



## PATIENT

Dexter Taylor

## SPECIES

Canine

## BREED

Cairn Terrier

## SEX

Male

## AGE

2

## WEIGHT

22

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

## IMAGING PERFORMED BY

Megan Wooten LVT

## HOSPITAL NAME

Rondout Valley  
Veterinary Associates

## REFERRING VET

Dr. Troy Hexter

## INVOICE

13599

## DATE

02/04/26

## PRESENTING CLINICAL SIGNS

Submitted study contained nine videos of the urinary bladder and prostate gland only.

- Intact male with hematuria

## LIMITED ULTRASONOGRAPHIC EXAMINATION

The urinary bladder presented normal in size and tone with mild to irregular thickened ventroapical to dorsoapical wall with asymmetrical luminal surface contour and potential emerging apical polypoid lesions. The apical wall measured approximately 0.92 cm wall width. Moderate nondependent particulate to pinpoint hyperechoic urine sediment along with mild dependent lumen to focally adhered hyperechoic sand/mineral was present. The urinary bladder, trigone and cystourethral junction exhibited normal tone. Anechoic urine was present. The ureteral papillae were normal. The ureters were not visible which is normal. The pelvic urethra was overtly normal in structure and tone to a depth of 2.0 cm.

No visualized medial iliac or sublumbar lymphadenopathy or masses.

The prostate was mildly 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. The prostate measured 1.9 cm in diameter.

## ULTRASONOGRAPHIC FINDINGS

- Cystitis pattern potentially chronic with dependent to nondependent focally adhered urine sediment/mineral.
- Mild benign prostatic hyperplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity on sterile urine sample is recommended. Empirical therapy for UTI, +/- urinary diet may prove beneficial. If positive culture, higher dose, shorter frequency, antibiotic regimen i.e. Clavamox or enrofloxacin 20 mg/kg SID for five to seven days may prove beneficial. No overt evidence of prostatic inflammation as a contributing factor with urinary bladder neoplasia considered unlikely in conjunction with a pattern of urinary bladder thickening and patient's age. As needed sonographic monitoring is indicated if non-responsive lower urinary tract signs or hematuria.



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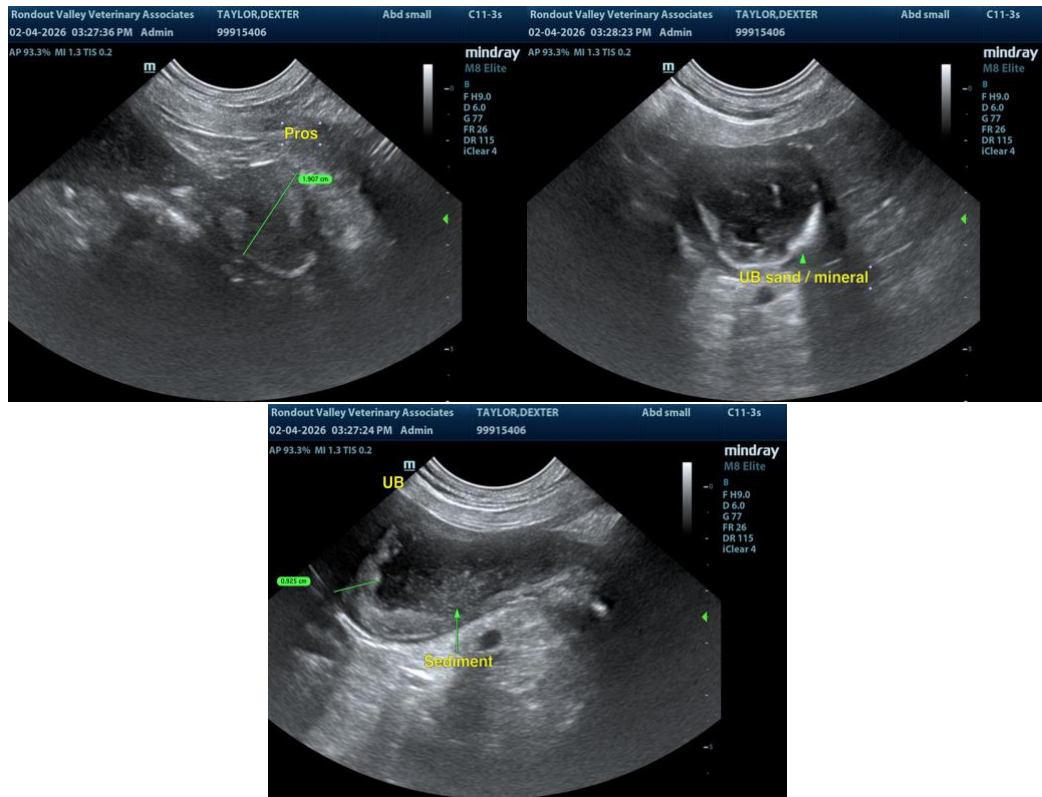
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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