



PATIENT

Ranger Stengel

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

9 Years

WEIGHT

103

INTERPRETED BY

Greg Kuhlman, DVM,
DACVIM (SAIM)

IMAGING PERFORMED BY

Dr. Casper

HOSPITAL NAME

Hometown Animal
Hospital- Florida

REFERRING VET

Dr. Gavin Casper

INVOICE

14884

DATE

04/06/26

PRESENTING CLINICAL SIGNS

O reports recent hx of increased urethral discharge that occasionally has blood-tinged appearance.

UA- SG 1052, ph 5, UPC 0.04 Labs (Nov 26, 2025) - nsf

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 is normal in size for an intact male dog. It measures 5.8 cm in width. It appears symmetrical and has uniform echogenicity. There is a 1.9 cm x 0.94 cm area of hypoechoic fluid present at the cranial aspect of the prostate within the prostatic capsule. Differentials for this fluid include normal variation versus bacterial prostatitis, possibly a periprostatic cyst, less likely prostatic abscess, or less likely cystic hyperplasia.

The right testicle appears normal. In the cranial pole of the left testicle, there are two hypoechoic non-capsule displacing masses present. The ventral most measures 8.6 mm in size. The dorsal most measures 9.8 mm in size. These masses most likely represent a benign neoplastic process such as interstitial cell tumor or seminomas.

The left kidney presents normal size with normal shape and architecture. Normal corticomedullary distinction. No pyelectasia, ureteral dilation or nephrolithiasis. The left kidney measured 7.1 cm in length.

The right kidney is partially visualized and appears normal yet an exact measurement cannot be obtained.

Adrenal Glands

The left adrenal gland presents normal shape and homogenous parenchyma. The phrenic vasculature is unremarkable. The cranial pole was not visualized and the caudal pole measures 7.9 mm.

The right adrenal gland was not visualized.

Spleen

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

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.



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Gastrointestinal

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

Pancreas

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

Free Abdomen

There are no enlarged abdominal lymph nodes seen on this exam. No free abdominal fluid is seen.

ULTRASONOGRAPHIC FINDINGS

- Two masses in the left testicle.
- Hypoechoic fluid within the prostate.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend castration and submission of testicles for histopathology to determine etiology of lesions. These lesions may potentially be the cause of the patient's recent clinical signs of increased urethral discharge, sometimes blood tinged. Recommend performing prostatic wash and submitting fluid for cytology and bacterial culture. If bacterial prostatitis is ruled out, then no other cause for the patient's clinical signs were seen on this exam. If bacterial prostatitis is ruled out, recommend cystoscopy to further evaluate patient's lower urinary tract and obtain biopsies of any abnormalities identified.





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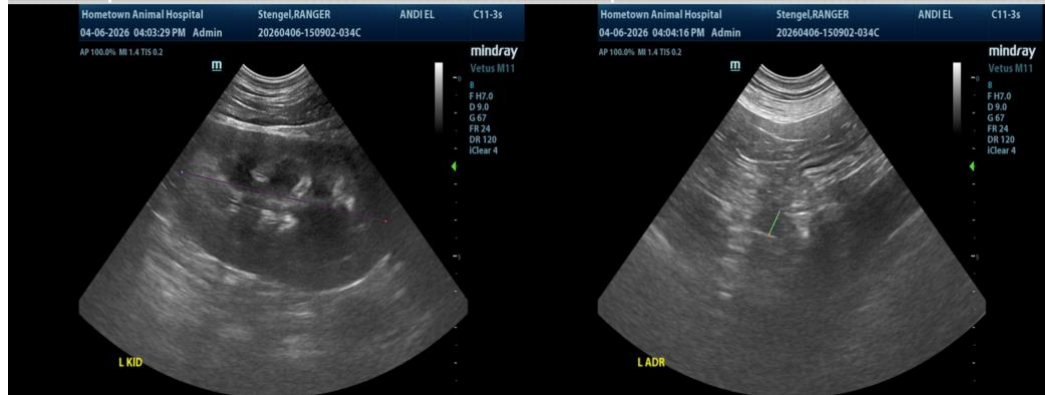
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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