



PATIENT

Tico Rico Kasowska

SPECIES

Canine

BREED

Chihuahua

SEX

Intact Male

AGE

8 years

WEIGHT

11 lbs

INTERPRETED BY

Bradley Harris, DVM,
 DACVECC, DACVIM
 (cardiology)

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Dog and Clat Clinic of
 Niagara

REFERRING VET

Dr. Haidy

INVOICE

11035

DATE

1/6/2026

PRESENTING CLINICAL SIGNS

There is concern for prostate enlargement based on clinical signs and radiographic review. Current Medications Gabapentin 100mg/ml, Onsior 40mg, Baytril 50mg, Buprenorphine 0.3mg/ml (given in clinic on 1/5/2026.)

Abnormal PE/Chem/CBC/UA Results: rads: There is a notable enlargement in the area of the prostate gland, which is a new finding concerning for a tumor or inflammation. labs and rads attached.

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 kidneys are normal in size, structure, and shape with a prominent, hyperechoic corticomedullary band. The cortex to medulla ratio is appropriate and the cortices are uniform with no significant irregularity. The left kidney measures 4.14 cm and the right kidney measures 3.77 cm.

Reproductive System

The prostate is enlarged and hyperechoic with slightly irregular, but largely symmetrical margins. The parenchyma is heterogenous and the prostatic and pelvic urethra appear patent with no overt evidence of obstruction.

The testicles are normal in size, shape, and structure with appropriate echogenicity.

Adrenal Glands

The left adrenal gland is visualized and has 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 adrenal measures 0.51 cm x 1.28 cm.

The right adrenal gland is not definitively visualized.

Spleen

The spleen 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. The spleen measures 0.86 cm at the hilus.

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



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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

There is no significant lymphadenopathy noted.

ULTRASONOGRAPHIC FINDINGS

- The enlarged, irregular prostate with heterogenous parenchyma may represent benign prostatic hypertrophy given the patient's intact status and age. However, due to the irregular margins, or contour, an infiltrative neoplastic process or prostatitis can't be definitively excluded.
- There is a hyperechoic renal corticomedullary band present, with a uniform corticomedullary ratio. This is most consistent with a medullary rim sign. There are mild degenerative renal changes noted, with a uniform capsular contour. This is an idiopathic finding, yet at times this finding in dogs can be related to tubular disease. Assessment for any proteinuria would be warranted if not already performed.
- The iliac and sub lumbar lymph nodes are not definitively visualized, which is considered a normal finding. The absence of significant lymphadenopathy makes metastatic prostatic neoplasia a less likely differential.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

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.



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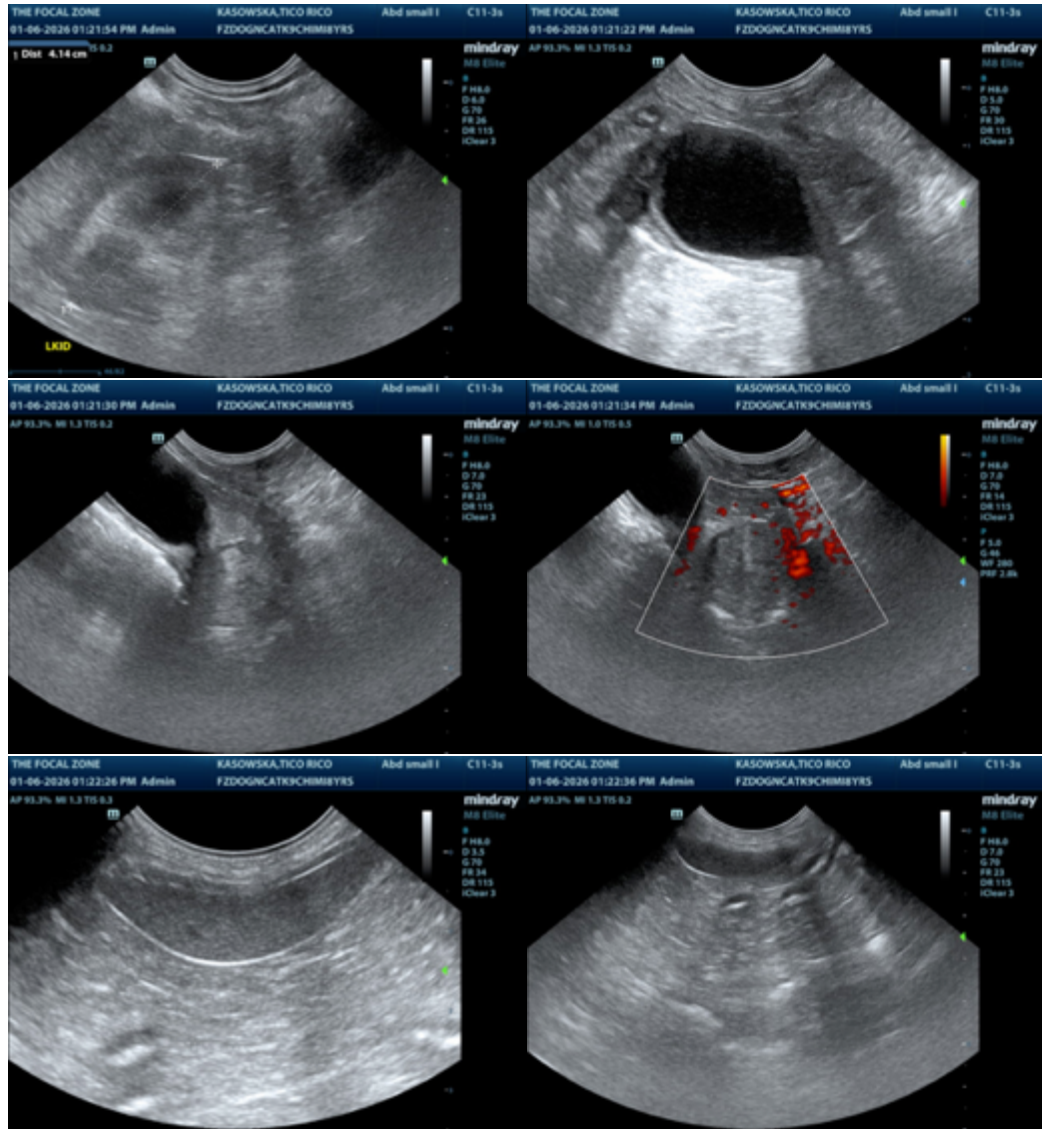
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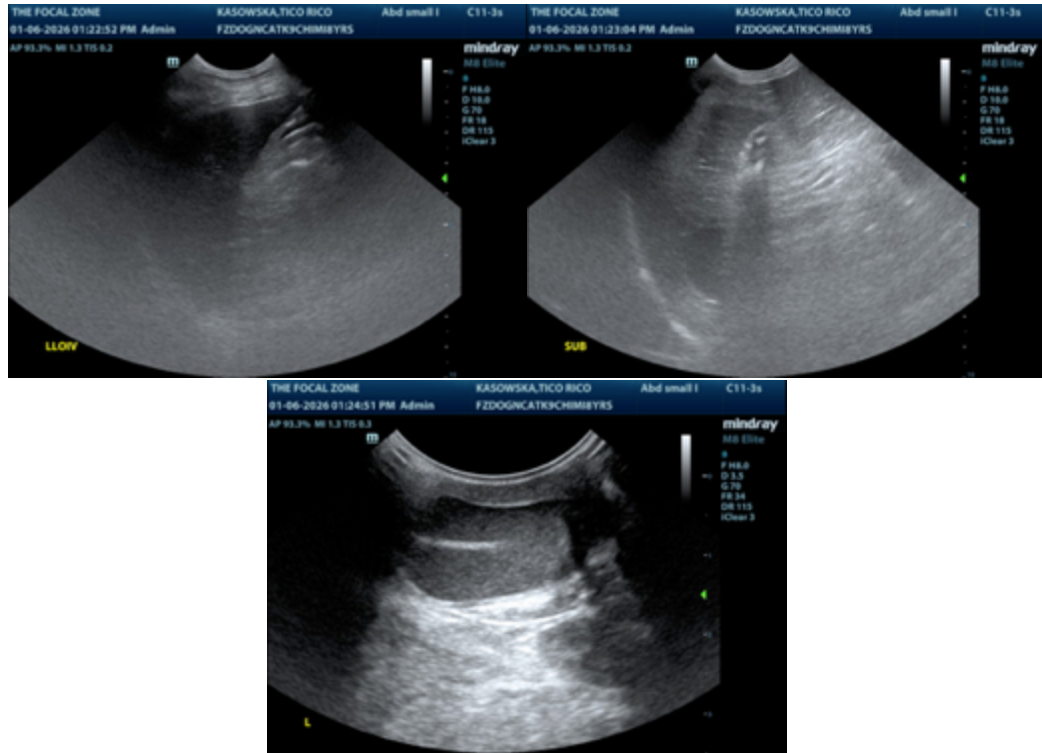
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com