



PATIENT

Kody Bridgida

SPECIES

Canine

BREED

Beagle Mix

SEX

Neutered male

AGE

11 years

WEIGHT

43.2 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Companion AH of
Parsippany

REFERRING VET

Dr. Wolf

INVOICE

72231

DATE

3/5/26

PRESENTING CLINICAL SIGNS

- Increased Liver enzymes <-- chronic
- Weight loss
- ALT 175 H, Bun/Creat ratio 28 H, Gluc 49 L, Magnes 2.8 H, Chol 331 H, Trig 576 H

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a thickened and hyperechogenic appearance of the apical wall with the rest of the wall having normal thickness and smooth appearance. 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 5.3 cm, right measured 5.8 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 enlarged (for a neutered male) with a mottled echogenic and cystic appearance and an irregular capsule. Parenchymal mineralization is present. The prostate measures 2.4 x 2.7 cm in size. A cyst was noted in the parenchyma and measured 1.5 x 1.6 cm in size.

Adrenal Glands

Normal shape, echogenic appearance, size, position, and appearance of the visible peri-adrenal vasculature. Left adrenal gland measured 2.17 cm in length x 0.33 cm and 0.26 cm in width. The right adrenal gland measured 2.15 cm in length x 0.41 cm and 0.56 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 2.3 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.
- Focal, urinary bladder thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The most likely etiology for the prostatomegaly would be neoplasia with chronic prostatitis a less likely differential diagnosis.

Etiologies for the urinary bladder thickening would be chronic bacterial cystitis and possibly emerging lymphoma.

Further assessment would be urinalysis, urine culture, three view thoracic radiographs and a prostatic wash for cytology and culture.

Specific therapy would be dependent on an etiological diagnosis.

Symptomatic management of the prostatic neoplasia would be palliative therapy utilizing combination of palladia and NSAIDs.



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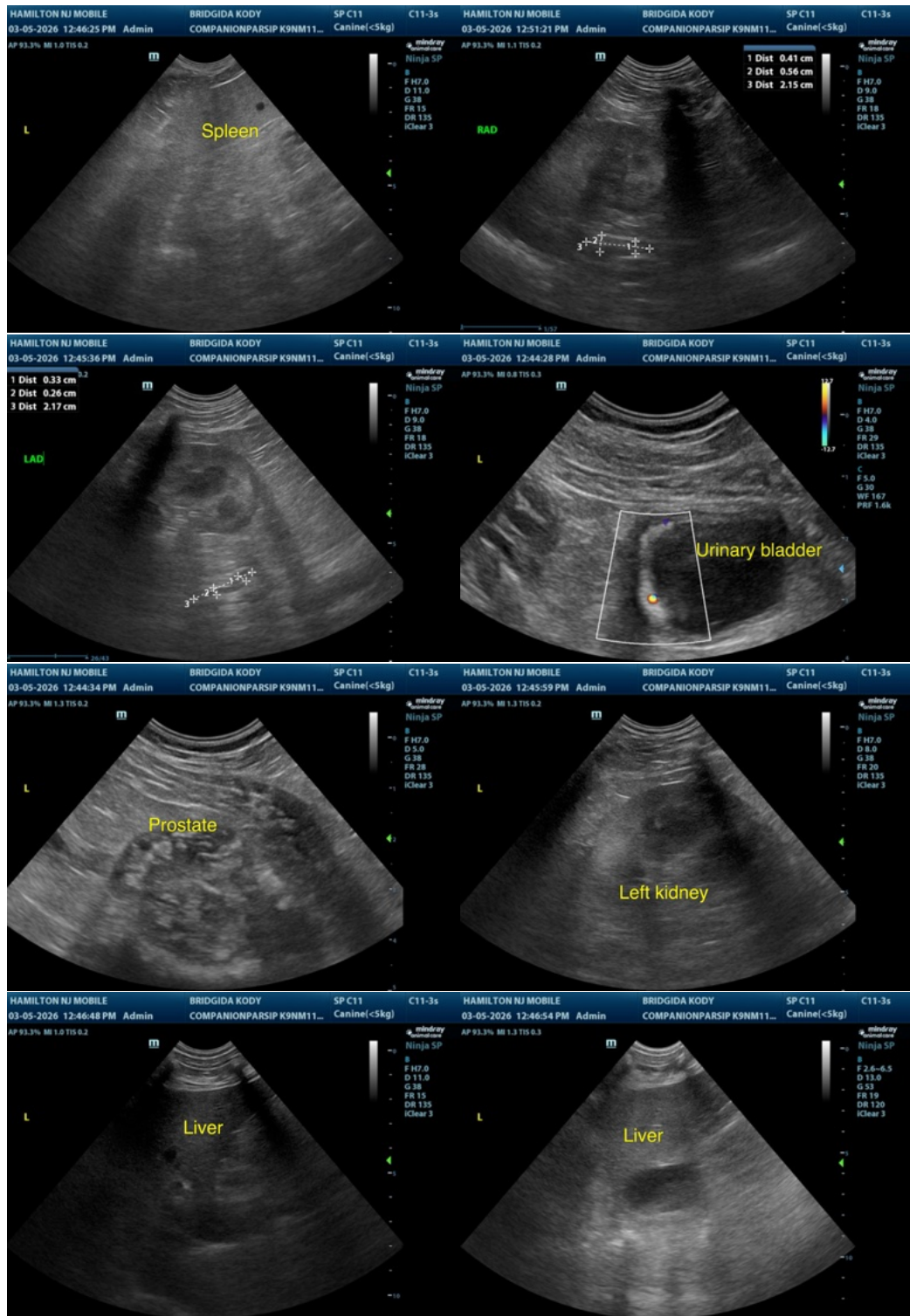
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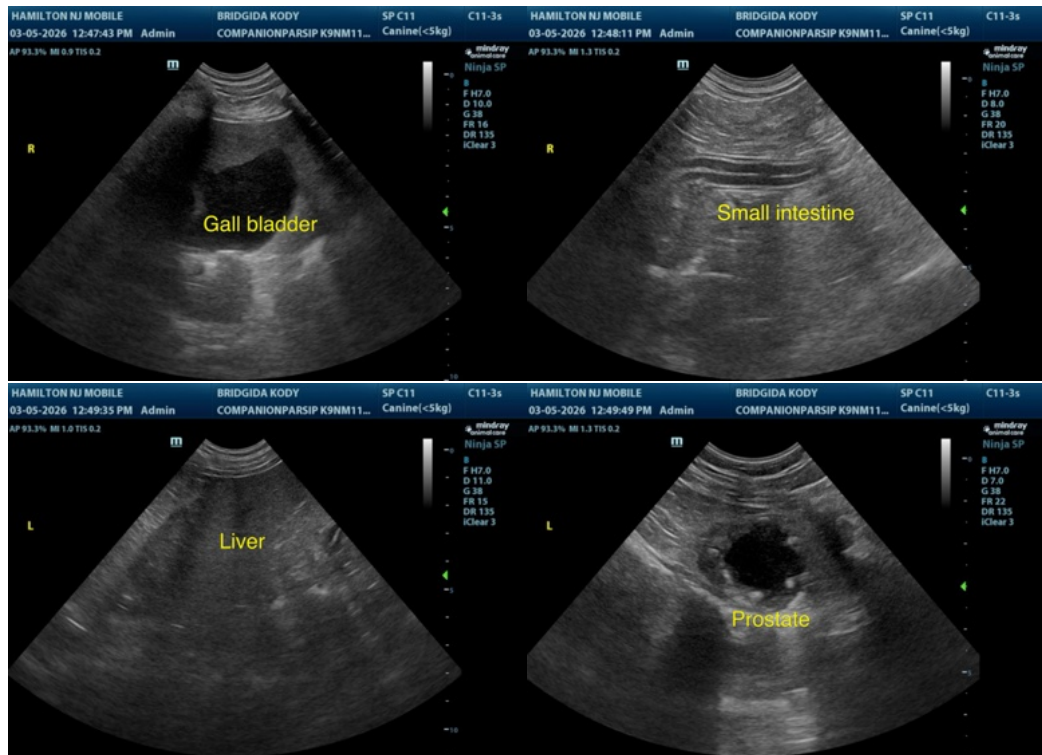
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@sonopath.com