



PATIENT

Taj Wayne

SPECIES

Canine

BREED

Samoyed

SEX

Neutered Male

AGE

8 Years 3 Months

WEIGHT

34.5 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Sunriver Veterinary
Clinic

REFERRING VET

Dr. Wendy Meredith
DVM

INVOICE

12904

DATE

12/31/25

PRESENTING CLINICAL SIGNS

Patient presented for intermittent vocalization whilst defecating. Occurs sporadically, several times every few weeks for months.

Abnormal PE/Chem/CBC/UA Results: Blood on tip of penis and surrounding hair UA: - consistent with bacterial cystitis X-ray: Prostate irregular/visible

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size and tone. A sessile based nonobstructive mass in the area of the ventral trigone and cystourethral junction was present measuring approximately 3.4 cm x 1.2 cm in diameter. Anechoic urine was present with no evidence of mineral or calculi. The urethra was normal in structure and tone to a depth of 5.0 cm.

No evidence of medial iliac or sublumbar lymphadenopathy or masses.

The residual prostate was normal in size and contour with homogenous to mildly nonhomogenous nonmineralized parenchyma. The prostate measured 1.5 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 pyelectasia or left/right hydronephrosis. The left kidney measured 5.7 cm in length. The right kidney measured 5.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 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 0.54 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

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



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, mild nonshadowing ingesta (consistent with food echogenicity) without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental nonshadowing ingesta/chyme was present.

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Normal visible colon wall layers were present. The colon was nondistended containing formed fecal matter in the lumen.

Pancreas

SEX

The area of the pancreas was sonographically normal.

Neutered Male

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Nonobstructive trigone/cystourethral junction mass.
- Sonographically normal residual prostate.
- Normal gastrointestinal tract with mild gastrointestinal ingesta and formed fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The trigone/cystourethral junction mass is strongly suggestive of neoplastic criteria i.e. transitional cell carcinoma with inflammation or other nonneoplastic etiologies thought less likely. No overt evidence of regional lymphatic metastasis or obstruction to urine outflow. Traumatic catheterization and screening BRAF assay for further clarification is recommended. No sonographic evidence of residual prostate or visible colon mural pathology as an obvious contributing factor to the patient's clinical signs. If not done, rectal palpation is recommended.

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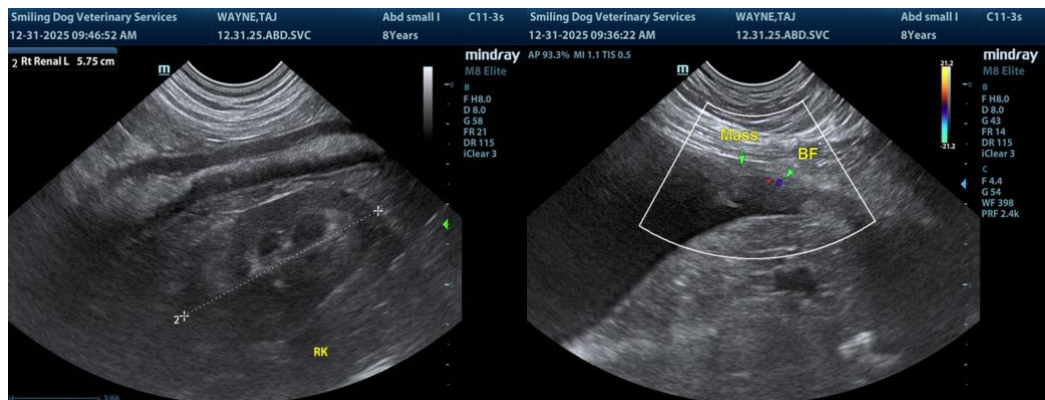
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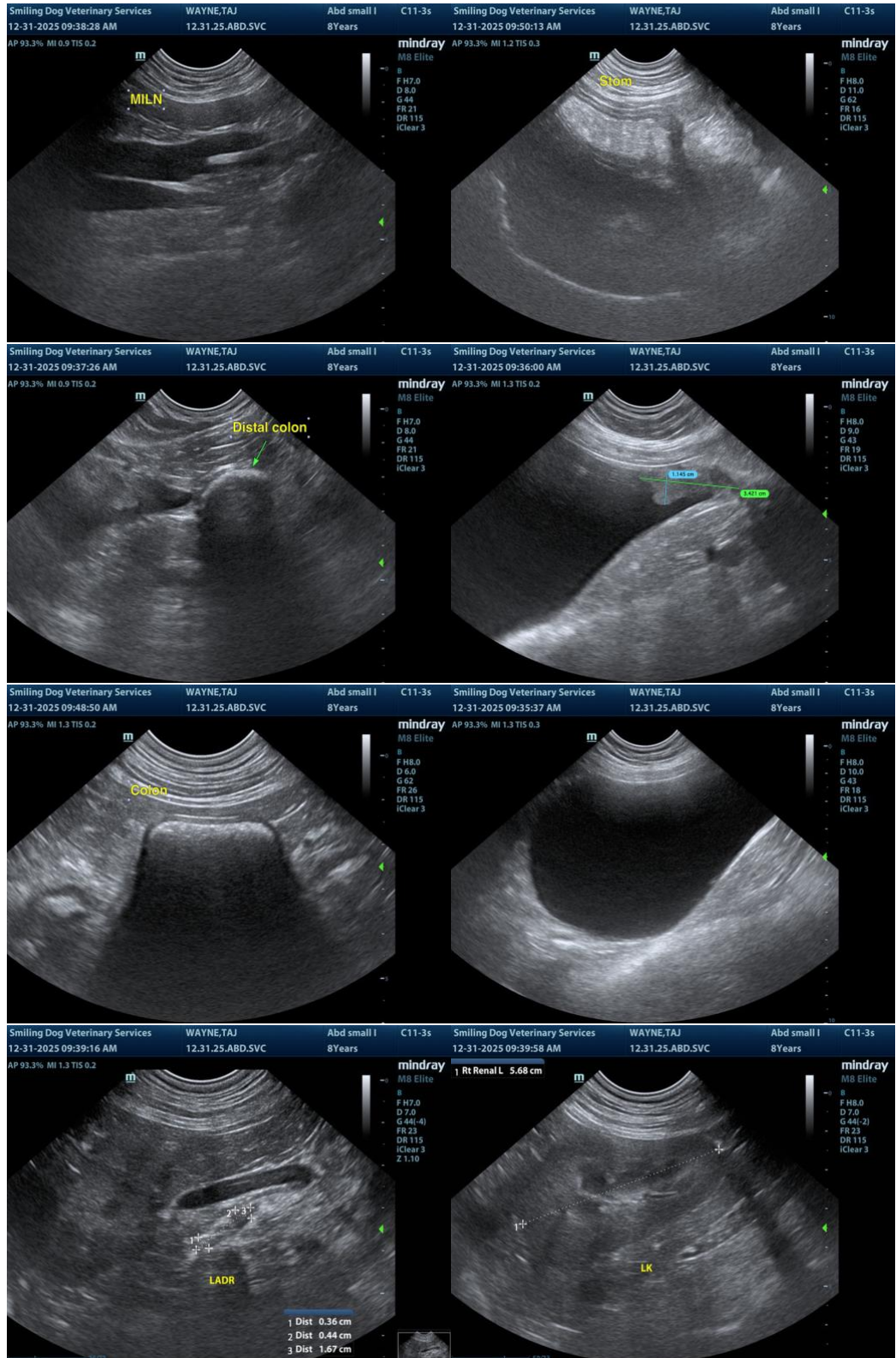
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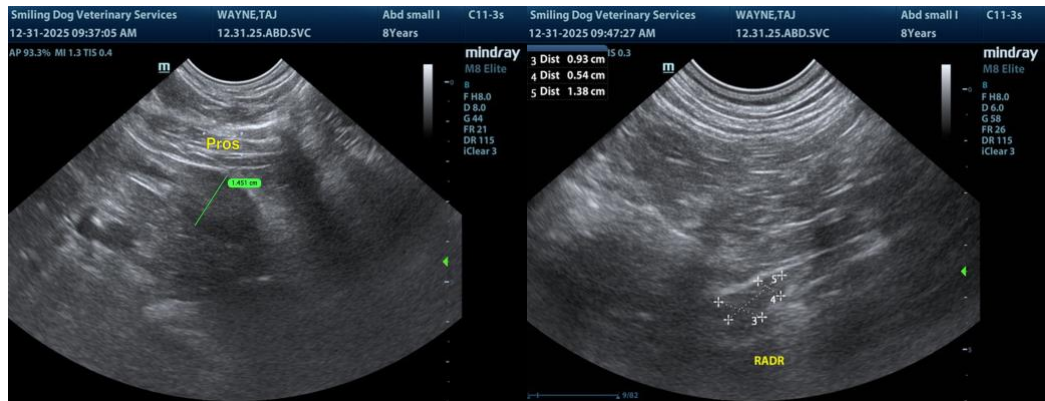
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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