



PATIENT

Texas Frederickson

SPECIES

Canine

BREED

German Shepherd

SEX

Intact male

AGE

12 years

WEIGHT

67.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Midland Park VH

REFERRING VET

Dr. Shokoff

INVOICE

71681

DATE

2/18/26

PRESENTING CLINICAL SIGNS

- Dark urine noted by client
- Prominent spleen/ mass effect on palpation
- Prostatomegaly
- Urine: Protein 2+, Bilirubin 2+, Blood 3+, RBC 4-10/hpf, USG 1.042

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 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.

The prostate is symmetrically enlarged with a diffuse, hyperechogenic appearance and a smooth curvilinear capsule. Normal appearance of the periprostatic tissue. The prostate measures 4.8 x 4.8 cm in size. Normal size and appearance of both testicles. The left testicle measured 3.5 cm in length. The right testicle measured 4.0 cm in width. Small, hypoechogenic parenchymal nodule in the right testicle measuring 0.8 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.39 cm in length x 0.53 cm and 0.55 cm in width. The right adrenal gland measured 2.96 cm in length x 0.81 cm in width.

Spleen

A large, irregular, mottled echogenic mass measuring 6.0 x 8.0 cm in size originating off the head of the spleen. The rest of the spleen is of normal size and measured 3.2 cm in width with a normal echogenic appearance, smooth homogenous parenchyma and regular curvilinear capsule. Normal volume of the splenic vasculature without any overt congestion or thrombosis evident.



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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

- Splenic mass.
- Prostatomegaly.
- Testicular nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the splenic mass would be neoplasia with hematoma a less likely differential diagnosis.

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

Etiologies for the right testicular nodule would be incidental granuloma and possibly emerging neoplasia.



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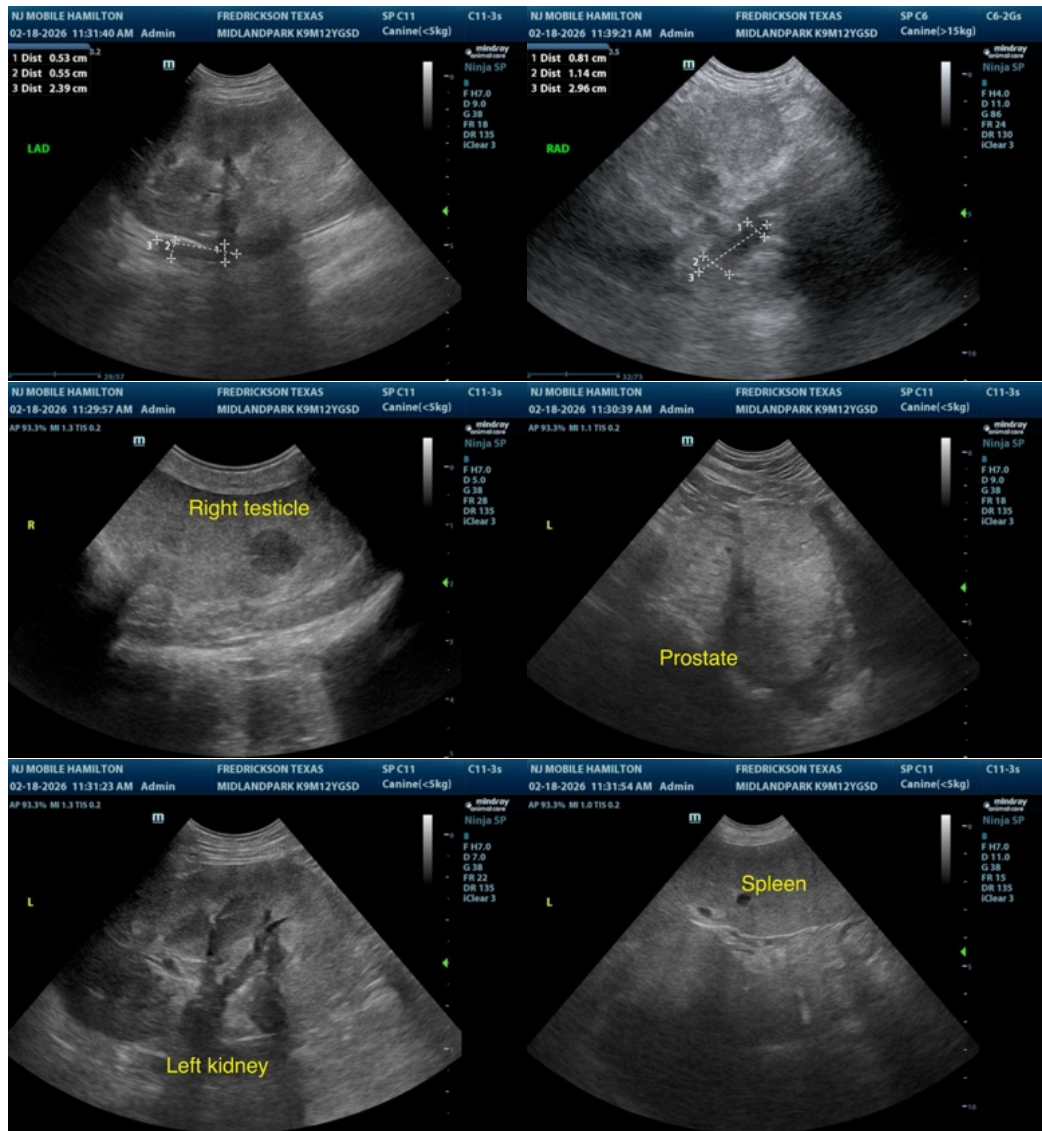
2/18/26

Further assessment would be three view thoracic radiographs and echocardiography to evaluate the right atrium and right auricle.

FNA cytology of the splenic mass could also be considered.

Splenectomy would be indicated as it could be diagnostic and therapeutic.

Management of the prostatomegaly and testicular nodule would be castration.





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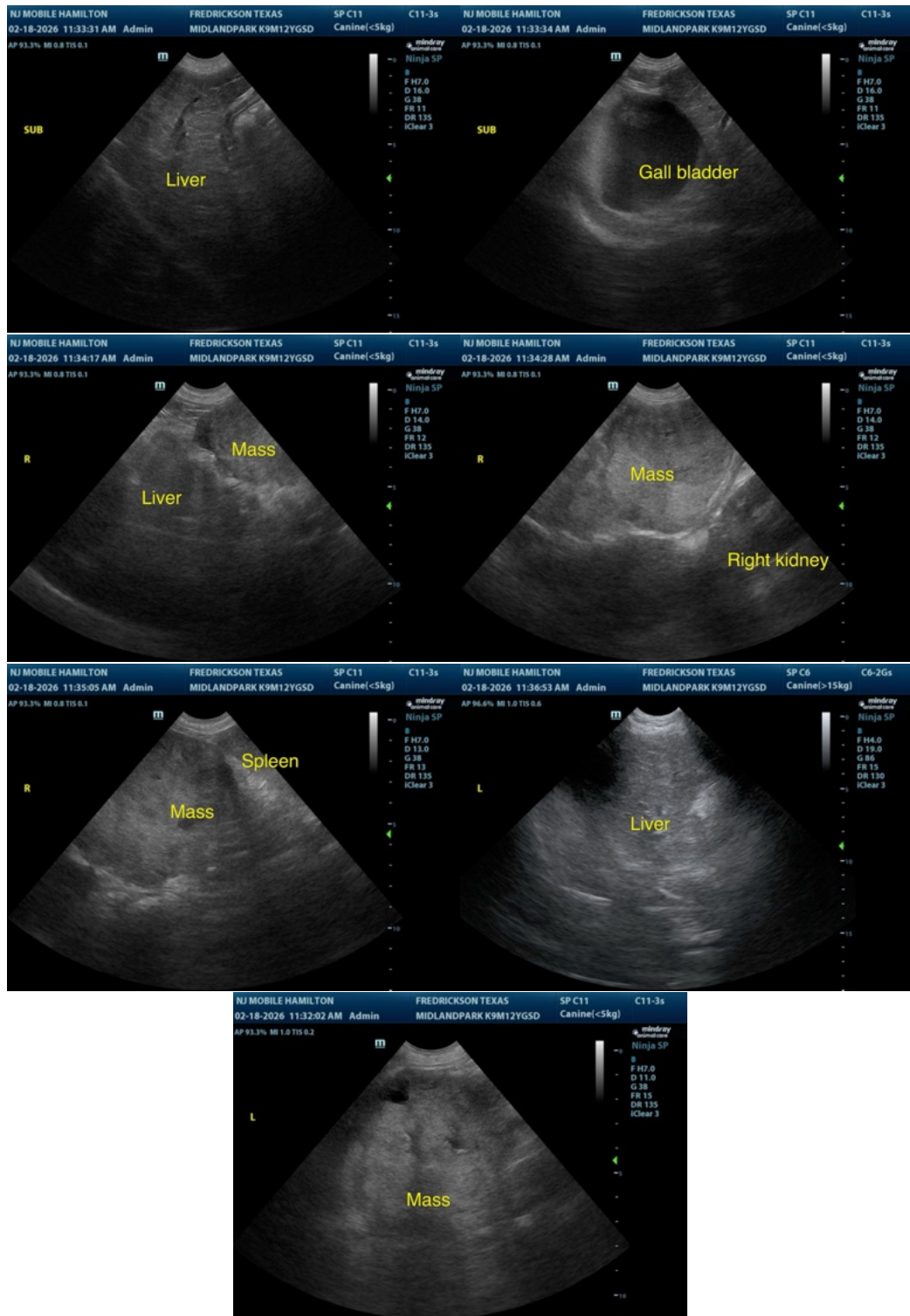
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology



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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)

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