



PATIENT

Finn Smith

SPECIES

Canine

BREED

Coonhound

SEX

Male

AGE

10 years

WEIGHT

67 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Hamburg Vet

REFERRING VET

Not Given

INVOICE

71490

DATE

2/11/26

PRESENTING CLINICAL SIGNS

- Hx of coughing, resolved. Persistent anorexia, wt loss 75-67 lbs. Enlarged prostate, diarrhea, hx PLE 2021.
- Jan. 2026- ALP-1,679

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 6.3 cm, right measured 8.2 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.

The prostate is symmetrically enlarged measuring 3.0 x 3.6 cm in size with a mottled echogenic appearance and a regular curvilinear capsule. Normal appearance of the periprostatic tissue. Normal size and appearance of both testicles. The left testicle measured 3.2 cm in length. The right testicle measured 2.9 cm in length.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 0.66 cm in width. The right adrenal gland measured 2.02 cm in length x 0.66 cm and 0.61 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. Two small, hypoechogenic parenchymal nodules measuring 0.8 cm in size were noted. The nodules showed no vascular pattern. The spleen measures 2.5 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 a moderate amount of 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.

A small amount of acellular ascites present in the cranial abdomen.

Hyperechogenic appearance of the mesentery, especially in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Prostatomegaly.
- Mesenteric inflammation with ascites.
- Splenic nodules.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Etiologies for the ascites and mesenteric inflammation would be sterile peritonitis, bacterial peritonitis and abdominal carcinomatosis.

Etiologies for the splenic nodules would be reactive hyperplasia/extramedullary hemopoiesis, hematomas, granulomas and possibly emerging neoplasia.

The most likely etiology for the gallbladder sediment would be incidental debris.

Initial further assessment would be three view thoracic radiographs, analysis of the ascitic fluid and FNA cytology of the mesentery.



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Specific therapy would be dependent on an etiological diagnosis.

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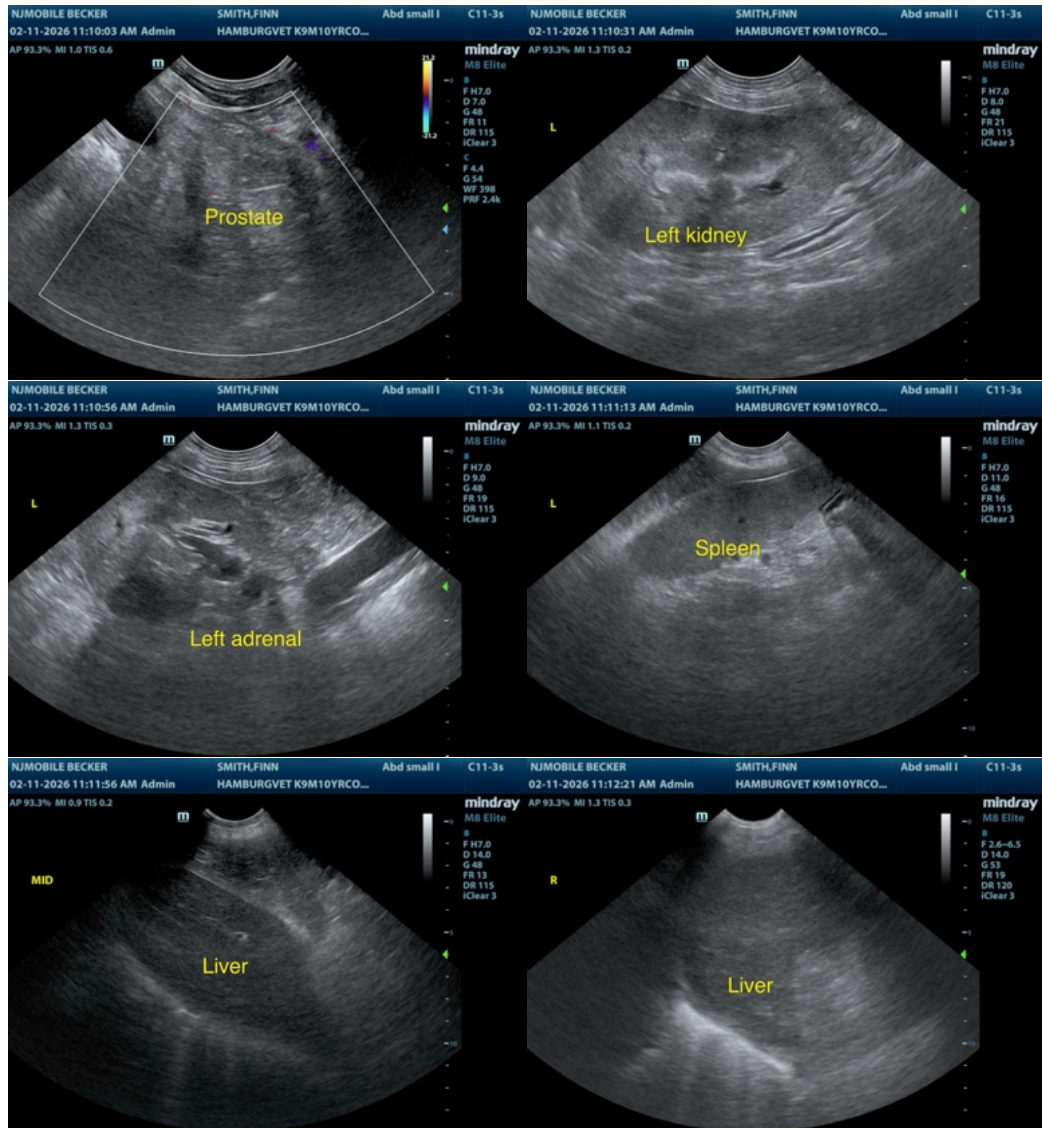
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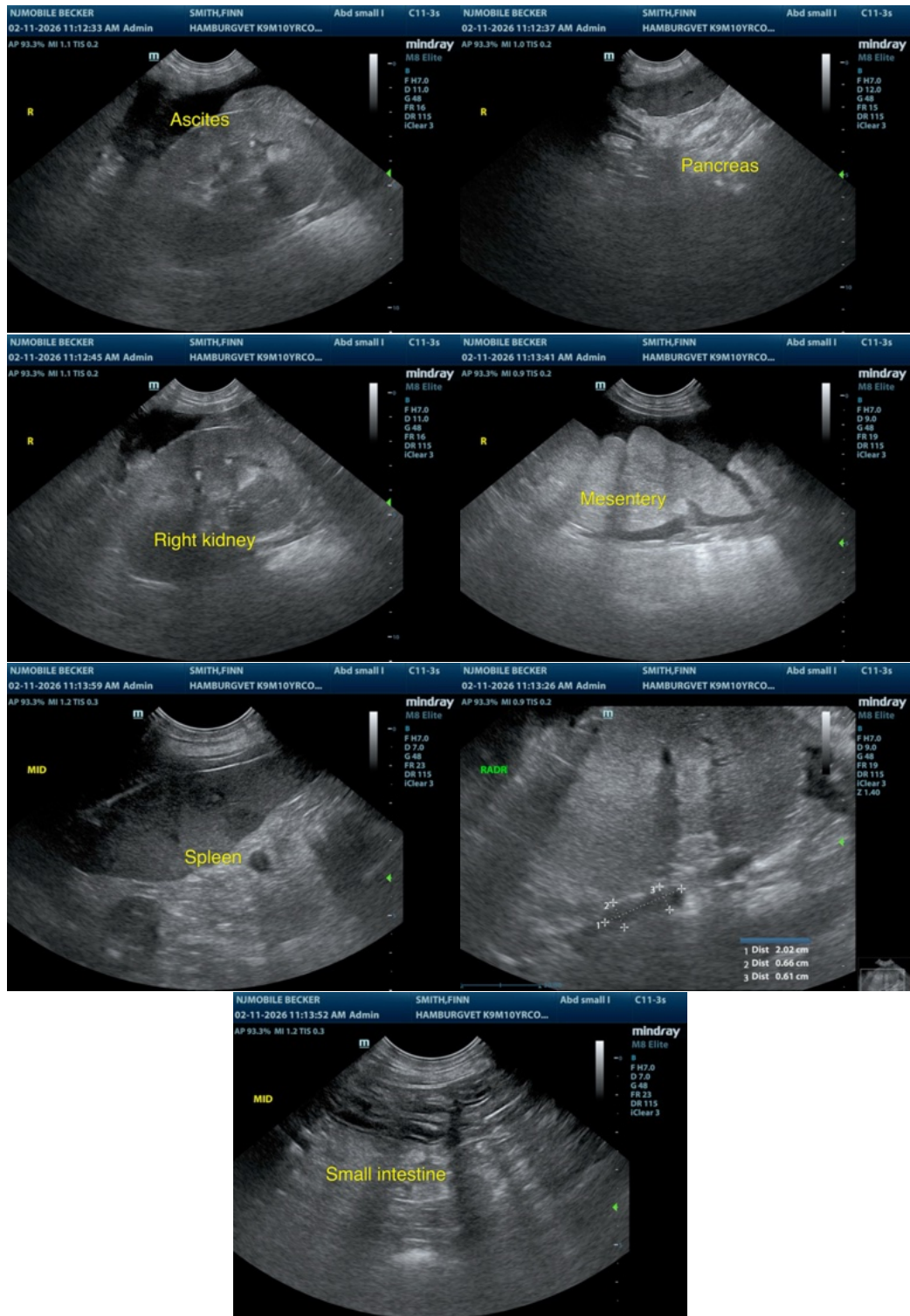
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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.

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