



**PATIENT**

Brant Merchant

**SPECIES**

Canine

**BREED**

Blackmouth Cur

**SEX**

Male Neutered

**AGE**

12y

**WEIGHT**

63.4 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Meghan Morse, LVT, CVT

**HOSPITAL NAME**

Rondout Valley Vet Associates

**REFERRING VET**

Dr. Page

**INVOICE**

12959

**DATE**

12/17/25

**PRESENTING CLINICAL SIGNS**

History: Presents for US guided FNA of prostate and recheck scan- see prior report.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was non-distended with urine prohibiting full evaluation of the urinary bladder wall. No evidence of tumors. Anechoic urine was present with minor urine sediment. The trigone and cystourethral junction exhibited normal thickness and tone. The ureteral papillae were normal. The ureters were not visible which is normal.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

The prostate was enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization. The prostate measured ~6.4 cm x 4.3 cm. Moderately size intraprostatic cystic lesion was present exhibiting asymmetrical contour and anechoic to mildly echogenic fluid measuring ~4.3 cm in diameter. Additional, smaller non-capsule deforming prostatic cystic lesions noted.

Normal size and margination was present in the left kidney. 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 7.2 cm in length. The right kidney exhibited subnormal size compared to the left with asymmetrical margination. Indistinct 1:3 cortex / medulla ratio with significant loss of corticomedullary border demarcation. Mild heterogeneous corticomedullary parenchymal echogenicity. Minor evidence of pyelectasia. The right kidney measured 5.4 cm in length.

**Adrenal Glands**

The left adrenal gland was normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.56 cm. No evidence of pathology in the area of the right adrenal gland.

**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. Mid to deep liver, non-capsule deforming, thinly walled intraparenchymal cyst was present measured 1.7 cm in diameter. The gallbladder was non-



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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.

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**

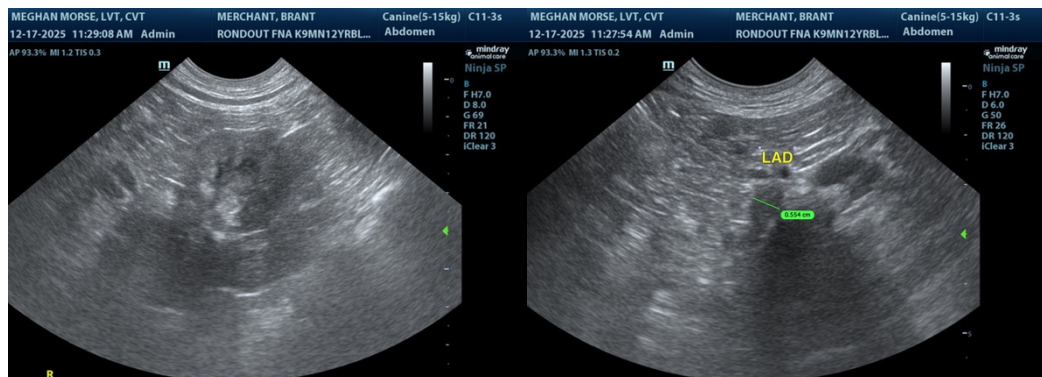
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Enlarged non-homogeneous prostate with intraparenchymal cyst vs abscess
- Mild urine sediment
- Static dystrophic right kidney with minor pyelectasia, mild age-related left kidney changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Correlation with prostatic cytology as well as drainage and cytology/C/S of cystic lesion is recommended. Prostatic inflammation or neoplasia possible combined with etiologies possible. Concurrent urine C/S indicated if evidence of inflammatory sediment on urinalysis. Empirical therapy for prostatitis pending sampling with sonographic monitoring is recommended. Concurrent monitoring of random parameters going forward is indicated.





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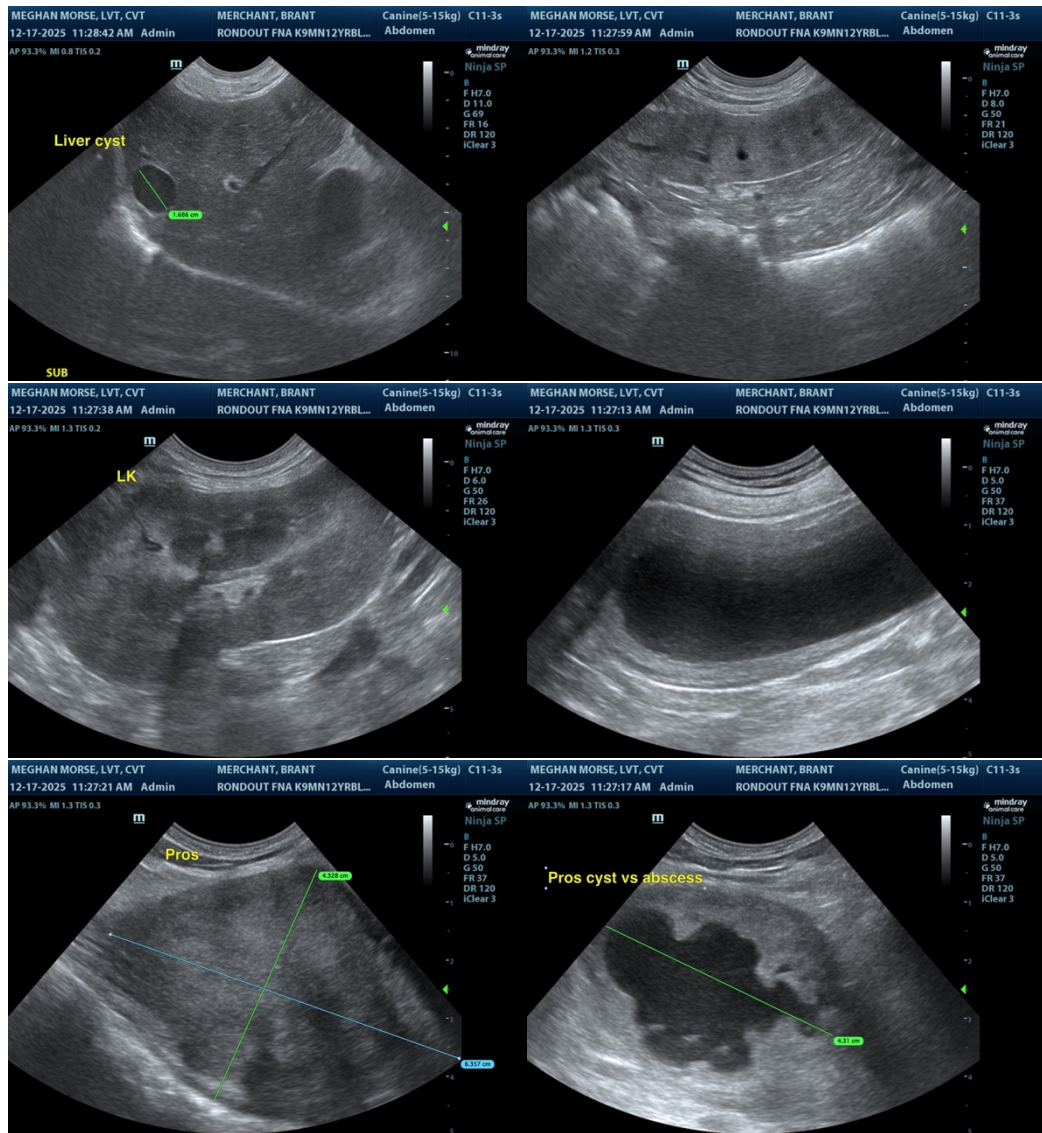
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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