



## PATIENT

Kane Robles

## SPECIES

Canine

## BREED

Pitbull

## SEX

Male

## AGE

3

## WEIGHT

63

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sharkaway

## HOSPITAL NAME

Kew Gardens Animal  
Hospital

## REFERRING VET

Dr. Nader

## INVOICE

13672

## DATE

02/09/26

## PRESENTING CLINICAL SIGNS

- Bleeding from the penis

Abnormal PE/Chem/CBC/UA Results: BW- wnl Aggression The study was done under sedation UA-pending

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

Initial urinary bladder was empty in appearance without evidence of lumen urine, prohibiting full evaluation of the urinary bladder wall. Later urinary bladder examination revealed normal urinary bladder wall without evidence of overt tumors. Anechoic urine was present with mild urine sediment and mild nondependent lumen mineral.

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. The prostate measured 2.3 cm. Concurrent mild nonobstructive prostatic urethral lumen mineral was present with normal urethral structure and tone to a depth of 3.0 cm.

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. The left kidney measured 6.4 cm in length. The right kidney measured 6.9 cm in length.

### Adrenal Glands

The left and right adrenal glands were not definitively visualized.

### 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. 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

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.



**PATIENT**

Kane Robles

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.

**SPECIES**

Canine

**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.

**BREED**

Pitbull

**Free Abdomen**

**SEX**

Male

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

3

- Sonographically normal urinary bladder and visible proximal urethra with mild particulate urine sediment and nonobstructive urinary bladder and proximal urethra lumen mineral.
- Mild benign prostatic hyperplasia.
- Normal bilateral kidneys.

**WEIGHT**

63

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of a significant lower urinary tract or prostatic pathology, i.e. tumors, significant cystitis, prostatitis or proximal urethral obstruction as an obvious cause of the patient's clinical signs. Correlation with pending urinalysis as well as culture and sensitivity ideally on sterile urine sample is recommended.

Examination of the penis for evidence of trauma is recommended if not done. Although not significantly enlarged, prostatic hyperplasia as a contributing factor to mild bleeding cannot be definitively excluded. Neuter is recommended if patient is not intended for breeding purposes.

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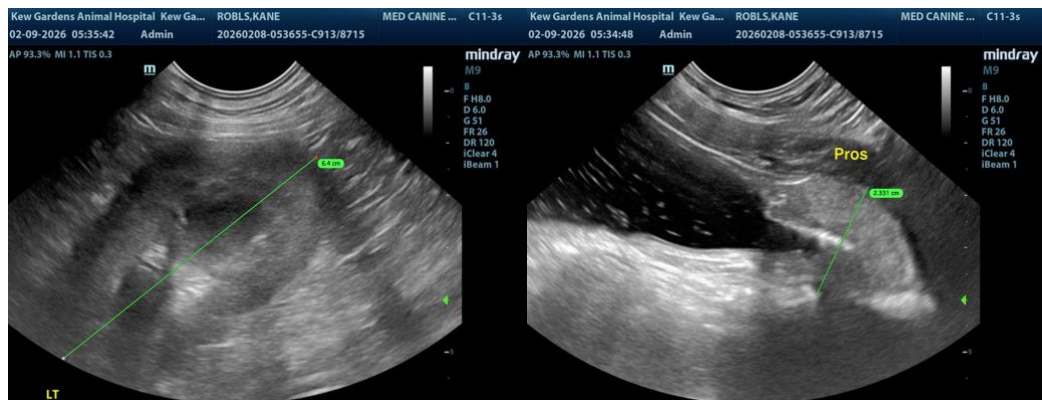
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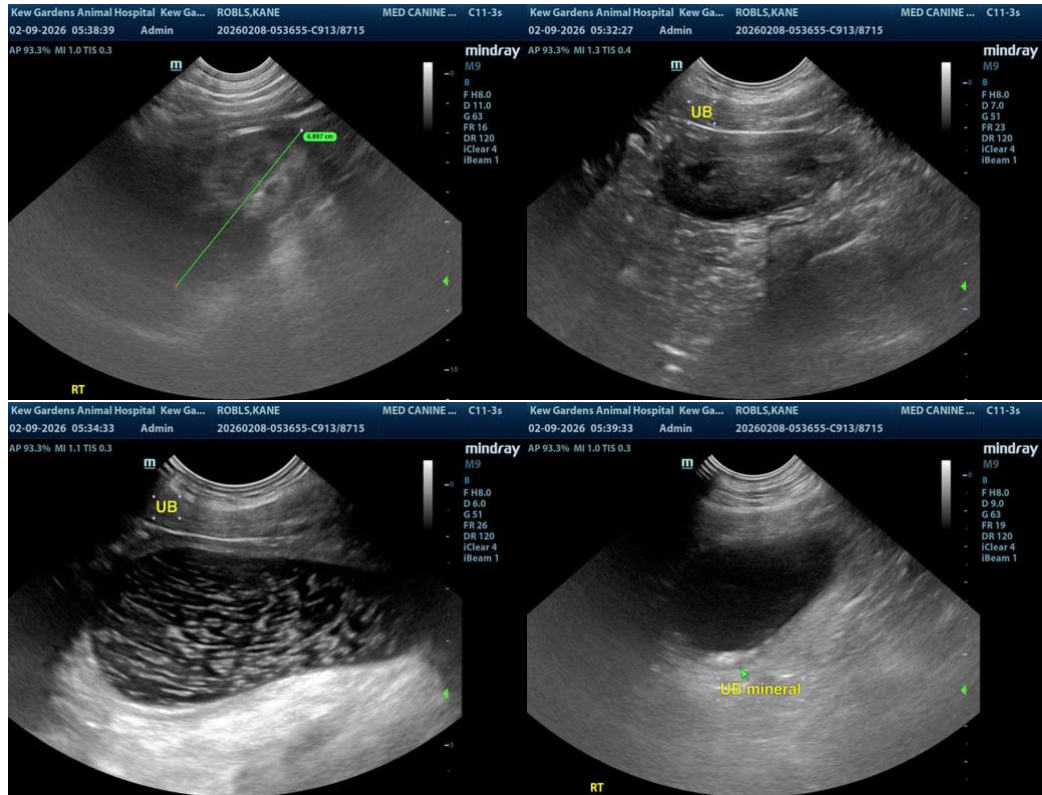
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)