

PATIENT

Desi Moyles

SPECIES

Canine

BREED

Mix

SEX

Neutered male

AGE

12 years

WEIGHT

49 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kerri Becker

HOSPITAL NAME

Companion VH of
 Wayne

REFERRING VET

Dr. Spitz

INVOICE

74402

DATE

4/13/26

PRESENTING CLINICAL SIGNS

History: Increase drinking/ urinating, blood in urine. Abnormal low dose dex. Pre-5.3 4hr-5.1 8hr-7.5 ALP-929, CA-12 chol-375 tg-318 psl-251, US pH-6.5, upc-0.4, RBC-11-20, urine specific gravity 1/016

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is small with a normal thickness and smooth appearance of the wall. A moderate amount of floating, hyperechogenic sediment.

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 5.4 cm, right measured 5.9 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 and measured 3.5 x 5.2 cm in size with a mottled echogenic and nodular appearance and an irregular capsule. Pinpoint parenchymal mineralization is present. Normal appearance of the periprostatic tissue.

Adrenal Glands

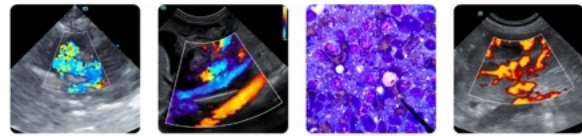
The adrenal glands are bilaterally enlarged, but maintained normal shape, echogenic appearance, position and appearance of the visible peri-adrenal vasculature. The left adrenal gland measured 2.61 cm in length x 0.86 cm and 0.72 cm in width. The right adrenal gland measured 2.4 cm in length x 0.34 cm and 0.71 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 1.5 cm in width.

Liver

The liver is enlarged with rounded edges, diffuse increased echogenic appearance, normal portal markings, and regular curvilinear capsule. Small, focal, parenchymal cysts are present in the left lobe.



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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

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

- Bilateral adrenomegaly.
- Prostatomegaly.
- Urinary bladder sediment.
- Hepatopathy.
- Gallbladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

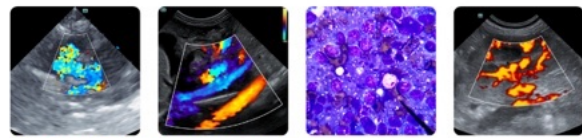
The adrenomegaly would be consistent with pituitary dependent Cushing's disease and in line with results of the LDDST.

Etiologies for the prostatomegaly would be neoplasia and possibly prostatitis.

The most likely etiology for the urinary bladder sediment would be hematuria as per the patient's history with bacterial cystitis a possible differential diagnosis.

The most likely etiology for the hepatopathy would be metabolic secondary to the Cushing's disease with reactive hyperplasia and vacuolar differential diagnosis.

Infiltrative neoplasia and hepatitis would be unlikely differential diagnosis.



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The gallbladder sediment can be considered an incidental finding.

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Further assessment of the prostatomegaly would be BRAF analysis and prostatic wash for cytology and culture.

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Specific therapy of the prostatomegaly would be dependent on an etiological diagnosis.

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Treatment of Cushing's disease is not indicated if it is picked up as an incidental finding or there are minimal clinical signs. Generally, Cushing's is treated when the clinical signs affect or reduce quality of life. Important signs are PuPd, possibly polyphagia, polynea, muscle weakness and lethargy and especially if the signs are progressive. Treatment should be started if there are associated complications such as hypertension, concurrent diabetes mellitus, thrombo-embolic disease, or recurrent infections.

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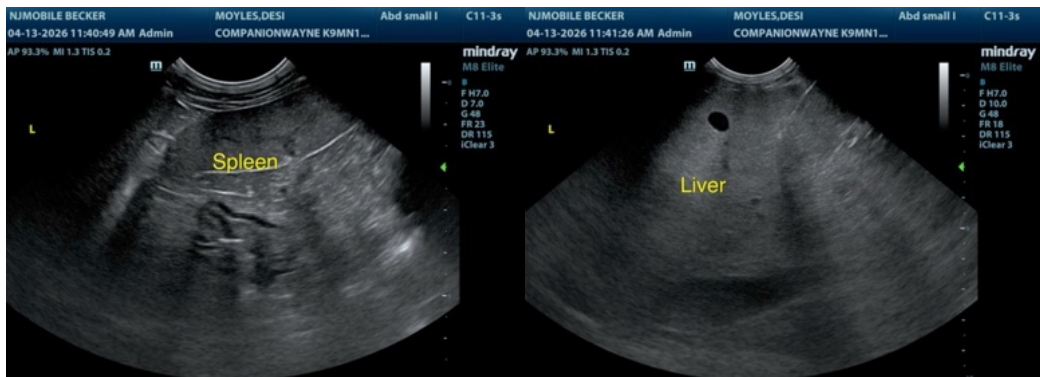
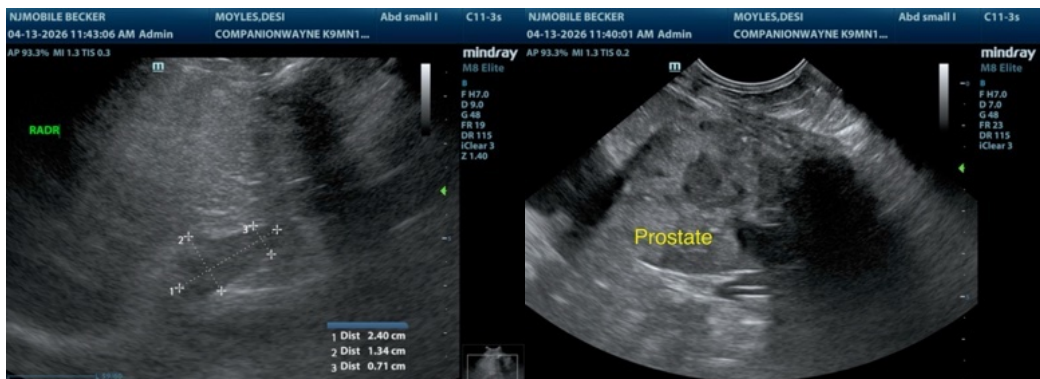
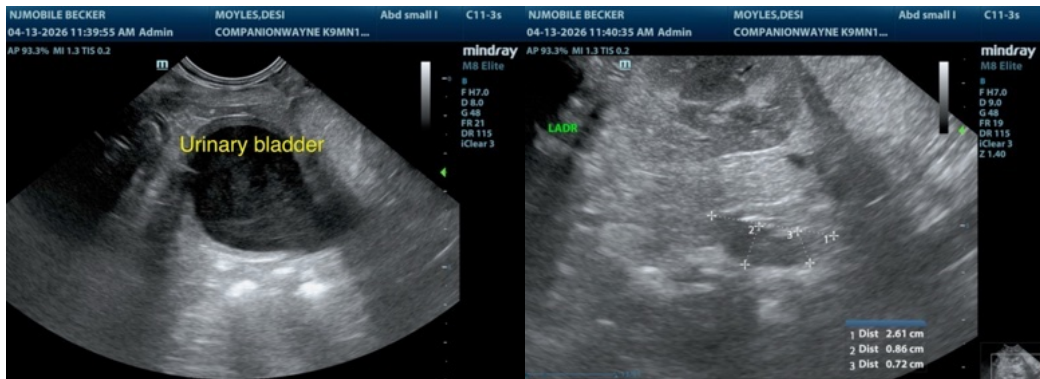
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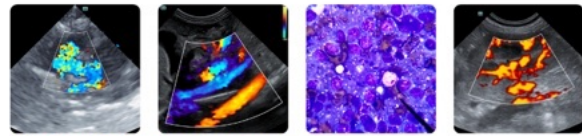
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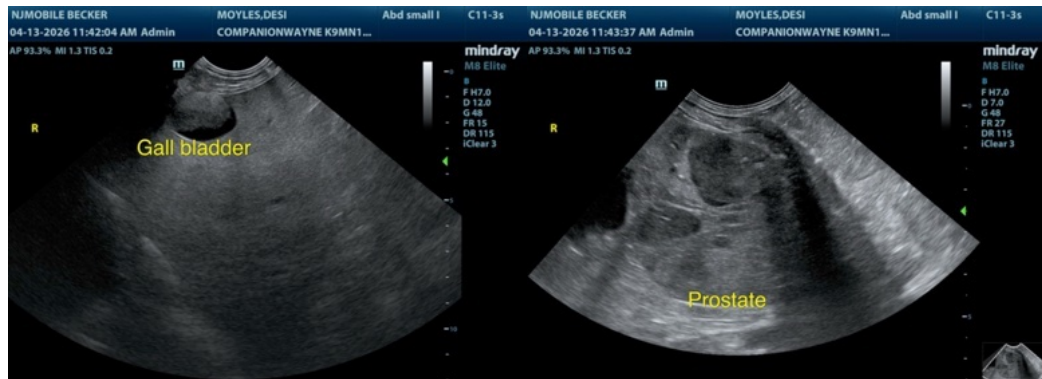
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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