



**PATIENT**

Koda Munavish

**SPECIES**

Canine

**BREED**

French Bulldog

**SEX**

Neutered Male

**AGE**

7 Years

**WEIGHT**

31 lbs

**INTERPRETED BY**

Brad Harris, DVM,  
 DACVECC, DACVIM  
 (cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Dog & Cat Clinic of  
 Niagara

**REFERRING VET**

Dr. Habib

**INVOICE**

72481

**DATE**

1/26/26

**PRESENTING CLINICAL SIGNS**

Koda, a 6-year 9-month-old male neutered English Bulldog, presents for a recheck of urinary signs. He recently completed a course of antibiotics for a urinary tract infection but has shown only minimal improvement. The client reports that Koda is still waking up multiple times at night to urinate, including 5 times the previous night.

History Updates: The client reports that Koda has been posturing to defecate while urinating, but no feces are produced during these episodes. He continues to have regular bowel movements at other times. He is drinking significantly more water than normal. While on the antibiotic, which was finished 5 days ago, he was lethargic and had a decreased appetite. This resulted in a 4-pound weight loss over 2 weeks. His appetite has returned to normal since.

Current Medications: Onsior 40mg.

Abnormal PE/Chem/CBC/UA Results: AMLY 399, Lymphocytes 0.85 UA and Urine culture sent out on JAN 22,2026 still awaiting results.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The prostate is enlarged and irregular with a hypoechoic parenchyma and focal areas of hyperechoic mineralization. The prostatic urethra appears to taper and narrow but still appears patent with no overt evidence of urethral obstruction.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. Left kidney measures 5.51 cm. Right kidney measures 5.43 cm.

**Adrenal Glands**

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left measures 0.56 cm x 2.04 cm. Right measures 0.59 cm x 2.15 cm.

**Spleen**

The spleen measures 1.23 cm at the hilus. It is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.



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**Liver**

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

**Gastrointestinal**

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

**Pancreas**

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Enlarged, hypoechoic prostate – Concerning for potential infiltrative neoplastic disease given the patient’s neutered status. Less likely is prostatitis or benign prostatic hypertrophy if the patient was potentially neutered later in life.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Fine needle aspirates of the prostate with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

Also consider urine BRAF testing pending the urine culture results.





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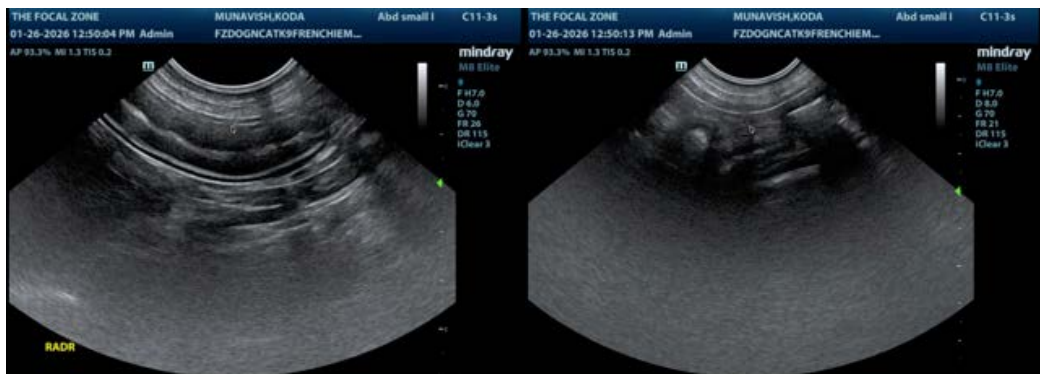
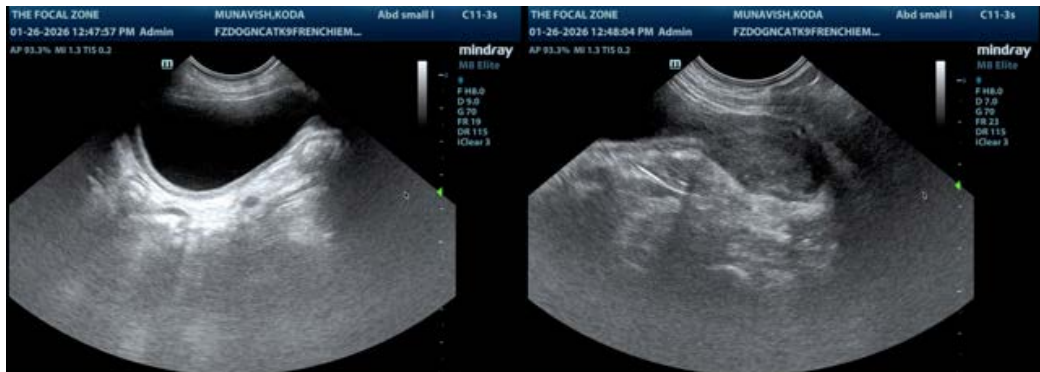
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Brad Harris, DVM, DACVECC, DACVIM (cardiology)**

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