



## PATIENT

River Flynn

## SPECIES

Canine

## BREED

GSP

## SEX

Male

## AGE

6 Years

## WEIGHT

85 lbs

## INTERPRETED BY

Greg Kuhlman, DVM,  
DACVIM (SAIM)

## IMAGING PERFORMED BY

Tiffany Boomer

## HOSPITAL NAME

Moyock Animal  
Hospital

## REFERRING VET

Dr. Tracy Eure

## INVOICE

73962

## DATE

3/24/26

## PRESENTING CLINICAL SIGNS

3/1/26 O NOTICED BLOOD DRIPPING FROM PENIS. WAS SEEN IN CLINIC ON 3/2 AND DOC SENT CARPROFEN 75 MG 1 PO BID X 10 DAYS AND ENROFLOXACIN 136 MG 2.5 PO SID X 10 DAYS ALSO. DOC SUSPECTED PROSTATE ISSUE. RAN BLOOD AND URINE (RESULTS WILL BE ATTACHED) PROBLEM PERSISTED, ENROFLOXACIN REFILLED ON 3/9/26 FOR ANOTHER 10 DAYS, AND P JUST FINISHED THAT AND STILL HAS BLOOD DRIPPING FROM PENIS.

Abnormal PE/Chem/CBC/UA Results: BLOOD WNL. URINE HAD RBCS/WBCS/ELEVATED PROTEIN/BILI/BLOOD AND A FEW UNCLASSIFIED CRYSTALS. DID TAKE A LATERAL ABD. XRAY TODAY (3/24) TO CHECK FOR STONES...NONE SEEN. BLADDER SHAPE SEEMED A LITTLE DISTORTED ON RAD...CANCER? VS PROSTATE CAUSING ISSUE? SOMETHING ELSE?

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The bladder is moderately distended with anechoic urine. No uroliths are seen. The bladder wall is normal in appearance and thickness. No masses are seen.

The prostate appears normal for an intact male dog, measuring 5.3 cm in width. There are several small benign appearing prostatic cysts present. No obvious masses are seen within the prostate. No evidence of prostatic abscesses seen. The prostate does appear symmetrical and has a uniform overall hyperechoic echogenicity.

The right kidney presents normal size (6.1 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

The left kidney presents normal size (6.9 cm) with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis.

### *Adrenal Glands*

The adrenal glands were not clearly seen.

### *Spleen*

The spleen is normal in size, shape, margination and echogenicity. No masses are seen. Normal blood flow.

### *Liver*

The liver presents normal size and shape with smooth lobar margins. The parenchyma has normal echogenicity with normal echotexture. No focal lesions are seen. Intrahepatic bile ducts are normal. Normal vascular pattern.

The gallbladder presents normal size with anechoic contents. Normal gallbladder wall. No evidence of bile duct distention or obstruction.

### *Gastrointestinal*

The stomach and intestines have normal wall layering and thickness. Colon contains normal contents with normal wall thickness.



**PATIENT**

**Pancreas**

River Flynn

The visible pancreas is normal in size with normal echogenic parenchyma and surrounded by normal peri-pancreatic mesentery.

**SPECIES**

**Free Abdomen**

Canine

There is a markedly enlarged, rounded, hypoechoic medial iliac lymph node in the area of the aortic bifurcation that measures 2.1 cm in diameter. A 2<sup>nd</sup> enlarged, hypoechoic, ovoid medial iliac lymph is visualized cranial to the 1<sup>st</sup> lymph node measuring 1.3 cm x 0.90 cm.

**BREED**

GSP

No free abdominal fluid is seen.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Male

- Two enlarged, rounded, hypoechoic medial iliac lymph nodes – Most likely enlarged due to round cell neoplasia such as lymphoma, mast cell disease, or possibly metastatic neoplasia. Primary tumor not identified. Infectious disease is also possible yet seems unlikely given the appearance of the lymph nodes.

**AGE**

6 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

If patient has not had a rectal exam performed, recommend rectal exam to examine anal sacs for possible mass lesions.

85 lbs

It is not known if these lymph nodes are the cause of the blood seen dripping from the patient's penis. Recommend sedated exam of the patient's prepuce and exam of the patient's extruded penis to determine if any abnormalities are seen.

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If possible, recommend fine needle aspirates of the enlarged medial iliac lymph nodes. The patient will need to be heavily sedated to attempt FNA, given the location of the lymph nodes. If aspirates are not possible given their location, then surgical biopsy of a lymph node will most likely be necessary. Recommend 3-view chest radiographs to rule out pulmonary metastatic disease.

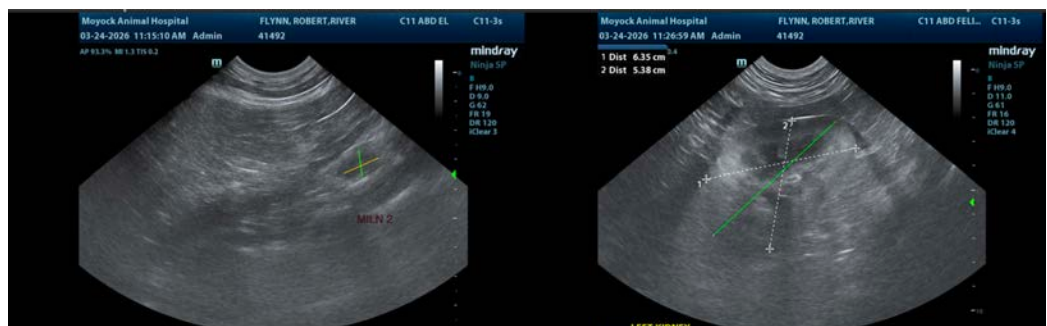
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If no cause is identified for the blood dripping from the patient's penis, ultimately cystoscopy would be recommended.

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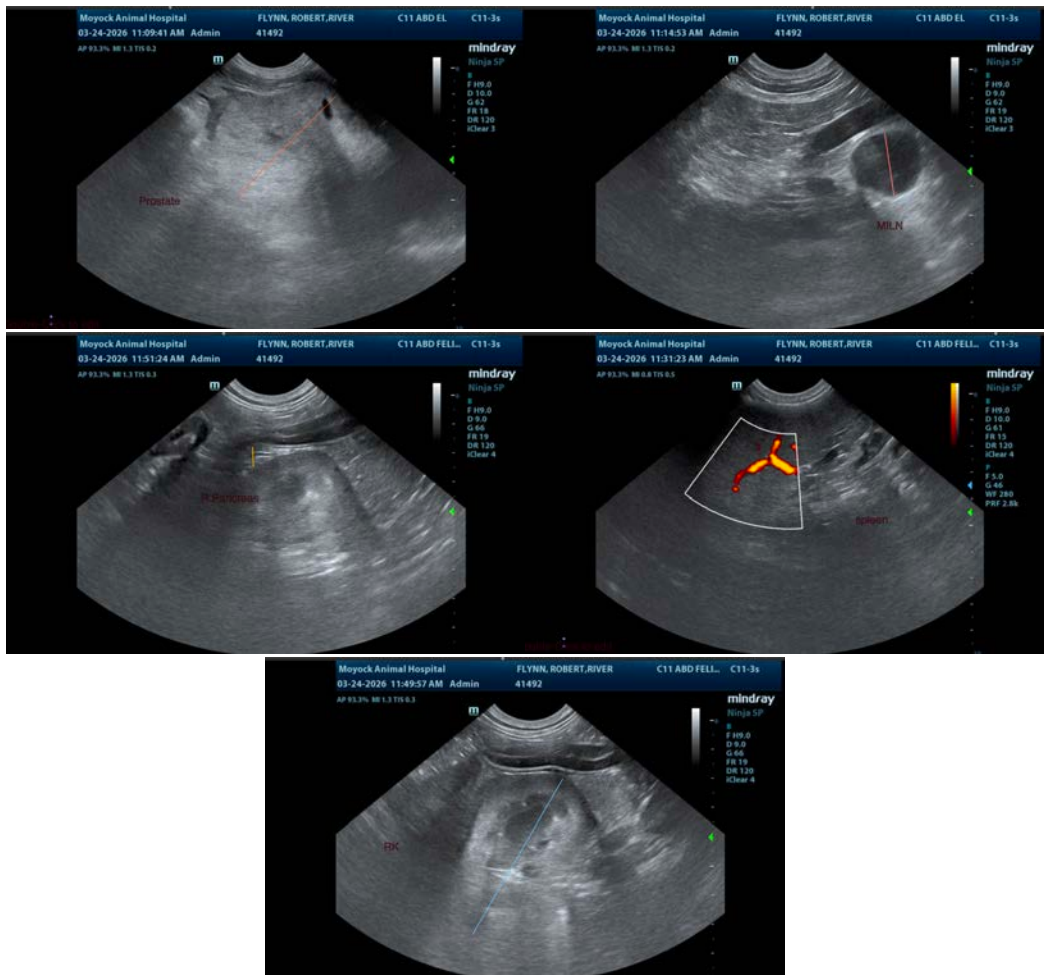
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Greg Kuhlman, DVM, DACVIM (SAIM)**

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