



## PATIENT

Max Nagel

## SPECIES

Canine

## BREED

Boxer

## SEX

Intact Male

## AGE

6 Years

## WEIGHT

76.4 Pounds

## INTERPRETED BY

Heike Rudorf, DVM, Dr.  
med. Vet., DipECVDI  
DVR

## IMAGING PERFORMED BY

GC/AC

## HOSPITAL NAME

The Pet Hospital of  
Stratford

## REFERRING VET

Dr. Claudia Giuliani

## INVOICE

37384

## DATE

6/5/26

## PRESENTING CLINICAL SIGNS

History: Max presents for bleeding from penis. Mom states that it started about 2 days ago. Straight blood - not mixed with urine. Mom mentioned 5-6 drops every 2 hours. Licking at his penis, but not more than normal. Prostate feels mildly enlarged on palpation.

## RADIOGRAPHIC STUDY OF THE SHOULDERS AND ABDOMEN

The muscle mass appears to be symmetrically developed and physiological.

The bones are well mineralized, have a normal trabecular structure and smooth, continuous surfaces. Cortico-medullary development and differentiation of the long bones are physiological.

Shoulders: the joints appear congruent with even subchondral and periosteal surfaces.

Abdomen: the body condition score appears to be 7/9.

Arthrosis is present on the facet joint L3/4.

The abdominal organs are surrounded by fat; the abdominal wall as visible is intact.

Distribution and size of the small intestinal loops appear physiological. Colon and rectum contain a small amount of formed fecal matter. The rectum is in a physiological position

The bladder is moderately full and the bladder neck is located cranial to the pubic brim.

The prostatic shadow extends cranially to L7. The penis bone appears physiological.

The sublumbar region appears physiological.

## RADIOGRAPHIC DIAGNOSIS

- Prostatomegaly

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I can see no cause for the bleeding. The size of the prostate is physiological for an intact male dog. Fresh blood can be originating from bladder and urethra (e.g., tumor), prostate, penis and prepuce. Visual examination of prepuce and penis is recommended. This can be followed by ultrasound of the remaining structures, especially membranous part of the urethra. Alternatively, or additionally a retrograde urethrocytogram can help with the diagnosis.

## TECHNICAL COMMENTS

Pelvis moderately tilted to the R, no grid used



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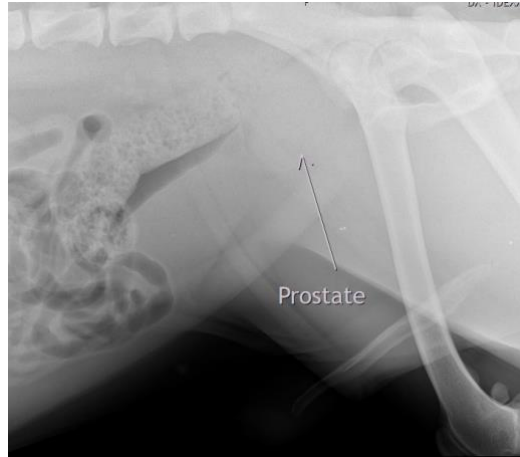
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**Heike Rudorf, DVM, Dr. med. vet., DipECVDI, DVR**  
[info@sonopath.com](mailto:info@sonopath.com)