



PATIENT	PRESENTING CLINICAL SIGNS
Ripken Skrapits	Pt presented 11/26/25 for 1-2 weeks of pt licking genital area a lot, mainly at night. O says P will dribble a little but hasn't noticed any discharges. No improvement after expression of anal glands.
SPECIES	Urine culture negative. Improvement after trial of Carprofen but after 2 weeks of Carprofen the licking and dribbling returned constantly. History of hypertension. Otherwise no other issues or concerns.
Canine	Otherwise doing well. After urination, bladder still appears distended with urine on u/s. Current medications: Telmisartan 20mg 3T SID, Cosequin
BREED	
Greyhound	Abnormal PE/Chem/CBC/UA Results: See attachments for recent bloodwork, urine, blood pressure testing
SEX	
MN	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
AGE	Urinary System
9	The urinary bladder was mildly distended in size with normal tone exhibiting normal wall without evidence of inflammation or tumors. Anechoic urine was present in the lumen with no evidence of urine mineral or calculi. The trigone and cystourethral junction were free of pathology. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
WEIGHT	
34.1 kg	The residual prostate was nonenlarged exhibiting a symmetrical contour and primarily homogeneous parenchyma. A solitary, mildly hyperechoic prostatic parenchymal lesion was present, measuring ~0.36 cm in diameter. The lesion did not appear to exhibit overt distal acoustic shadowing. The overall prostate measured 1.2 cm in diameter. The prostatic and post prostatic urethra exhibited normal structure and tone to a depth of 4.0 cm. The urethra measured 0.63 cm diameter.
INTERPRETED BY	No evidence of pathology in the area of the aortic trifurcation.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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. The left kidney measured 6.9 cm in length. The right kidney measured 6.9 cm in length. No evidence of pyelectasia was noted in either kidney.
IMAGING PERFORMED BY	
Justin Freeby	Adrenal Glands
HOSPITAL NAME	The left adrenal gland was mildly enlarged. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 1.1 cm width in the caudal pole. The definitive right adrenal gland was not obviously visualized.
Abby Road VH	
REFERRING VET	
Ashley Tichy	Spleen
INVOICE	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
10543	
DATE	
1/8/26	



PATIENT

Ripken Skrapits

SPECIES

Canine

BREED

Greyhound

SEX

MN

AGE

9

WEIGHT

34.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Justin Freeby

HOSPITAL NAME

Abby Road VH

REFERRING VET

Ashley Tichy

INVOICE

10543

DATE

1/8/26

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. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. 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.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable, mild distended urinary bladder
- Non-enlarged residual prostate exhibiting nonspecific subjective nonshadowing subtle hyperechoic parenchymal lesion
- Sonographically normal prostatic and post prostatic urethra

Secondary Findings

- Mildly enlarged nonhomogeneous left adrenal gland
- Early age-related renal changes
- Mild nonorganized gallbladder debris (non mucocele)



PATIENT

Ripken Skrapits

SPECIES

Canine

BREED

Greyhound

SEX

MN

AGE

9

WEIGHT

34.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Justin Freeby

HOSPITAL NAME

Abby Road VH

REFERRING VET

Ashley Tichy

INVOICE

10543

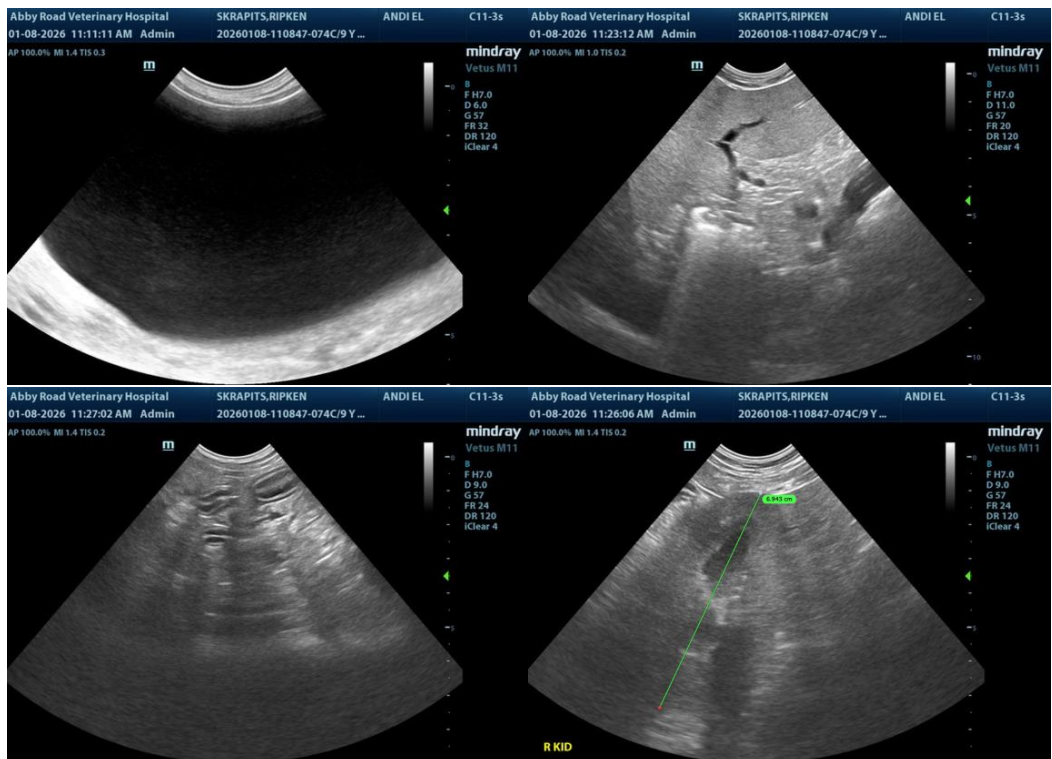
DATE

1/8/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of obstructive urinary bladder, prostatic, or urethral pathology, i.e., mass, calculus, etc. The subtle hyperechoic prostatic lesion is nonspecific and may indicate mild fibrosis if the patient was neutered later in life. Potential for emerging prostatic mineralization cannot be definitively excluded. Given an initial positive response to NSAID therapy, persistent to low-grade urethritis or if appropriate urination pattern, reflex dyssynergia could be considered. Although no overt neoplastic criteria, yet given the potential for emerging residual prostate mineralization, screening BRAF assay is suggested.

The mildly enlarged nonhomogeneous left adrenal gland is of unclear clinical significance with suspect age-related variant, including mild hyperplasia or adenomatous change. Sonographic monitoring of the left adrenal gland would be ideal, specifically if evidence of hypertension. Concurrent sonographic monitoring of the residual prostate for evidence of progressive hyperechoic lesion or mineralization is recommended.





PATIENT

Ripken Skrapits

SPECIES

Canine

BREED

Greyhound

SEX

MN

AGE

9

WEIGHT

34.1 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Justin Freeby

HOSPITAL NAME

Abby Road VH

REFERRING VET

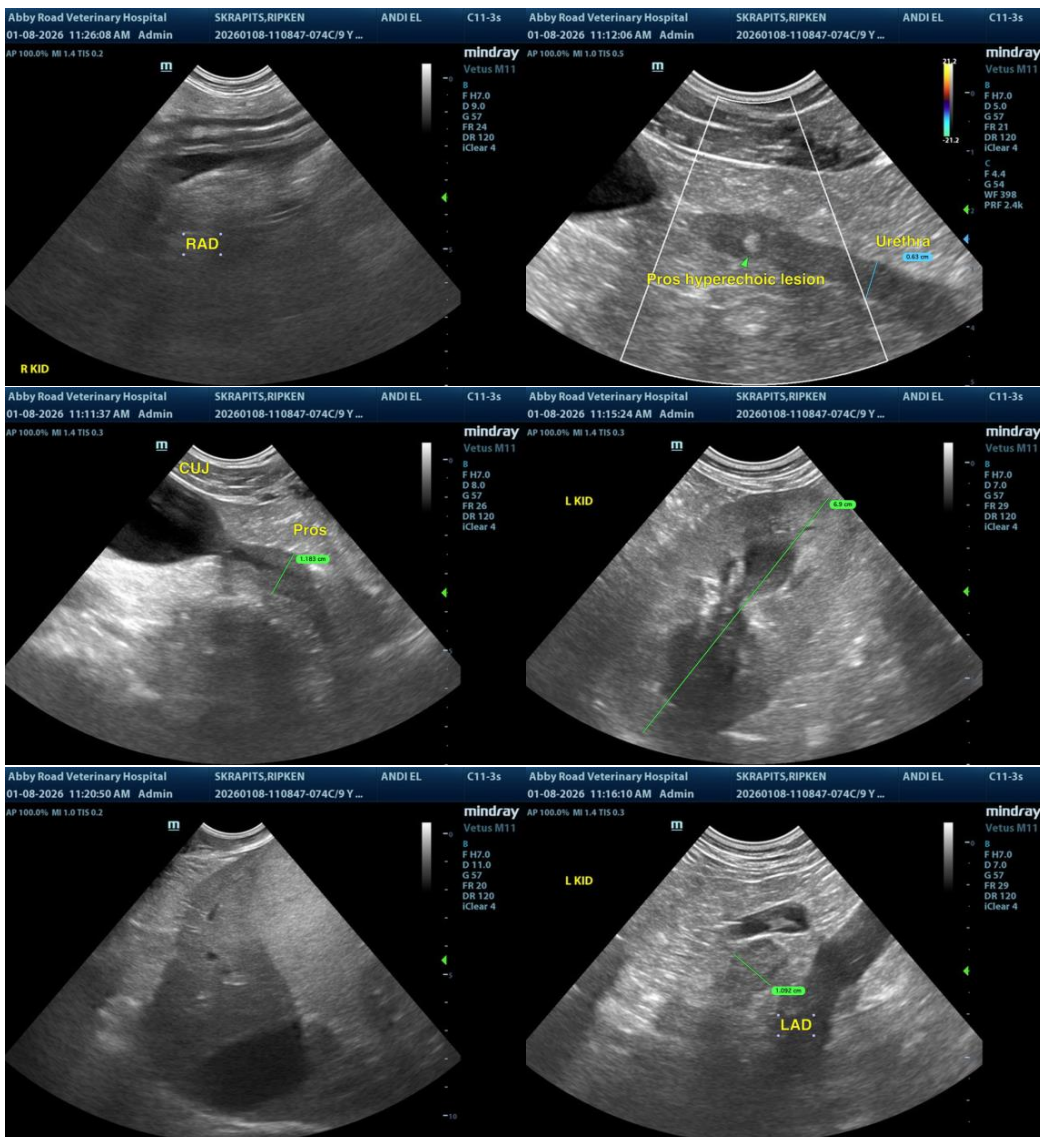
Ashley Tichy

INVOICE

10543

DATE

1/8/26



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