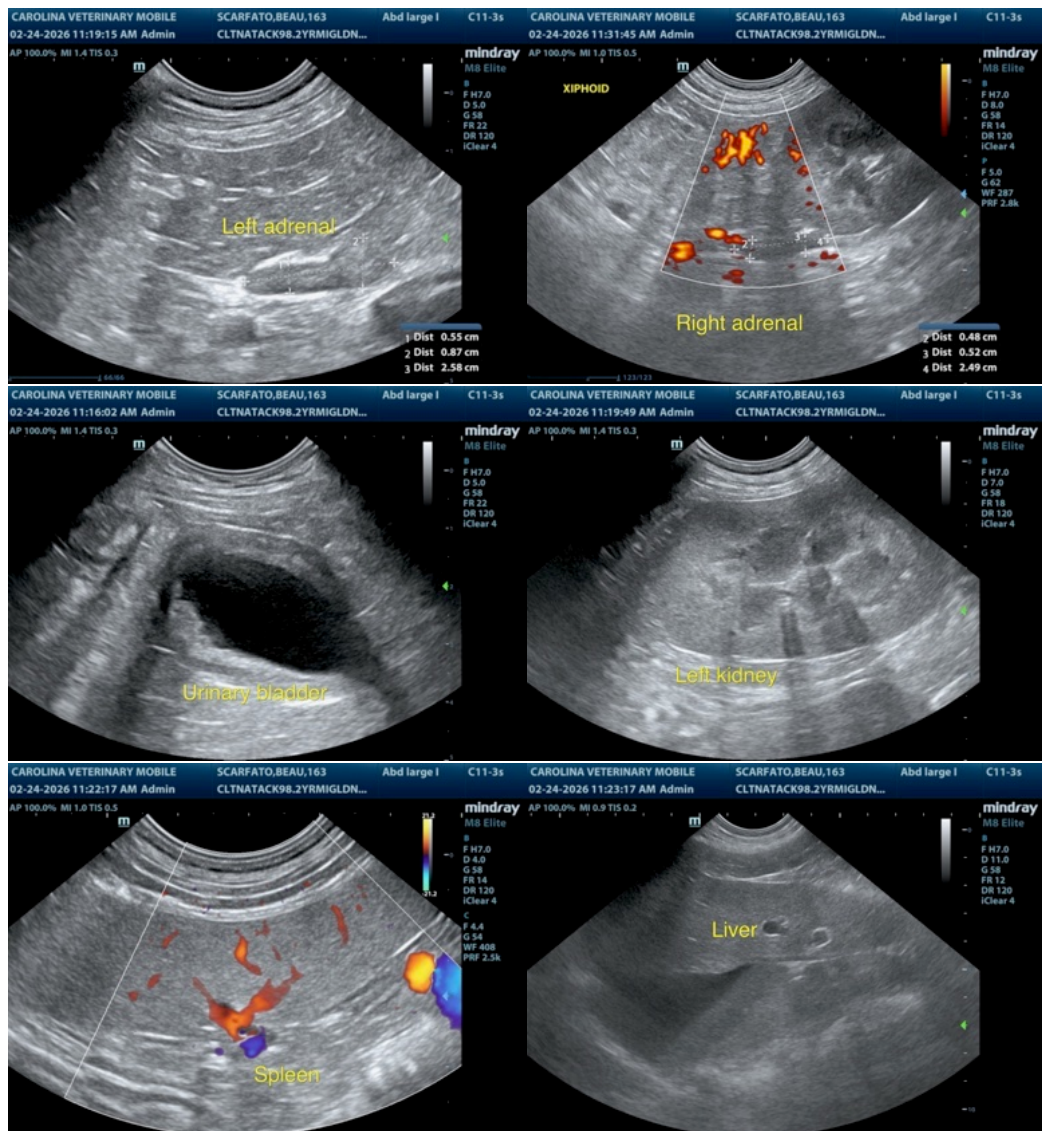
Dr. Schacht

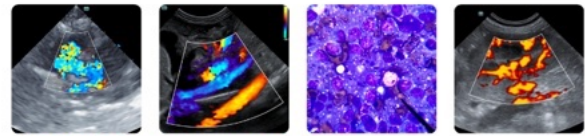
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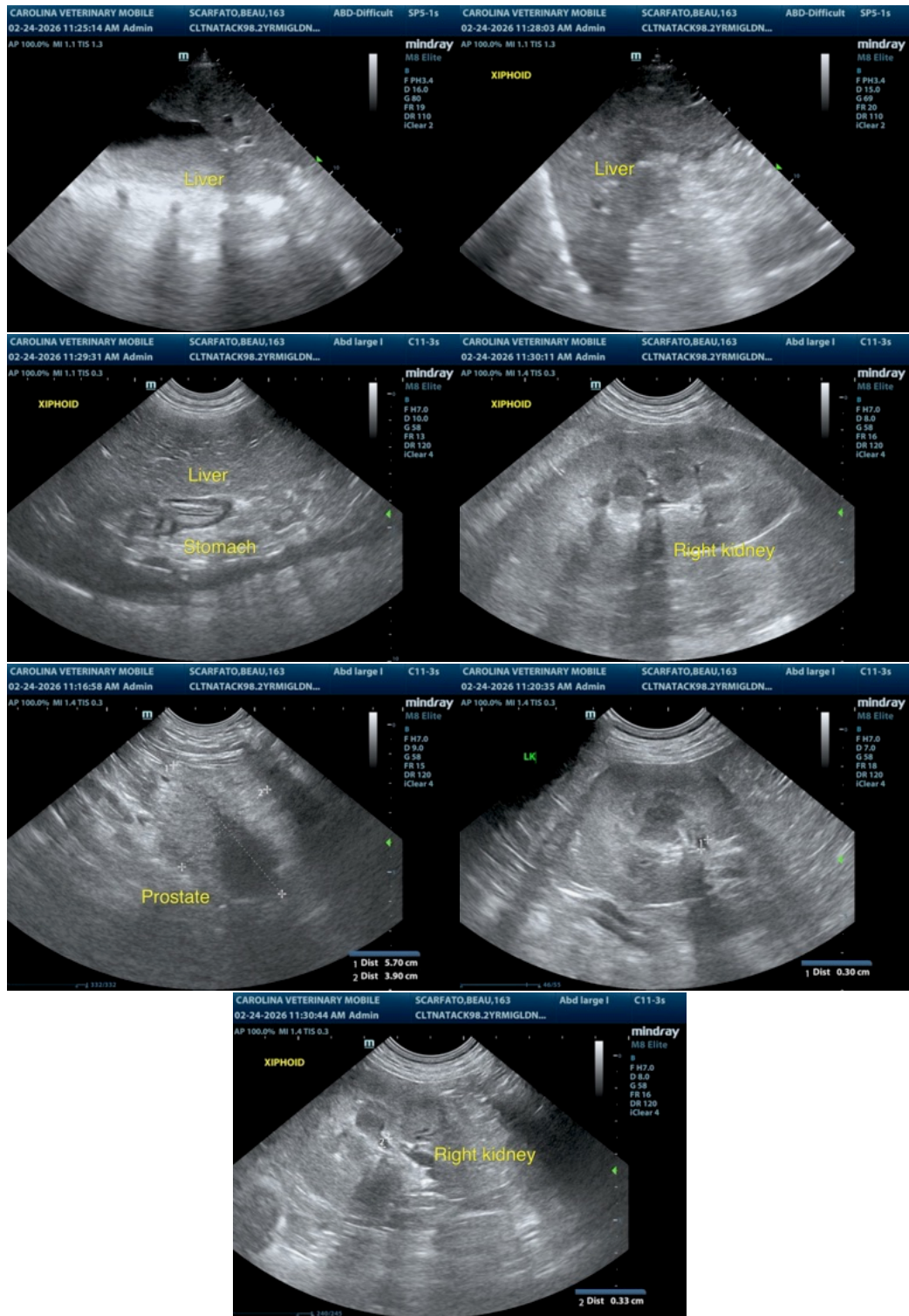
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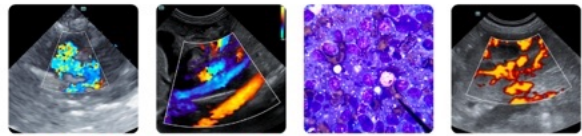
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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**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](mailto:info@sonopath.com)