



**PATIENT**

Roscoe Langner

**SPECIES**

Canine

**BREED**

Hound Mix

**SEX**

Neutered Male

**AGE**

9 Years 1 Month

**WEIGHT**

39.4 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Shari Reffi CVT

**HOSPITAL NAME**

Heart & Paw LK  
Hopatcong

**REFERRING VET**

Dr. Isabela Marmolejo

**INVOICE**

13063

**DATE**

01/09/2026

**PRESENTING CLINICAL SIGNS**

BCS 4/9 . Concerns for enlarged prostate. Patient presented 12/8/25 with a month history of difficulty urinating and defecating. Current Medications: Carprofen 75mg (1/2 tab PO bid). (Sedation Torb/Alfaz)

UA: PH 8; Protein 3+; WBC 4-10/hpf; squamous epi cells 4-10/hpf. USG: 1.053. PLT >80; HCT 41%.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The residual prostate was enlarged in appearance with asymmetrical capsule contour and nonhomogenous to mineralized prostatic parenchyma. Multiple variably sized prostatic cystic lesions were visualized containing mildly echogenic fluid. The prostate measured 4.0 cm in diameter. The post-prostatic urethra was indistinctly visualized yet overtly normal in size and tone to a depth of 5.0 cm.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

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 5.9 cm in length. The right kidney measured 6.6 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 0.65 cm width at the caudal pole.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.77 cm width at the caudal pole.

**Spleen**

The spleen presented normal in size and contour with primarily homogenous parenchyma. A solitary nondisruptive hypoechoic splenic nodule was present measuring 0.73 cm in diameter.

**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 minor congealed hypoechoic debris. The cystic and common bile ducts were normal.

**Gastrointestinal**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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Canine

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.

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

**SEX**

Neutered Male

**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.

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**Free Abdomen**

No obvious peritoneal effusion was present.

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Transdiaphragmatic view revealed a comet tail artifact with small caudal pulmonary nodule adjacent to the diaphragm measuring 1.1 cm in diameter.

**ULTRASONOGRAPHIC FINDINGS**

- Normal nondistended urinary bladder with mild urine sediment.
- Enlarged nonhomogenous mineralized prostate with cystic lesions.
- Splenic nodule.
- Transdiaphragmatic comet tail artifact with small caudal pulmonary nodule.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

An enlarged mineralized prostate in a neutered male with evidence of mineralization is consistent with prostatic neoplastic criteria i.e. transitional cell or prostatic carcinoma until proven otherwise with chronic prostatitis thought less likely.

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Focal splenic lymphoid hyperplasia, hematopoiesis, granuloma, inflammation, emerging primary or metastatic nodular splenic neoplasia are all potentials. Correlation with pending sampling +/- culture and sensitivity and consideration for concurrent screening BRAF assay pending cytology is recommended. Three view chest radiographs are recommended if not done. No evidence of current regional lymphatic metastasis.

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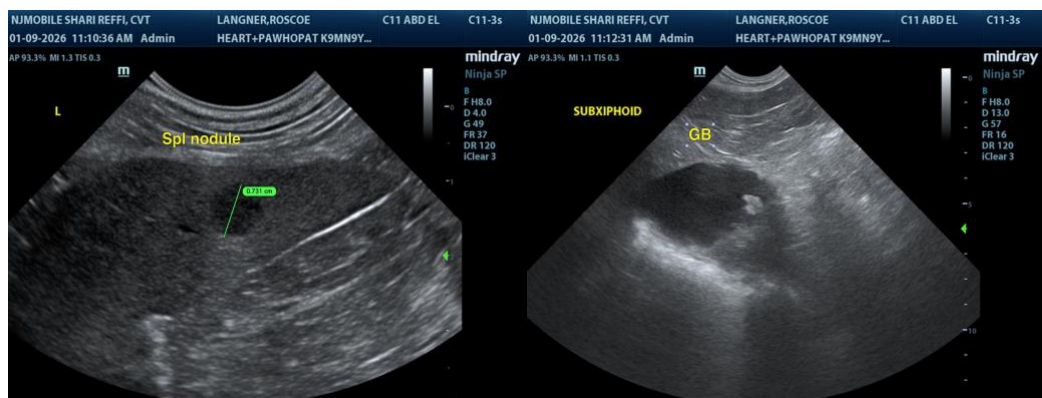
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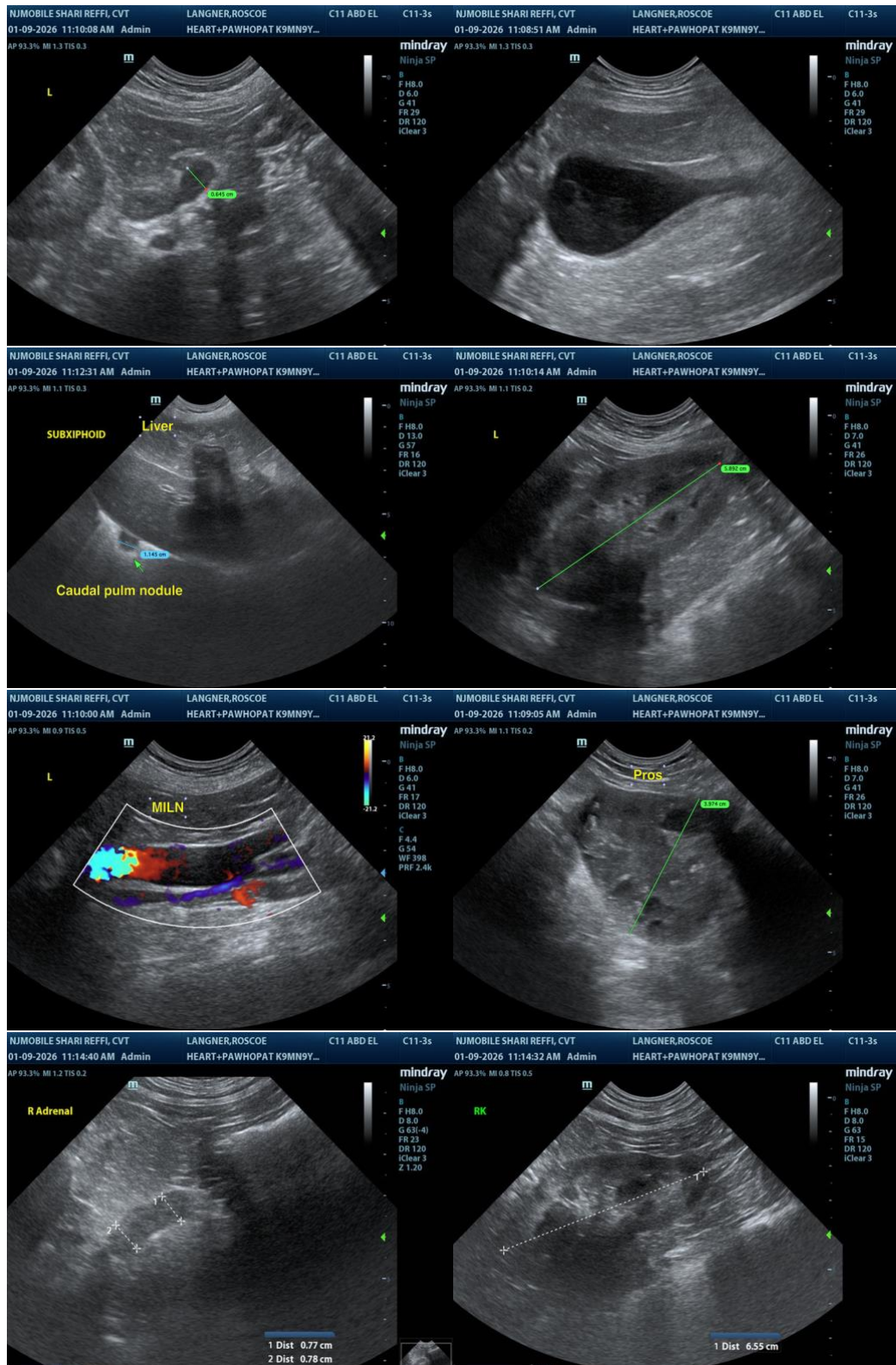
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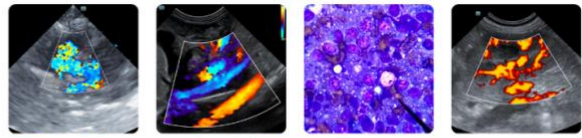
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)