



PATIENT

Hank Griffin

SPECIES

Canine

BREED

Lab

SEX

MN

AGE

12yr

WEIGHT

38.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Ark Animal Clinic

REFERRING VET

Matthew Reed DVM

INVOICE

22880

DATE

11/07/2025

PRESENTING CLINICAL SIGNS

AUS for urinary bladder check - persistently elevated WBCs, RBCs, Epithelial cells - negative culture 10/2/2025 - presented for dribbling urine. UTI present (no culture), started on amoxi/clav 500mg/125mg BID x10days 10/17/2025 - presented for recheck UA, dribbling has resolved, No bacteria seen, but 4+ epithelial cells present and RBCs/WBCs elevated 10/25/2025 - presented for UA + culture, No growth, still 3+ epithelial, elevated WBCS and RBCs. O reports p will still sometimes dribble when he is almost to the doggy door on his way outside

Abnormal PE/Chem/CBC/UA Results: Physical exam: prostatomegaly, not overtly painful on palpation 10/2/2025: Lab work: unremarkable renal values normal USG: 1.014 Protein 2+ WBCs: >100 RBCs: > 100 Bacteria: Marked cocci>40/hpf Epithelial cells: none seen 3+ (6-10)/hpf 4+ (>10/hpf) 10/18 USG: 1.015, trace protein, 50-75 WBC/HPF 20-30 RBC/HPF, no bacteria, 4+ epithelial cells (>10/HPF) 10/25 USG: 1.013, trace protein, >100 WBC/HPF, 20-30 RBC/HPF, no bacteria, 3+ epithelial cells (6-10/HPF), - Culture: No growth - Cystatin B (0-99) 72

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 evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The residual prostate was enlarged in size with asymmetrical capsule contour and variable non-homogenous hyperechoic parenchyma. Evidence of parenchymal mineralization was present. Concurrent intermittent intraparenchymal cystic lesions were present containing anechoic to mild echogenic fluid. The prostate measured 4 cm in diameter. Subtle periprostatic reactive hyperechoic tissue was present.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.74 cm width at the caudal pole The right adrenal gland measured 0.52 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



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thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder

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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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. The cystic and common bile ducts were normal.

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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.

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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 mechanical/metabolic ileus, obstruction or foreign material.

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary

- Normal urinary bladder
- Enlarged non-homogenous cystic to mineralized prostate gland, minor periprostatic inflammation
- Age-related renal changes.

Secondary

- Mild gallbladder debris (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although prostatic sampling required for clarification, prostatic neoplastic criteria, given evidence of parenchymal mineralization is met with considerations including urothelial or prostatic carcinoma. Associated prostatic intraparenchymal cysts with possible emerging necrosis or abscessation possible. Chronic prostatitis considered less likely. Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S or a BRAF assay is recommended. No evidence of regional lymphatic metastasis.

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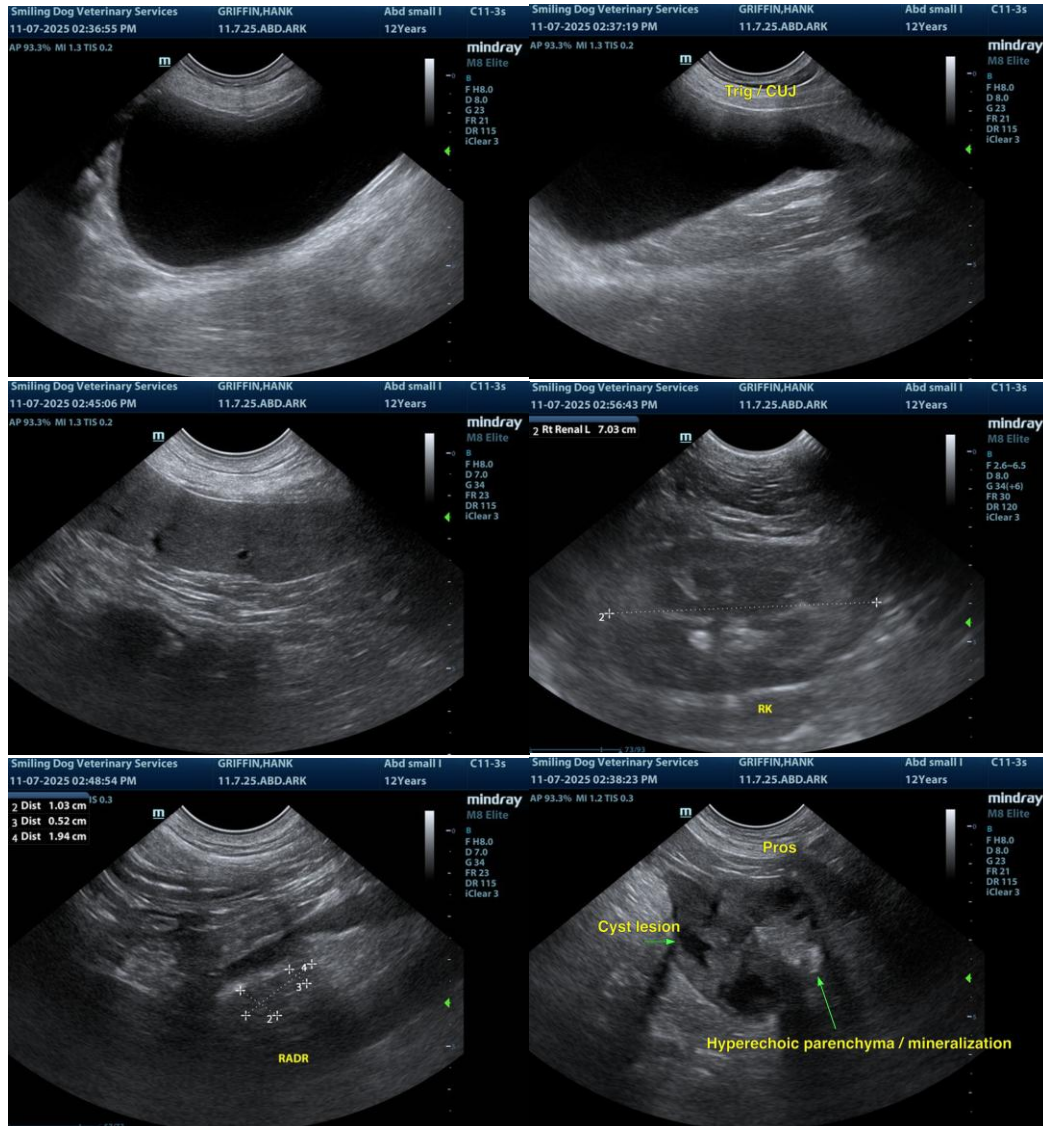
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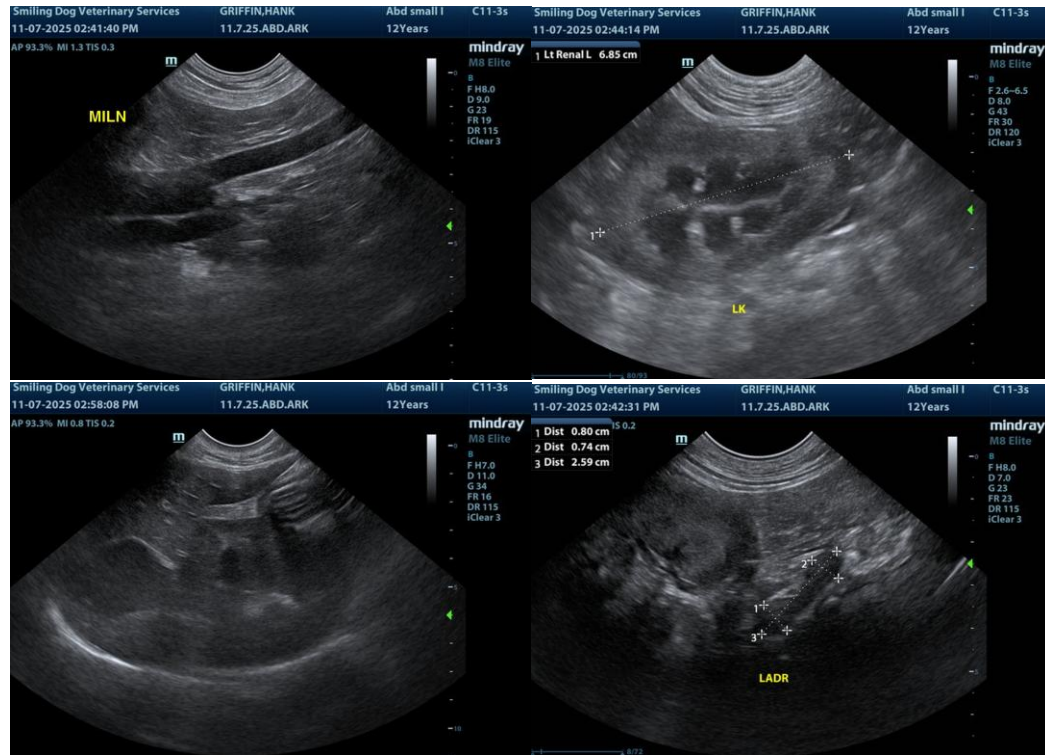
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com