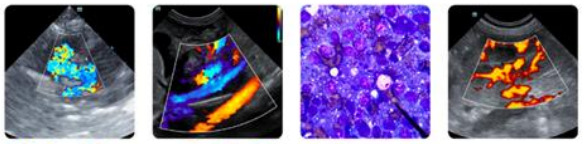


PATIENT
Bodhi Dunham

SPECIES
Canine

BREED
Husky Mix

SEX
MN

AGE
9yr

WEIGHT
27kg

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

IMAGING PERFORMED BY
Dr. Jill Rankin

HOSPITAL NAME
Bridgeland Vet Clinic

REFERRING VET
Dr. Rachel & Dr. Costa

INVOICE
22329

DATE
12/22/2025

PRESENTING CLINICAL SIGNS

Urinary concerns, including greenish-yellow penile discharge, urinary leakage/dribbling, increased urinary frequency, and periods of vocalizing/whining over the last couple of wks.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was subnormal in size owing to lack of urine distension which prohibited full evaluation of the urinary bladder walls. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild urine sediment. No evidence of urinary bladder tumors.

The prostate was mild to moderately enlarged in size. The prostatic parenchyma was primarily hypoechoic to heterogeneous with areas of parenchyma mineralization. The margins of the gland were indistinct and difficult to differentiate from the surrounding tissue. The prostate measured ~ 5 cm in diameter. An intraprostatic cystic lesion containing anechoic to mildly echogenic fluid was present measuring ~ 2.8 cm in diameter. Mild periprostatic and pericystic hyperechoic omentum and scant effusion was present.

Normal size and margination were 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 6.8 cm in length. The right kidney measured 6.5 cm in length.

The area of the iliac trifurcation was free of pathology including no evidence of medial iliac or sublumbar lymphadenopathy or masses.

Adrenal Glands

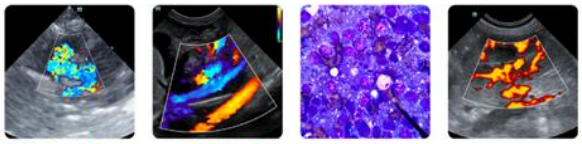
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.76 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.89 cm width 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/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. 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.

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.

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

Mild periprostatic and pericystic hyperechoic omentum and scant effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Mineralized cystic prostate
- Mild urinary bladder sediment
- Normal bilateral kidneys
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although sampling is required for further clarification, the prostatomegaly with evidence of mineralization is consistent with prostatic neoplastic criteria, i.e. prostatic or transitional cell carcinoma. Concurrent prostatic cysts, necrosis or abscess is possible. Further assessment may include prostatic FNA cytology as well as cystic fluid analysis +/- C/S and screening BRAF assay. Potential for early extension into the urinary bladder cannot be definitively excluded. No current evidence of regional lymphatic metastasis. An oncology consultation may be considered.

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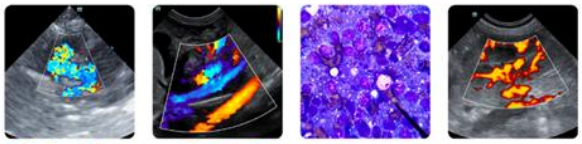

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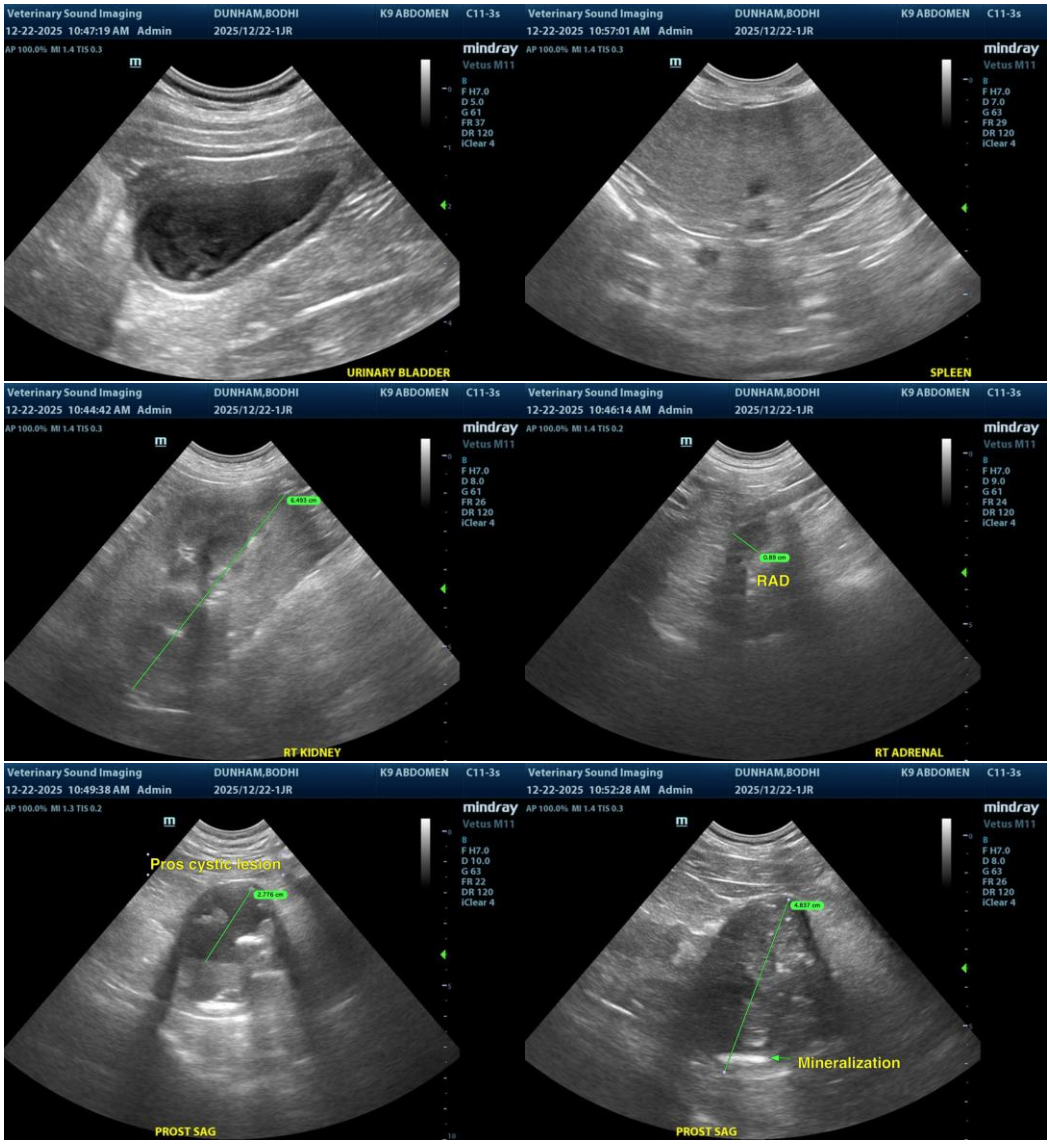

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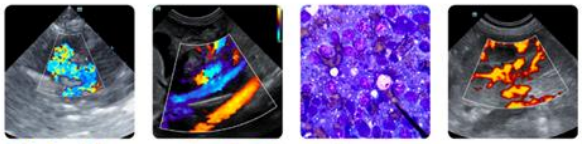

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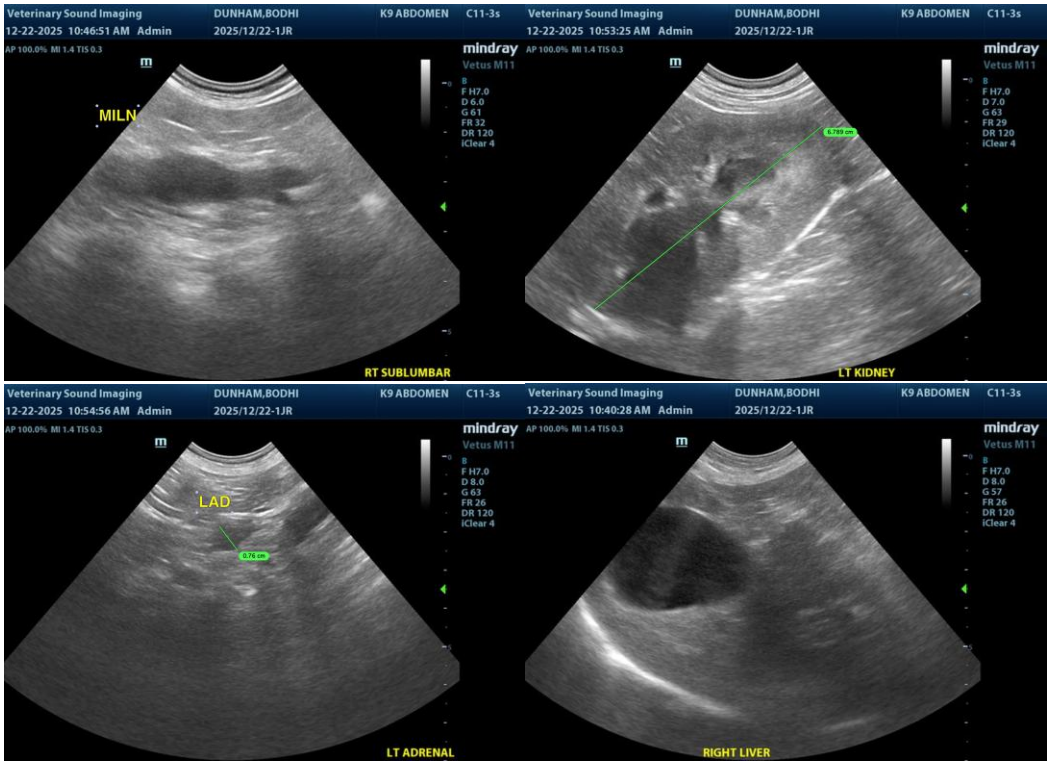

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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