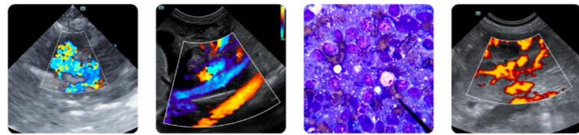

PATIENT

Ruff Kassey

SPECIES

Canine

BREED

German Shorthair Pointer

SEX

Male Intact

AGE

11 years 6 months

WEIGHT

63.8 lbs.

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

Harmony AH

REFERRING VET

Dr. Gruber

INVOICE

10581

DATE

1/27/26

PRESENTING CLINICAL SIGNS

History:

- Persistent hematuria over last several months.
- Repeated hematuria despite multiple rounds of antibiotics and C/S

Abnormal PE/Chem/CBC/UA Results: Dec. TP 4.8 1/19/26 Urine: PH 8.5, 1+ protein, USG 1.015. 12/8/25 urine: Blood 250, Protein trace, 1.032 10/14/25: PH 7.5, protein trace, 1.014

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The prostate was moderately enlarged in size with intact, symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was mildly echogenic to heteroechoic without parenchymal mineralization. The prostate measured 6.0-7.0 cm in diameter. Anechoic, thinly walled parenchyma cysts were present. An example measured 2.0 cm diameter. The visible post prostatic urethra was normal in tone, measuring 0.72 cm diameter.

No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. A caudal left kidney cyst was noted, measuring 2.3 cm diameter. The left kidney measured 8.0 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry were present without suspicion for overt neoplasia. The left adrenal gland measured 0.60 cm width in the caudal pole. The right adrenal gland measured 0.84 cm width in the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material.

Segmental jejunal mucosal fogging with diffuse mucosa speckling to echogenic mucosal striations were present. Intestinal wall layering was maintained with mild altered 1:3 muscularis / mucosa ratio. There was no evidence of an obstructive pattern or foreign material. The appearance of the small intestine is most consistent with protein-losing enteropathy or lymphangiectasia. There was no evidence of infiltrative or neoplastic intestinal disease which is considered unlikely but cannot be ruled out without full thickness or endoscopic biopsies.

Normal visible colon wall layers were present with apparent formed fecal matter in lumen.

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

Minor to mild volume peritoneal effusion was present. Normal omental echogenicity was noted.

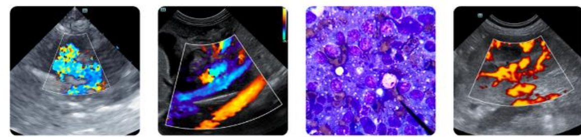
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Normal urinary bladder
- Prostatomegaly exhibiting nonhomogeneous hyperechoic to cystic parenchyma - benign prostatic hyperplasia vs. prostatitis with probable prostatic cyst, potential for emerging abscess
- Chronic renal changes with left kidney cyst

Secondary Findings

- Segmental small intestinal mucosal speckling
- Minor to mild volume peritoneal effusion



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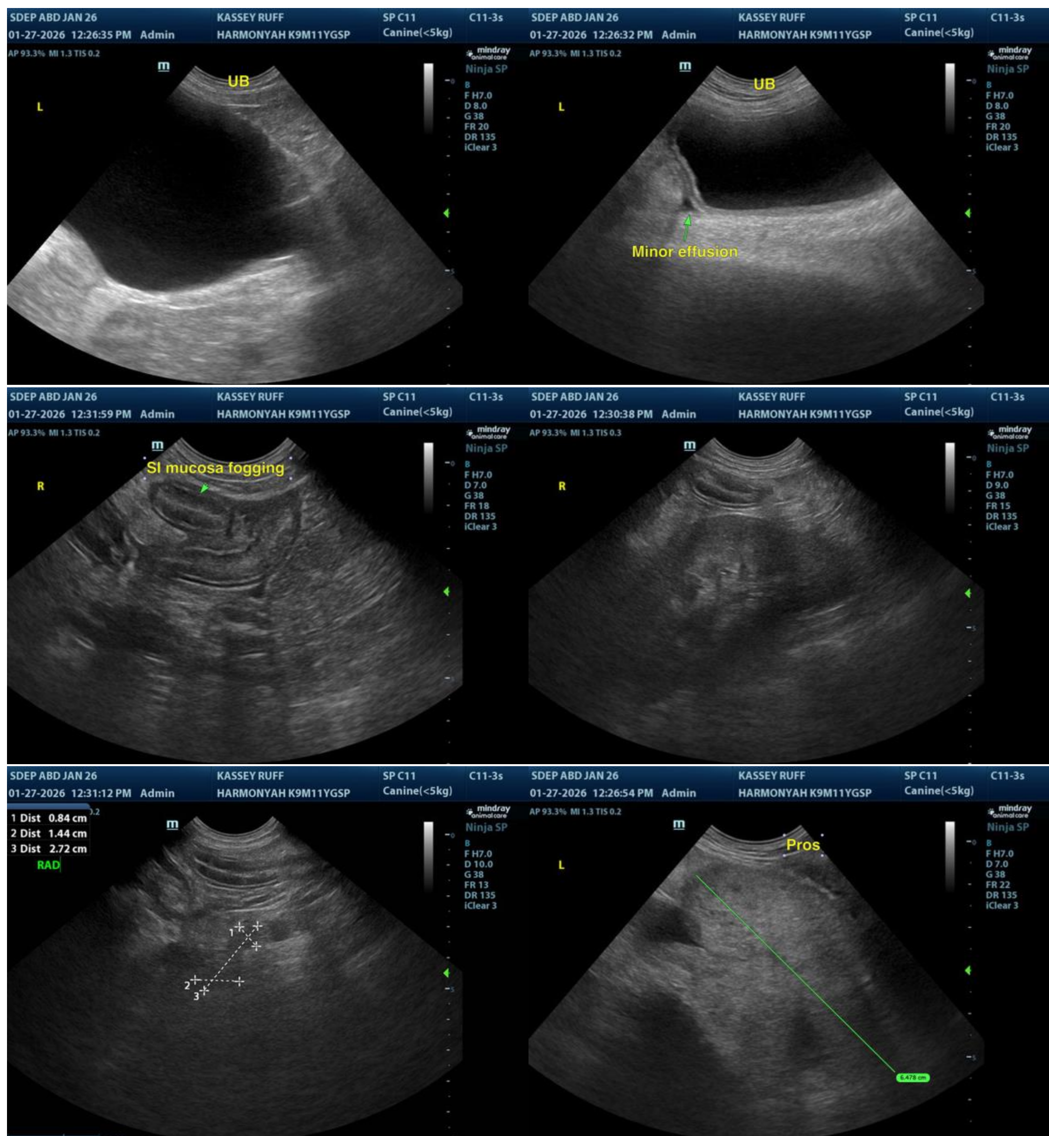
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling either via ultrasound-guided FNA or prostatic wash for cytology +/- C/S in consideration for cystic fluid analysis is required for further clarification. Prostatic neoplasia is considered unlikely. Neutering is likely ideal if the patient is not intended for breeding purposes. Off-label Finasteride 1.0 mg/kg per day with empirical therapy for prostatitis with Fluoroquinolone or similar, and as-needed sonographic monitoring of the prostate would be a more conservative approach.

The small intestinal mucosal fogging is nonspecific yet may be associated with protein-losing enteropathy in conjunction with minor to mild volume peritoneal effusion. Correlation with assessment for gastrointestinal signs, weight loss, and serum protein levels is suggested.



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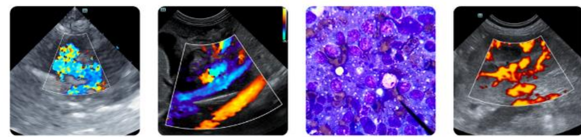

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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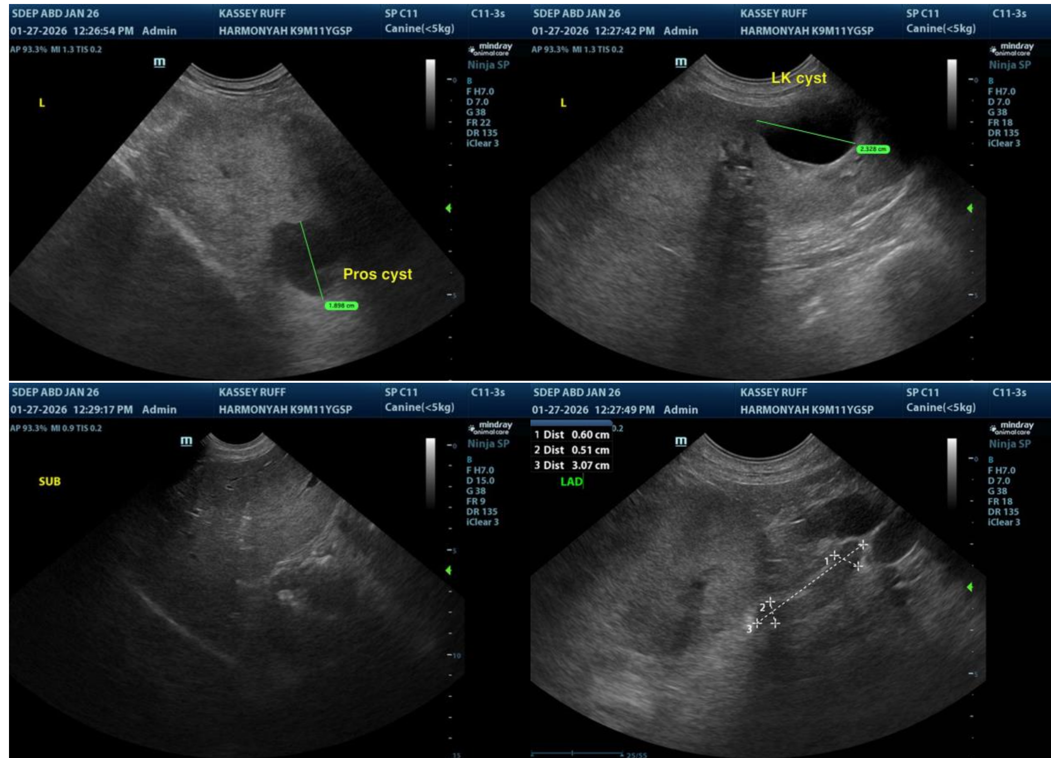

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com