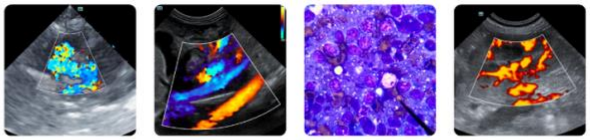

PATIENT

Finley Seymour

SPECIES

Canine

BREED

Vizsla

SEX

Neutered Male

AGE

9 Years

WEIGHT

28 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Hayes

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Hayes

INVOICE

13000

DATE

01/08/2026

PRESENTING CLINICAL SIGNS

The owner reports that Finley has been posturing to urinate for long periods of time since about 12pm today. He appears to be straining to urinate. The owner has only seen him dribble small amounts of urine at a time. His urine did not appear bloody. He ate and drank normally earlier today. He has not had any vomiting. He was diagnosed with prostatitis about 18 months ago. He was neutered at that time. He has not had any urinary symptoms since then until today.

Abnormal PE/Chem/CBC/UA Results: UA(Sedivue - sample collected via u-cath): USG 1.012, pH 8, trace protein, WBC <1/hpf, RBC <1/hpf, no bacteria, no crystals AFAST: Brief bladder ultrasound: no visible uroliths, possible thickening at the trigone/proximal urethra. BC; HCT 46.5%, WBC 7.91, Plt 163 Chem10:Gluc 012, Creat 1.0, BUN 17, TP 7.1, ALB 3.5, Glob 3.6, ALT 80, ALP 65

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with normal size and tone. The trigone and cystourethral junction were free of obvious pathology. The visible urethra was normal in structure and tone to a depth of 5.0 cm. No evidence of cystitis or tumors. Anechoic urine was present in the lumen with no urine mineral or calculi. Possible focal nonobstructive prostatic urethral lumen mineral was present.

The area of the aortic trifurcation was free of pathology.

The residual prostate gland was nonenlarged in size exhibiting symmetrical contour and mild heterogenous nonmineralized parenchyma measuring approximately 2.0 cm in diameter.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 7.1 cm in length. The right kidney measured 7.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm width at the caudal pole.

The right adrenal gland was not definitively visualized yet with no obvious pathology.

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.

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.

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The gallbladder was non distended in size with mild biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta consistent with food echogenicity.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces 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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Normal nondistended urinary bladder.
- Sonographically normal residual prostate and visible proximal urethra.
- Possible focal nonobstructive prostatic urethral lumen mineral- not considered clinically significant.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive cause of the urinary signs was not obvious without evidence of lower urinary tract or residual prostate pathology i.e. tumors, evidence of persistent prostatitis or calculi. Catheterization to assess urethral patency may be considered. Potential reflex dyssynergia may be a consideration in this patient.

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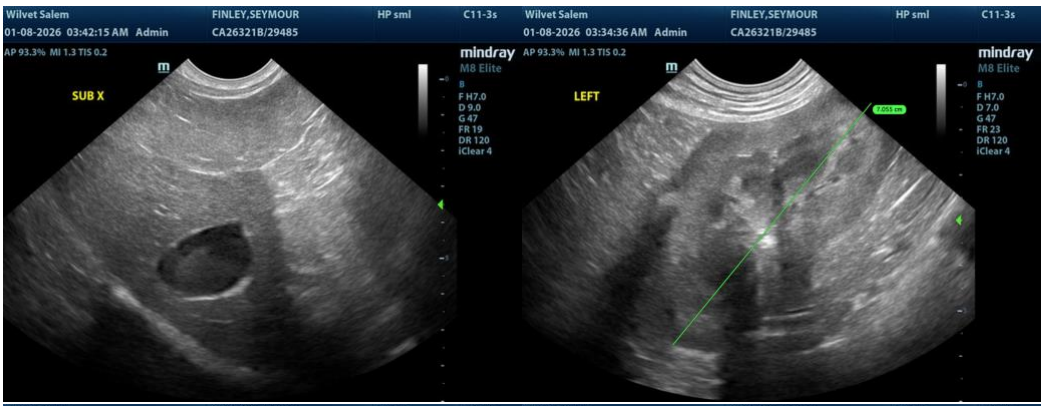

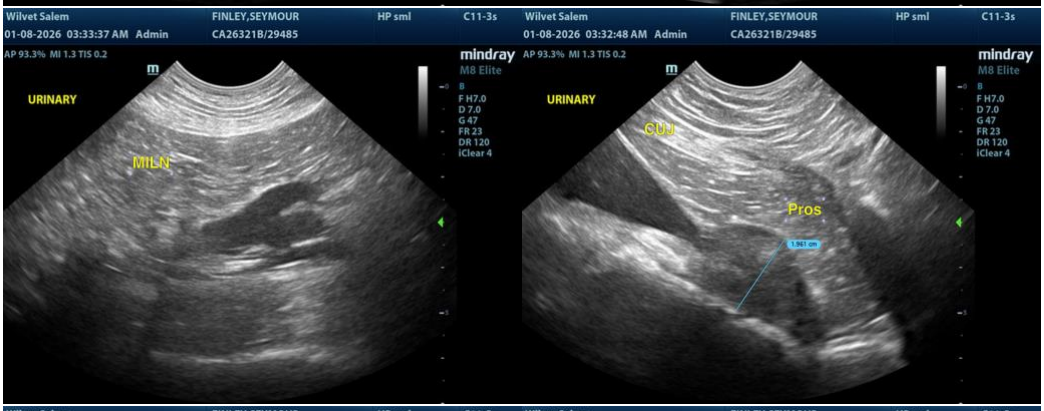

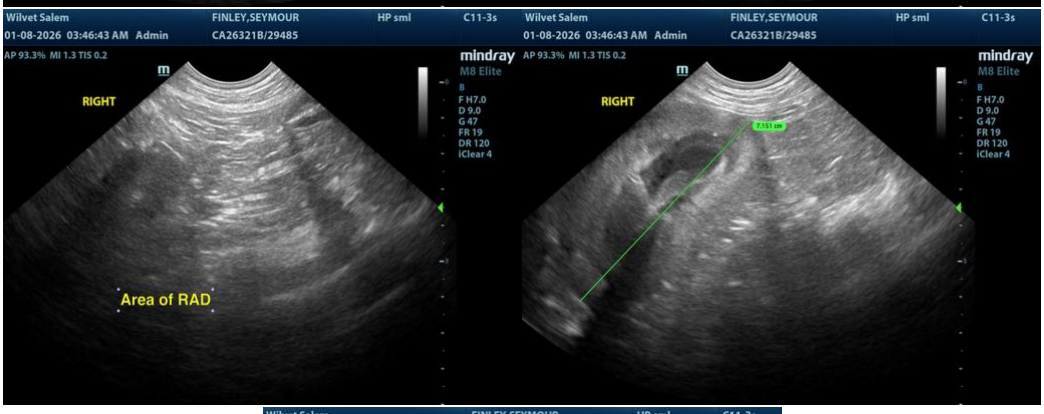

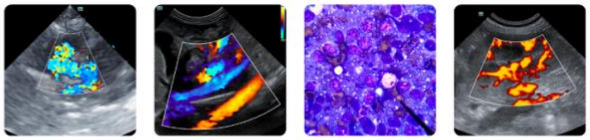

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com