



PATIENT

Dexter Sanchez

SPECIES

Canine

BREED

Bobston Terrier

SEX

Male Intact

AGE

5.3 years

WEIGHT

25.4 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Lindsay Bohling

INVOICE

12771

DATE

11/5/25

PRESENTING CLINICAL SIGNS

History: Patient presented for second opinion and recheck from ER for suspected anal gland abscess. Patient did ok on antibiotics - but issues never fully resolved. Client reports discomfort when patient defecates -- sometimes seems to struggle even though poop is not too hard. In August there was a mild perianal swelling - FNA imagist showed low cellularity with mesenchymal cells - r/o reactive vs neoplasia. The growth resolved on its own - but patient came back for difficulty sitting and rising, patient cannot seem to get comfortable and has trouble defecating. Prostate was enlarged but smooth, with mild laxity in perianal musculature -- r/o hernia. Patient has been on antibiotics, joint supplement, NSAID, probiotic, and gentacalm spray topically. At first patient seemed to respond to carprofen - but now does not seem to have an effect. Patient is back to having difficulty defecating- anal glands were mild/moderately full.

Abnormal PE/Chem/CBC/UA Results: Bloodwork showed increased globulin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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

The prostate was mildly 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 2.5 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 5.2 cm in length. The right kidney measured 5.3 cm in length.

Adrenal Glands

Bilateral symmetrical adrenal glands with mild enlargement with uniformly hypoechoic parenchyma was present. The left adrenal gland measured 0.68 cm width at the caudal pole. The right adrenal gland measured 0.72 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.



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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. 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 with no signs of ileus, 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. The ileocolic junction presented sonographically normal.

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.

PRIMARY FINDINGS

- Mild, benign prostatic hyperplasia
- Sonographically normal gastrointestinal tract including colon

SECONDARY FINDINGS

- Nonspecific bilateral mild adrenomegaly

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral, specifically colic or prostatic pathology as an obvious contributing factor to the patient's clinical signs. The degree of prostatomegaly is consistent with hyperplastic criteria and was not consistent with impingement upon adjacent colon. No evidence of prostatic inflammatory or neoplastic criteria. No obvious evidence of hernia. The mild bilateral adrenomegaly is nonspecific yet likely incidental given hepatic presentation and non-reported clinical signs which may suggest adrenal disease.



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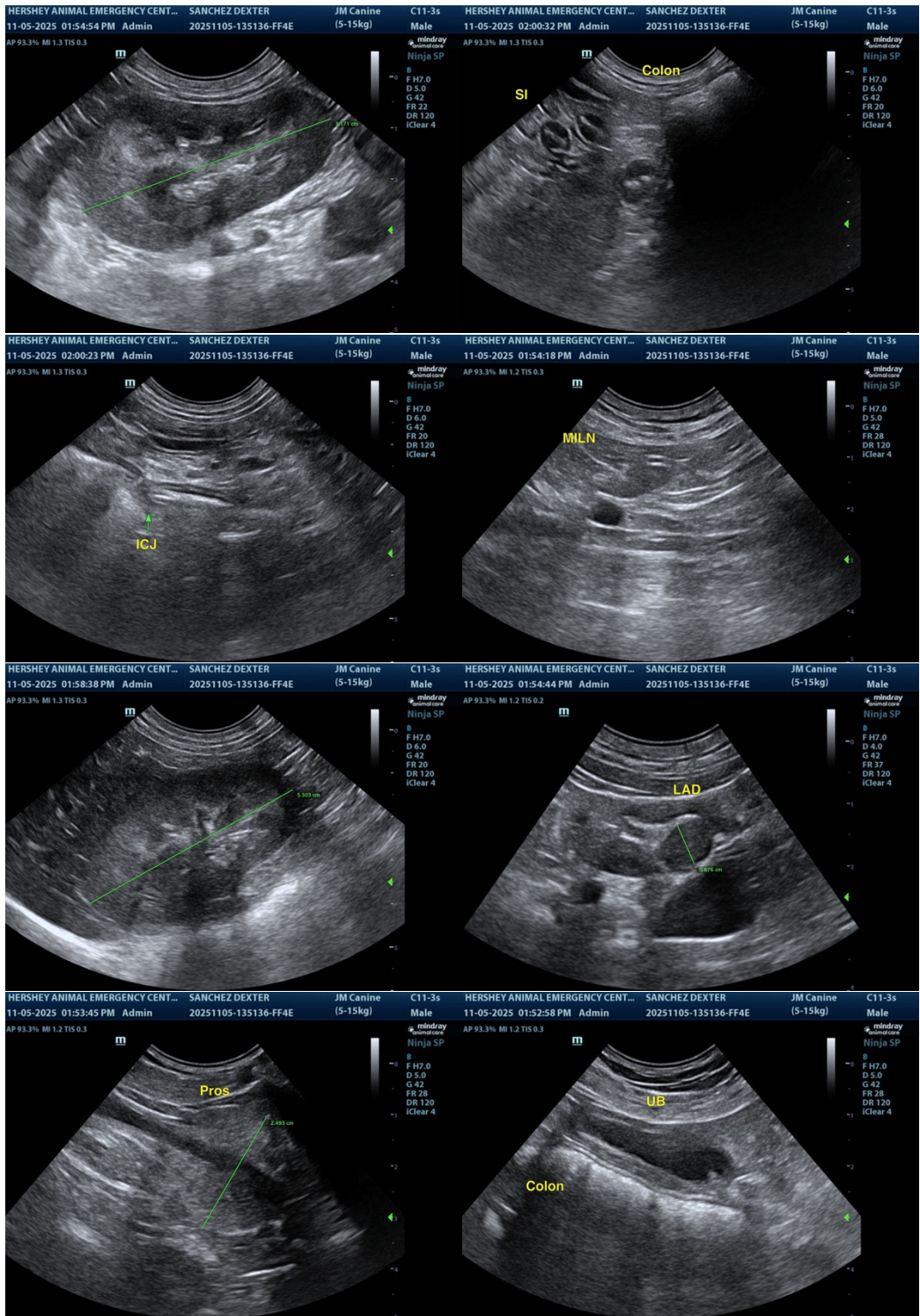
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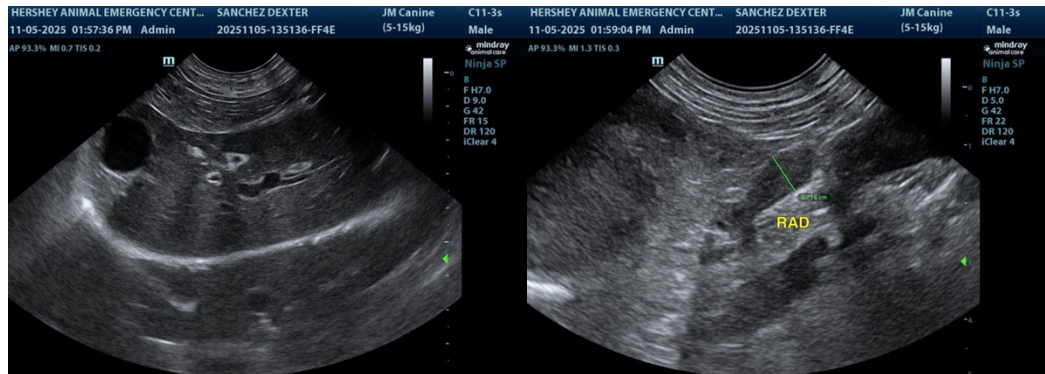
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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