



## PATIENT

Rayzor Genesee  
County Sheriff

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Intact male

## AGE

7 years

## WEIGHT

81 lbs

## INTERPRETED BY

Kim Radway, DVM,  
DABVP (Canine/  
Feline)

## IMAGING PERFORMED BY

Brandi Kurzowski

## HOSPITAL NAME

Corfu VC

## REFERRING VET

Dr. Gardner

## INVOICE

71163

## DATE

2/3/26

## PRESENTING CLINICAL SIGNS

- P has had chronic issue of blood dripping from penis/prepuce. First started in September 2024. Happens intermittently. When p was seen in Feb 2025, the distal 1.5" of the penis was severely inflamed and bright red compared to the rest of the shaft. Was treated with antibiotics and went a year before another flare up happened. P was seen 1/27/26, UA performed did not show evidence of UTI, concern for bleeding coming from suspected lesion in penis and was started on cefpodoxime and Yunnan Baiyao.
- 1/27/26 UA- Bilirubin 3mg/dL, protein 30mg/dL No recent labs- Chem 25, SDMA, CBC, 4DX, T4- all pending from Idexx

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The prostate was found to be dramatically enlarged, hyperechoic and coarse in echogenicity. There was a single, anechoic cyst present in the cranial aspect of the prostate measuring 0.73 x 0.73 cm in size. The overall prostatic size was 5.5 x 5.94 cm in size.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney was 7.22 cm and the right kidney was 7.54 cm in length.

### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were acceptable. The left adrenal gland was 2.68 cm by 0.75 cm by 0.65 cm and the right adrenal gland was 2.77 cm by 0.87 cm by 0.89 cm in size.

### Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

### Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of



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congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

## Gastrointestinal

The **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was a small amount of gas in the lumen of the stomach. No obstructive or overt infiltrative disease was noted. No abnormal lymphatic activity was noted and the abdomen was free of gastrointestinal masses and pathological fluid.

## Pancreas

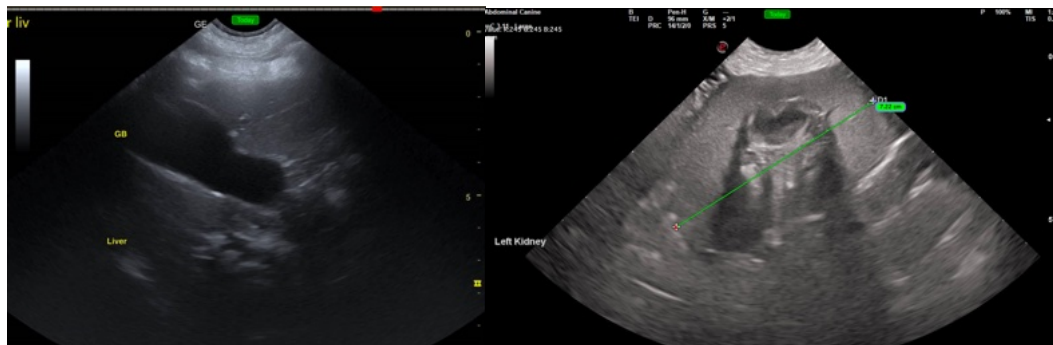
The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour were acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

Prostatomegaly with a hyperechoic and coarse echogenicity and an anechoic cyst.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This patient was found to have an enlarged prostate which is felt to be most likely secondary to being an intact male causing benign prostatic hypertrophy and possible secondary prostatitis. A FNA of the prostate could be considered in order to have cytologic evidence of prostatitis. It is felt to be unlikely that this patient has prostatic neoplasia at this time. A definitive solution would require castration and should be pursued if that is an option. If castration is declined due to this patient's work as a police canine, then treatment with Finasteride can be considered. If there is evidence on cytology of prostatitis then treatment with Baytril and non-steroidal anti-inflammatories may be a temporary solution.





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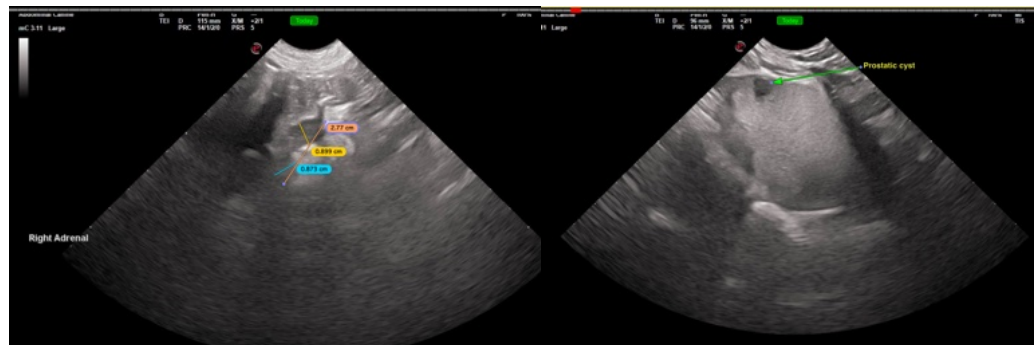
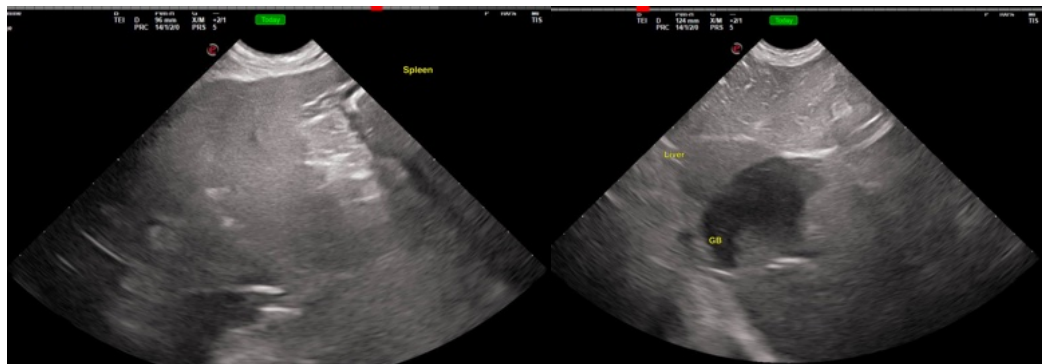
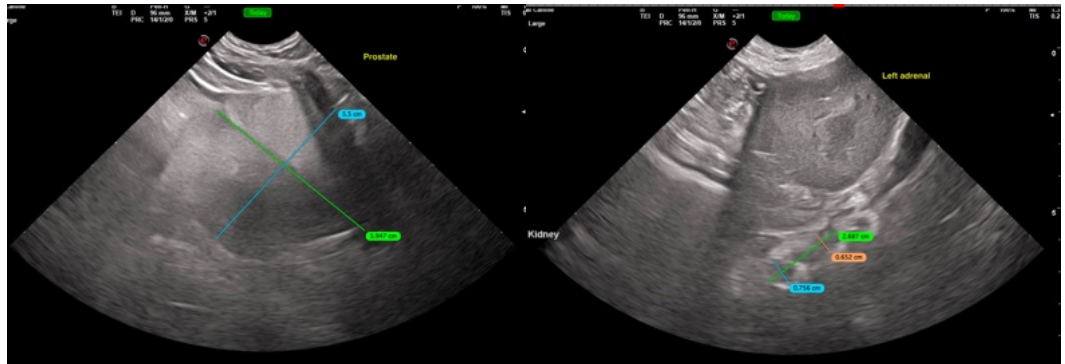
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

[info@SonoPath.com](mailto:info@SonoPath.com)