



PATIENT

Charlie Wood

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

9 Years 6 Months

WEIGHT

7.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jill Rankin

HOSPITAL NAME

Bridgeland Vet Clinic

REFERRING VET

Dr. Rachel Flath

INVOICE

13618

DATE

02/05/26

PRESENTING CLINICAL SIGNS

- The owner reports that Charlie has difficulty urinating. He leans into the ground for 2-3 minutes to void, and sometimes nothing is produced. The urine stream itself is not visible to the owner.
- inappropriate urination
- urinary tract infection earlier this year that presented with blood and brown urine.
- incontinence

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was distended in size with normal tone. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Mild dependent lumen hyperechoic sand with primarily anechoic urine. The ureteral papillae were normal. The ureters were not visible which is normal. A urinary bladder neck mass was present exhibiting hyperechoic foci measuring approximately 2.3 cm x 1.1 cm.

No overt medial iliac or sublumbar lymphadenopathy or masses.

The prostate was enlarged in size with hypoechoic nonhomogenous parenchyma and significant parenchymal mineralization. The margins of the gland were indistinct and difficult to differentiate from the surrounding tissue. The prostate measured approximately 4.0 cm in diameter.

Normal size and margination was 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 pyelectasia or hydronephrosis was present. The left kidney measured 4.8 cm in length. The right kidney measured 5.2 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 0.54 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 0.45 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 presented mildly enlarged in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The



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hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent subtle hypoechoic nodules were present with an example measuring 0.60 cm in diameter.

The gallbladder was non distended in size with moderate congealed partially mineralized biliary sludge. The common bile duct was not visualized.

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 significantly mineralized prostate gland.
- Mild distended urinary bladder with mild lumen sand and urinary bladder neck mass.
- Bilateral chronic renal changes.
- Mildly enlarged hyperechoic liver with subtle hypoechoic parenchymal nodules.
- Congealed partially mineralized gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The prostate gland and urinary bladder neck mass are consistent with neoplastic criteria with prostatic carcinoma extending into the cystourethral junction or transitional cell carcinoma possible. No overt current regional lymphatic metastatic criteria. Correlation with a BRAF assay is recommended.

The liver may indicate incidental vacuolar changes, inflammation, hyperplasia, hematopoiesis, or potential emerging primary or metastatic liver nodules. Correlation with lab work is recommended. Assuming normal clotting status, hepatic FNA cytology could be considered for further clarification. Hepatosupportive medications are indicated, assuming hepatic enzyme elevations and cholestasis.



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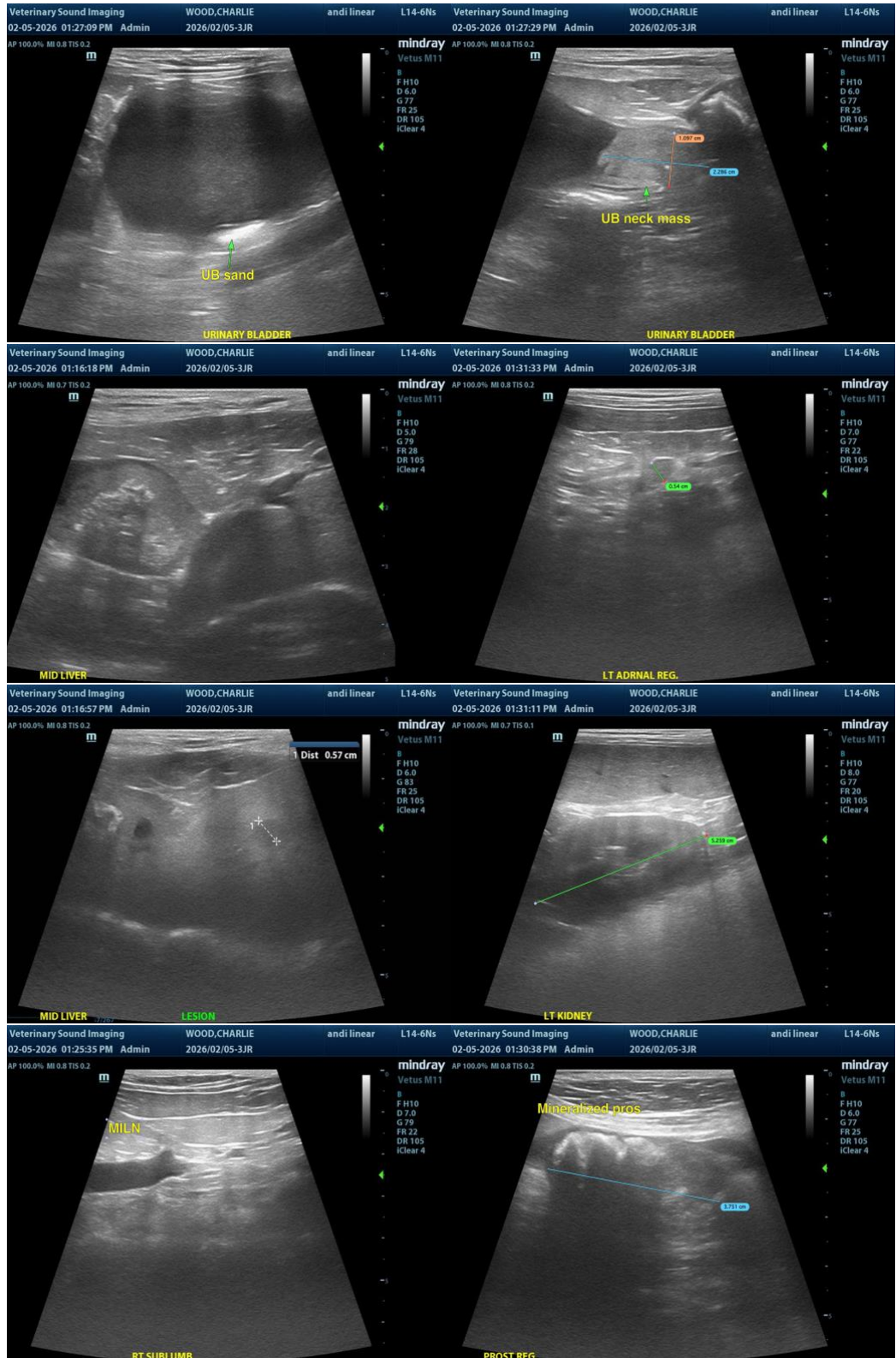
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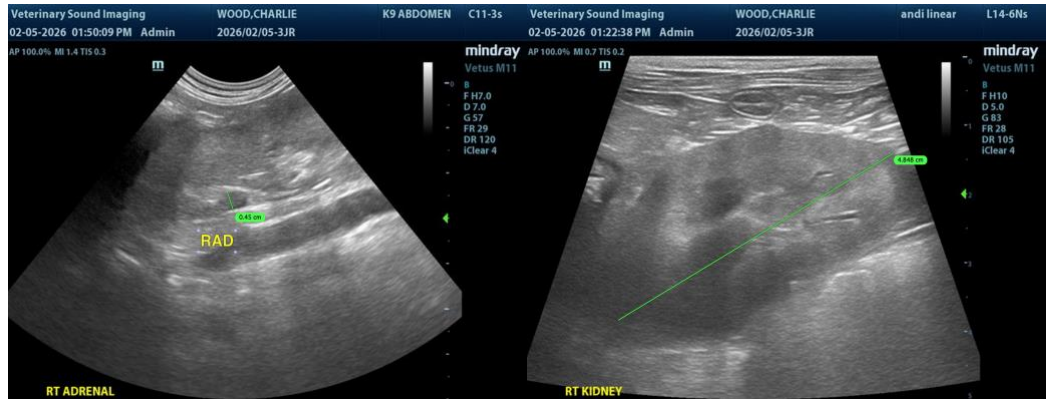
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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