



PATIENT

Rex Williams

SPECIES

Canine

BREED

Labrador Retriever

SEX

M

AGE

9yr

WEIGHT

30kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Catherine Alexander,
LVT

HOSPITAL NAME

NorthStar Veterinary
Sonography, PLLC

REFERRING VET

Dr. Phillips

INVOICE

23311

DATE

12/22/2025

PRESENTING CLINICAL SIGNS

p presented for blood dripping from penis area that started on last thursday. O did mention that today he has not seen any. On exam Enlarged prostate, no obvious cuts, masses, or leakage.

Abnormal PE/Chem/CBC/UA Results: u/a showed wbcs rbc's no bacteria. free catch no bloodwork performed

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 6.4 cm in length. The right kidney measured 7.7 cm in length.

A visualized medial iliac lymph node was mildly prominent size with mild asymmetrical capsule contour, and non-homogenous parenchyma measuring 2.2 cm x 1.0 cm.

The prostate was 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. Multiple variably sized anechoic, thinly walled parenchyma cysts were present. An example measured 1.3 cm diameter.

The left/right testicles were sonographically normal.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 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 0.66 cm width at the caudal pole.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A small well-defined, symmetrical, hyperechoic nodule was present in the medial parenchyma measuring 0.51 cm in diameter. 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

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 to moderate, non-dependent, non-organized debris. 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 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

No evidence of peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Prostatomegaly exhibiting non-homogenous hyperechoic parenchyma and small prostatic cysts
- Mildly enlarged non-homogenous medial iliac lymph node
- Normal urinary bladder
- Mild age-related renal changes
- Small benign splenic nodule - consistent with small myelolipoma
- Non-organized gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate is suggestive of benign prostatic hyperplasia with prostatic cysts given intact status. Potential prostatitis or emerging prostatic abscesses cannot be excluded. No evidence of prostatic neoplastic criteria, which is considered unlikely.

Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S is required for further definition.

Neutering if the patient is not intended for breeding with consideration for empirical coverage for prostatitis and sonographic monitoring of prostatic involution is recommended. Off label finasteride may be considered if neuter is not possible.



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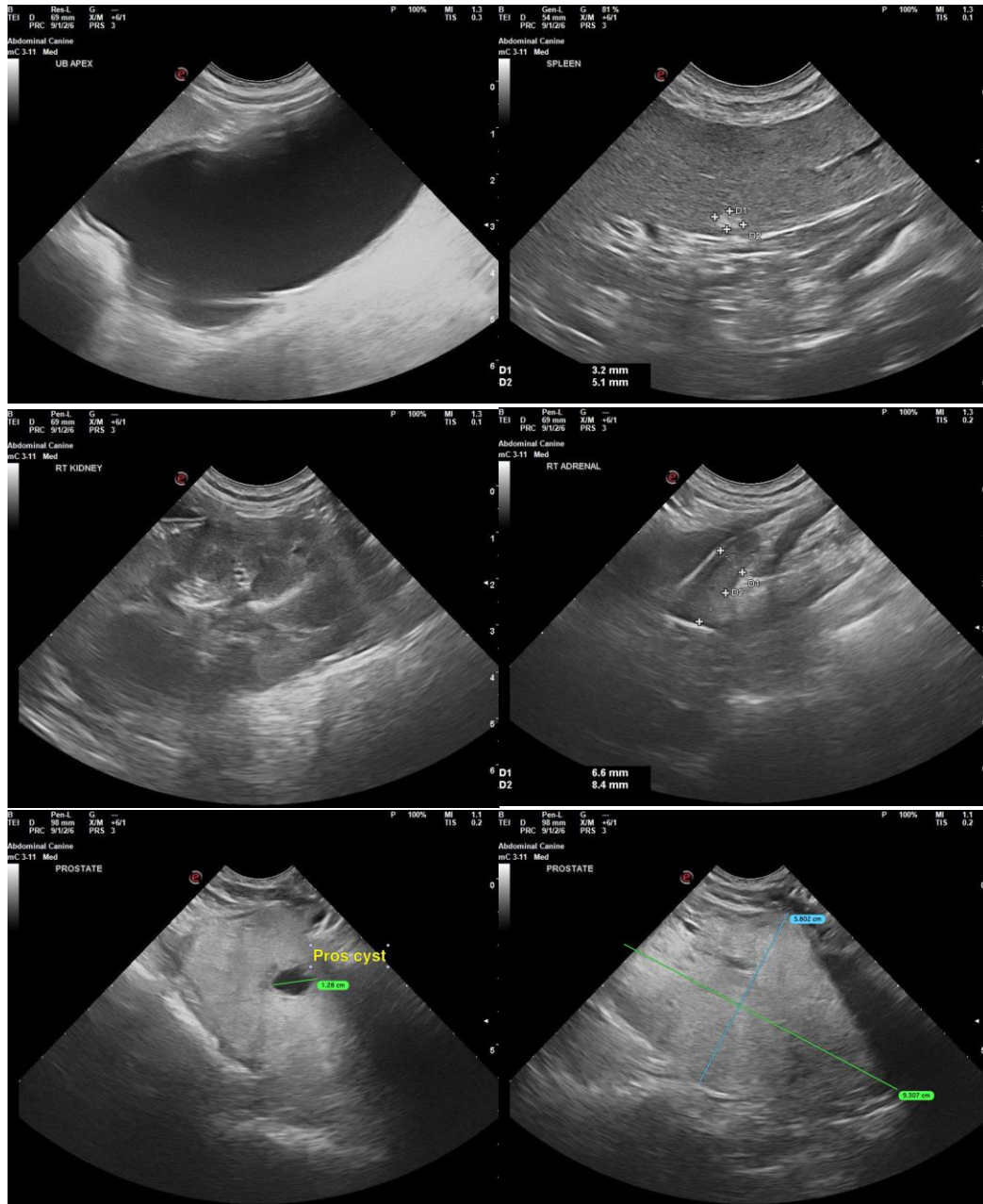
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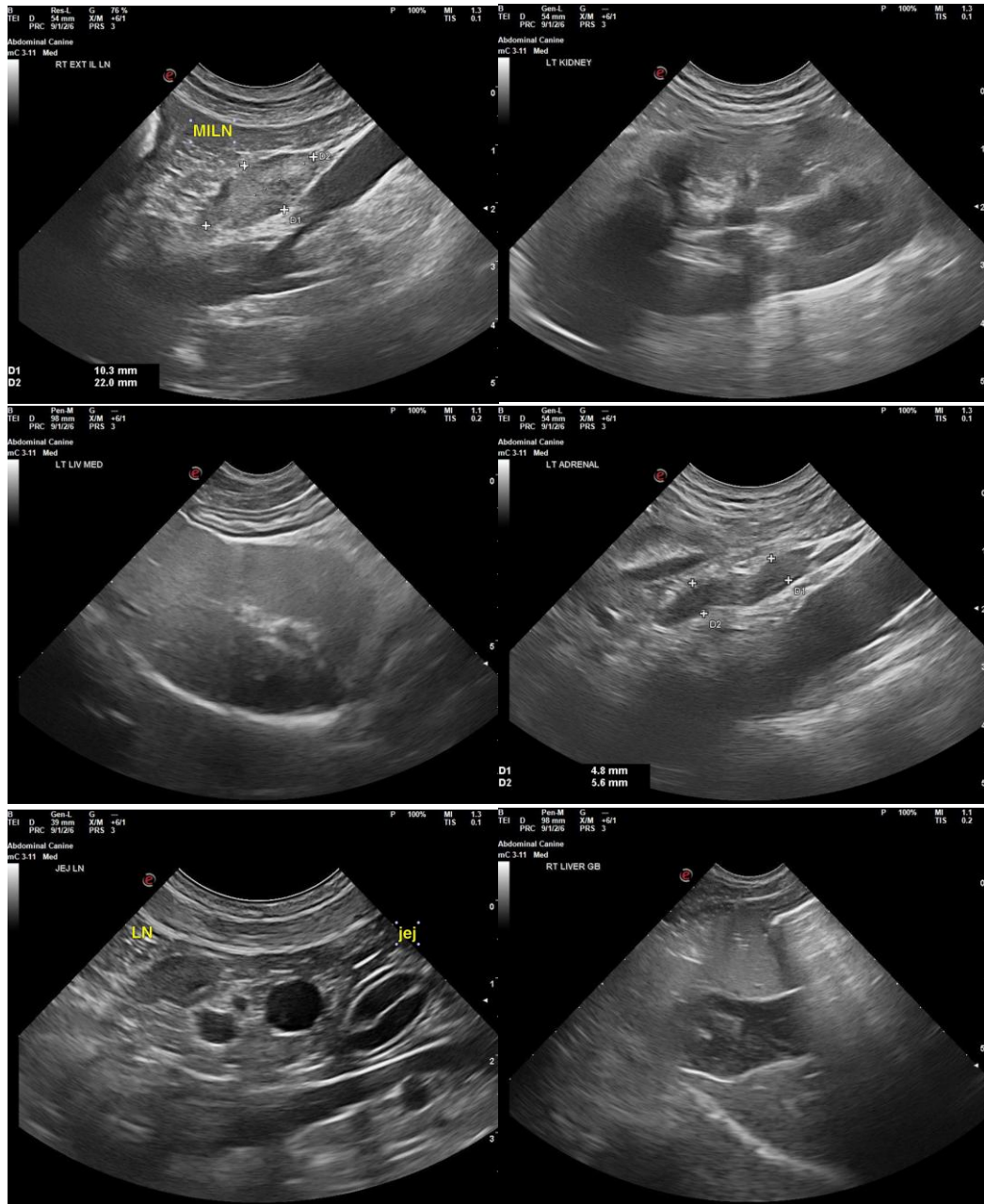
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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info@sonopath.com

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