

## PATIENT

Jackson Brown

## SPECIES

Canine

## BREED

Doodle

## SEX

MI

## AGE

12yr

## WEIGHT

14.4kg

## INTERPRETED BY

Beth Johnson, DVM  
DACVIM

## IMAGING

PERFORMED BY  
Dr. Meghan Myers

## HOSPITAL NAME

Hershey Animal  
Emergency Center

## REFERRING VET

Leann Murphy VMD

## INVOICE

24148

## DATE

03/10/2026

## PRESENTING CLINICAL SIGNS

- Urinating small frequent amounts starting yesterday, occasionally dribbling urine. Today dribbling blood and urine is brown. Decreased drinking.
- Moderate tartar/gingival erythema
- Intact male, testicles descended bilaterally
- Formed stool in rectum, unable to palpate prostate well
- Firm structure palpated consistent with prostate with mild pain on palpation in caudal abdomen

Abnormal PE/Chem/CBC/UA Results: EPOC: Unremarkable CBC: Unremarkable Chem15: ALP <10, Chol 358 H UA: USG 1.042, pH 7.0, protein 3+, glucose 1+, blood 2+, bili 2+, urobilinogen 2+, WBC >50/hpf, RBC >50/hpf, non-squamous epithelial cells 6-10/hpf, struvite crystals 1-5/hpf Abdominal radiograph: prostatomegaly, formed stool in colon, no radiopaque uroliths

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Urinary bladder is adequately distended with adequate contents as well as a very large amount of echogenic non-shadowing suspended and almost "smoky or hazy" appearing debris. No masses or cystoliths are observed. The urinary bladder, trigone, and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

Right kidney is normal in size (5.7 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Left kidney is normal in size (5.5 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The prostate measures ~ 3.3 cm wide sagittal view. Prostate is symmetrically enlarged with smooth margins that are well differentiated from surrounding tissue. Normal bilobed shape is maintained. Parenchyma is diffusely hyperechoic. Several small anechoic cysts are noted. No mineral is noted.

### Adrenal Glands

Right adrenal gland is normal in size (0.71 cm at cranial pole and 0.46 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

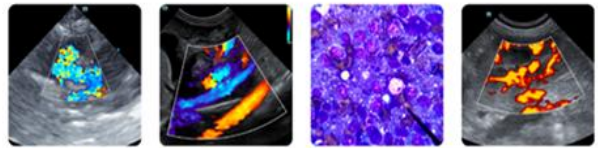
Left adrenal gland is normal in size (0.55 cm at cranial pole and 0.54 cm at caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

### Spleen

Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

### Liver

Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



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Gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

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### **Gastrointestinal**

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

## BREED

Doodle

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

## SEX

MI

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

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### **Pancreas**

Pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

### **Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

## WEIGHT

14.4kg

## ULTRASONOGRAPHIC FINDINGS

- A very large amount of echogenic urinary bladder debris
- Prostatic findings are most consistent with Benign Prostatic Hyperplasia (BPH) and concurrent benign prostatic cysts. Active prostatitis cannot be ruled out. Infiltrative neoplasia cannot be ruled out but is considered less likely.

## INTERPRETED BY

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

1. As is reportedly already pending a urine culture is recommended
2. As is reportedly already pending a FNA of the prostate for C/S as well as cytology could be considered if patient's coagulation status is appropriate.
3. Pending results of above submission of urine to look for BRAF gene mutation may be appropriate
4. Other than supportive/symptomatic medical management of clinical signs, further treatment recommendations are largely dependent on results of the above.

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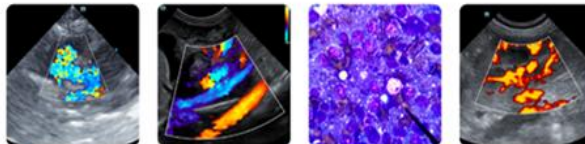
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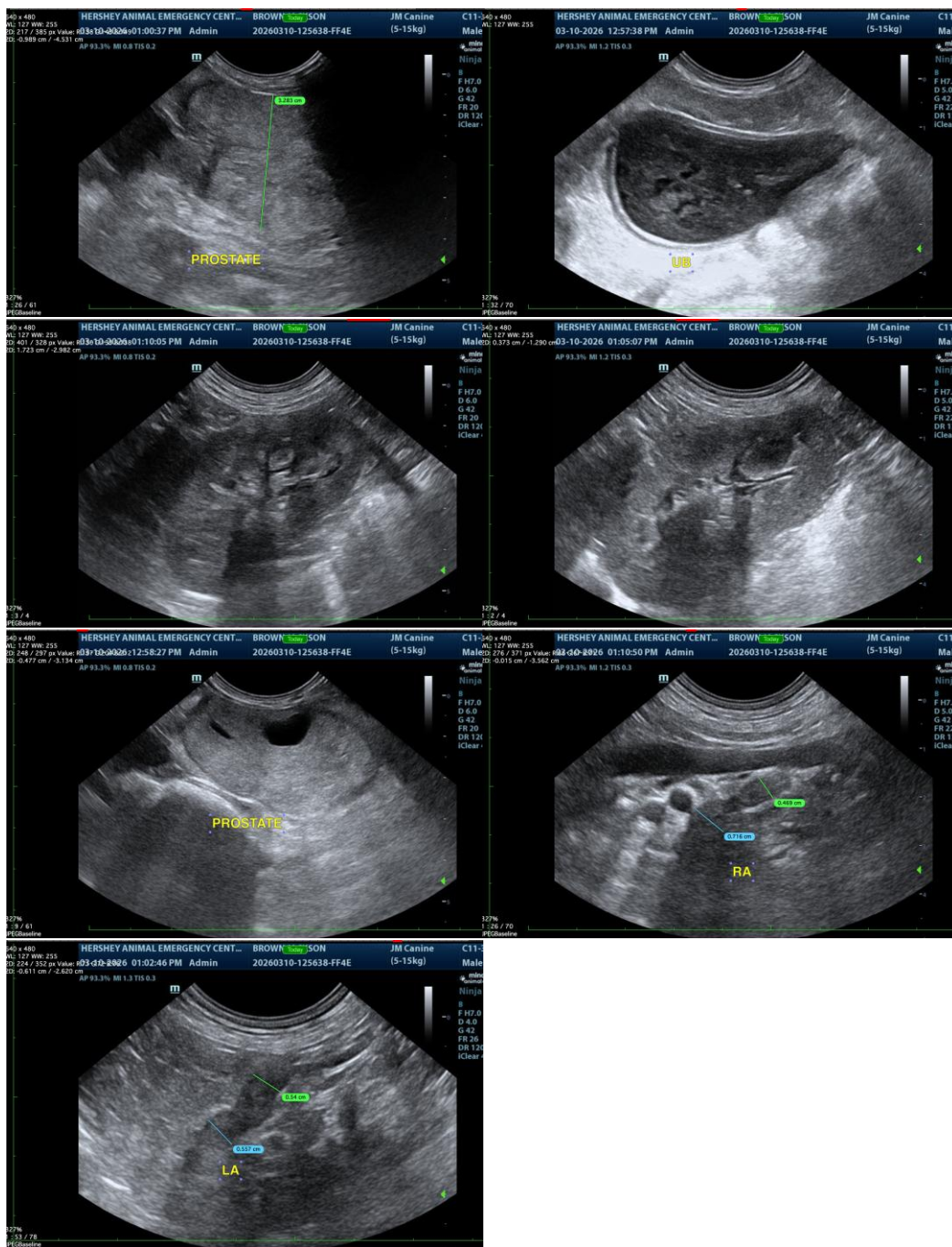
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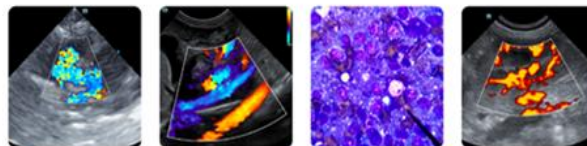
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM DACVIM



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info@SonoPath.com

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