



PATIENT

Gator Kight

SPECIES

Canine

BREED

Pitbull Mix

SEX

Male

AGE

8 Years 6 Months

WEIGHT

54 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Ashley Whitesell

HOSPITAL NAME

Dickson Animal Clinic

REFERRING VET

Dr. Richard Hovis

INVOICE

12349

DATE

11/20/25

PRESENTING CLINICAL SIGNS

Persistent blood in the urine with Amoxicillin Clavulanate Acid. Radiographs show huge prostate. Want to rule out prostate cancer before we neuter him.

Abnormal PE/Chem/CBC/UA Results: blood work WNL radiographs show significantly enlarge prostate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone and overall normal wall without evidence of overt inflammation or urinary bladder tumors. The trigone, cystourethral junction, and visible pelvic urethra 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.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

The prostate presented enlarged in size, capsule asymmetry and heterogeneous parenchyma. A moderately sized, irregular fluid-filled intraprostatic lesion with echogenic fluid component was visualized measuring approximately 5.6 cm in diameter. The overall prostate measured approximately 7.5 cm in diameter. Concurrent small primarily peripheral prostatic cyst was present with surrounding periprostatic inflammation and scant effusion.

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 pyelectasia. The left kidney measured 6.7 cm in length. The right kidney measured 7.1 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 0.76 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 0.63 cm width at 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.

Liver

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 congealed 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 echogenic, nonshadowing ingesta (consistent with food echogenicity) without signs of obstruction 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 was evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Prostatitis with intraparenchymal cyst versus abscess, surrounding periprostatic inflammation.
- Sonographically normal mildly distended urinary bladder with urine sediment.
- Normal bilateral kidneys.

Secondary Findings

- Gastric ingesta- consistent with food echogenicity.
- Mild congealed gallbladder debris (non-mucocele).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling either via ultrasound guided FNA or prostatic wash and strongly recommended ultrasound guided centesis into prostatic cyst or abscess for fluid analysis +/- culture/sensitivity is recommended. Fluroquinolone antibiotic is likely indicated. If abscess is confirmed, drainage and direct infusion of Enrofloxacin into the area of the abscess should be considered. Neuter with empirical therapy for prostatitis and sonographic prostatic monitoring is recommended. No evidence of prostatic neoplastic criteria.



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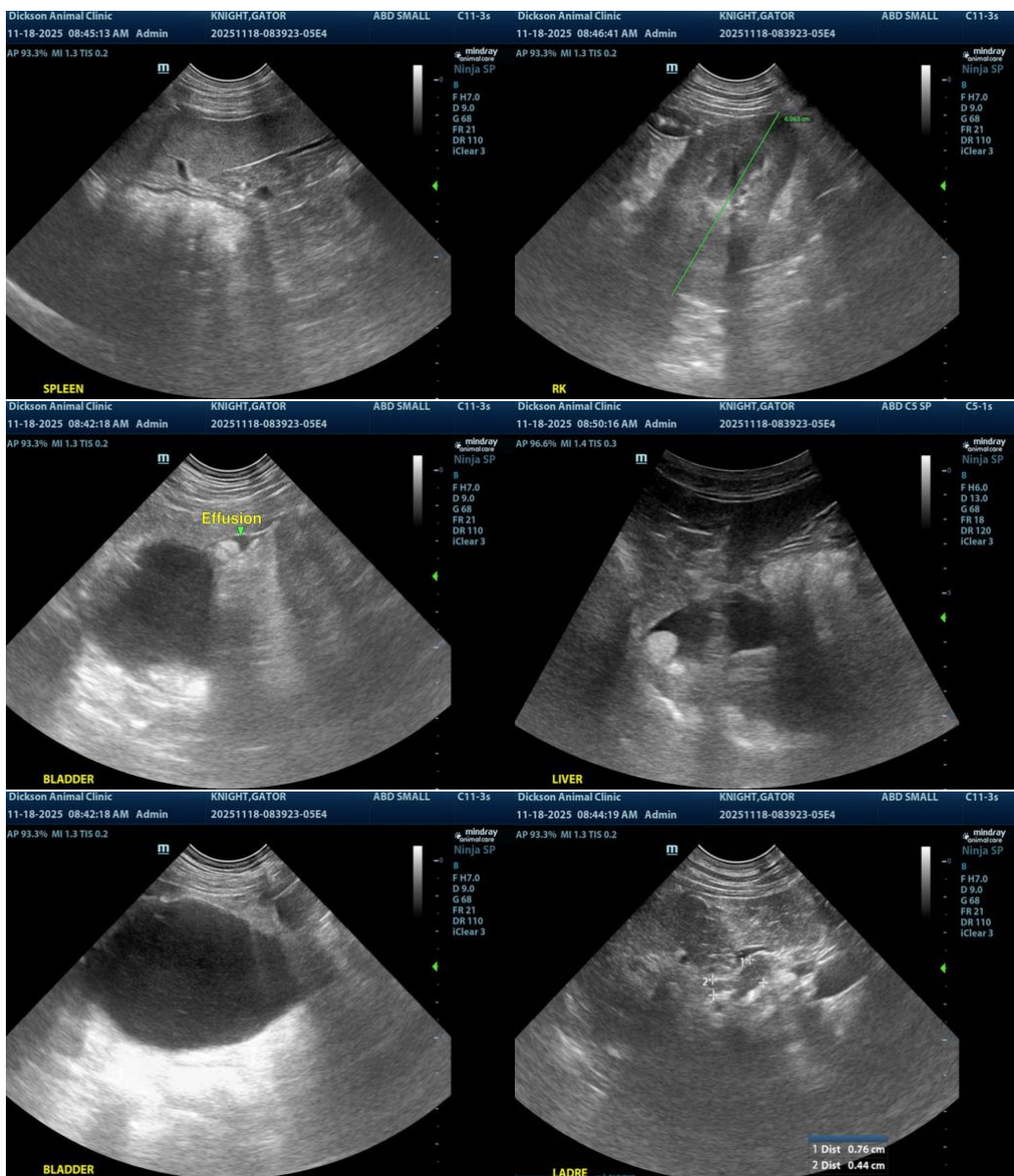
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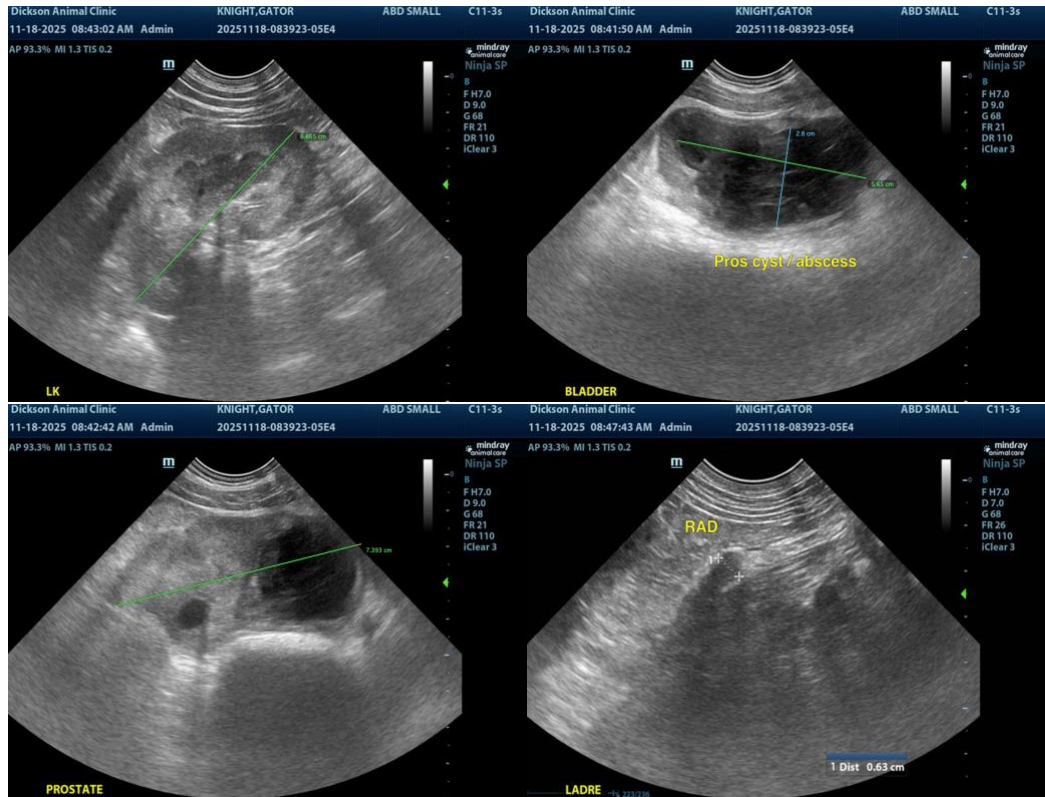
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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