



PATIENT

Snoopy Sheridan

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

6 Years 7 Months

WEIGHT

36.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

14796

DATE

04/02/26

PRESENTING CLINICAL SIGNS

Patient presented for inappetence, lethargy, and weight loss noted over the past week. Owner reports new onset urinary incontinence starting over the weekend. Patient is 6-7 weeks status post left perineal hernia repair with castration and scrotal ablation. Owner reports that straining to defecate has persisted and has not improved since surgery. History of low-grade mast cell tumor along the scrotum (October last year, History of prostatomegaly.

PE: 7% dehydration, quiet, tensed on abdominal palpation. Digital rectal examination revealed small bilateral perineal pockets palpated on both left and right sides.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was nondistended with urine and subnormal size prohibiting full evaluation of the urinary bladder wall. The trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Minimal anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic change were noted.

The prostate gland presented asymmetrically enlarged nonhomogenous focally hyperechoic to cystic parenchyma measuring 4.4 cm in diameter.

Normal size and margination was present in the right kidney. 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 pelvic dilation. The left kidney measured 5.5 cm in length.

The right kidney was not definitively visualized owing to increased peri-renal omental artifact.

Adrenal Glands

The left and right adrenal glands were not definitively visualized owing to increased omental artifact.

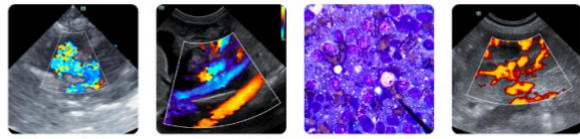
Spleen

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 with possible borderline hepatomegaly. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen with a mild coarse echotexture. Increased prominence of the intrahepatic hyperechoic portal vascular borders. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. 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.



PATIENT

Snoopy Sheridan

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

6 Years 7 Months

WEIGHT

36.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

14796

DATE

04/02/26

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 visualized segments of small intestine were sonographically normal.

The descending colon exhibited subjective thickened wall adjacent to and at the level of the urinary bladder. The descending colon was nondistended containing subjective semi formed to possible soft fecal matter. The descending colon wall potentially measured 0.47 cm wall width.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No obvious visualized significant omental lymphadenopathy or masses was present. Mild volume mildly echogenic peritoneal effusion with generalized mild nonhomogenous increased omental echogenicity.

Transdiaphragmatic view of the caudal thorax revealed subjective concurrent pleural effusion.

ULTRASONOGRAPHIC FINDINGS

- Nondistended to contracted urinary bladder.
- Residual prostatomegaly exhibiting nonhomogenous focally hyperechoic to cystic parenchyma- residual prostatitis, fibrosis and parenchyma cysts. Potential for prostatic neoplasia is not excluded.
- Sonographically normal spleen.
- Noncongested hypoechoic liver.
- Overtly normal gastrointestinal tract with subjective thickened descending colon.
- Bicavitary effusion with mild nonhomogenous hyperechoic parenchyma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling either via ultrasound-guided FNA or prostatic wash in conjunction with effusion analysis cytology +/- culture/sensitivity if evidence of inflammatory effusion component is recommended for further clarification. The thickened colon suggests colitis criteria in conjunction with reported tenesmus. Three view chest radiographs are recommended. Screening urine culture/sensitivity ideally on sterile urine sample +/- BRAF assay may be considered.



PATIENT

Snoopy Sheridan

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

6 Years 7 Months

WEIGHT

36.8

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

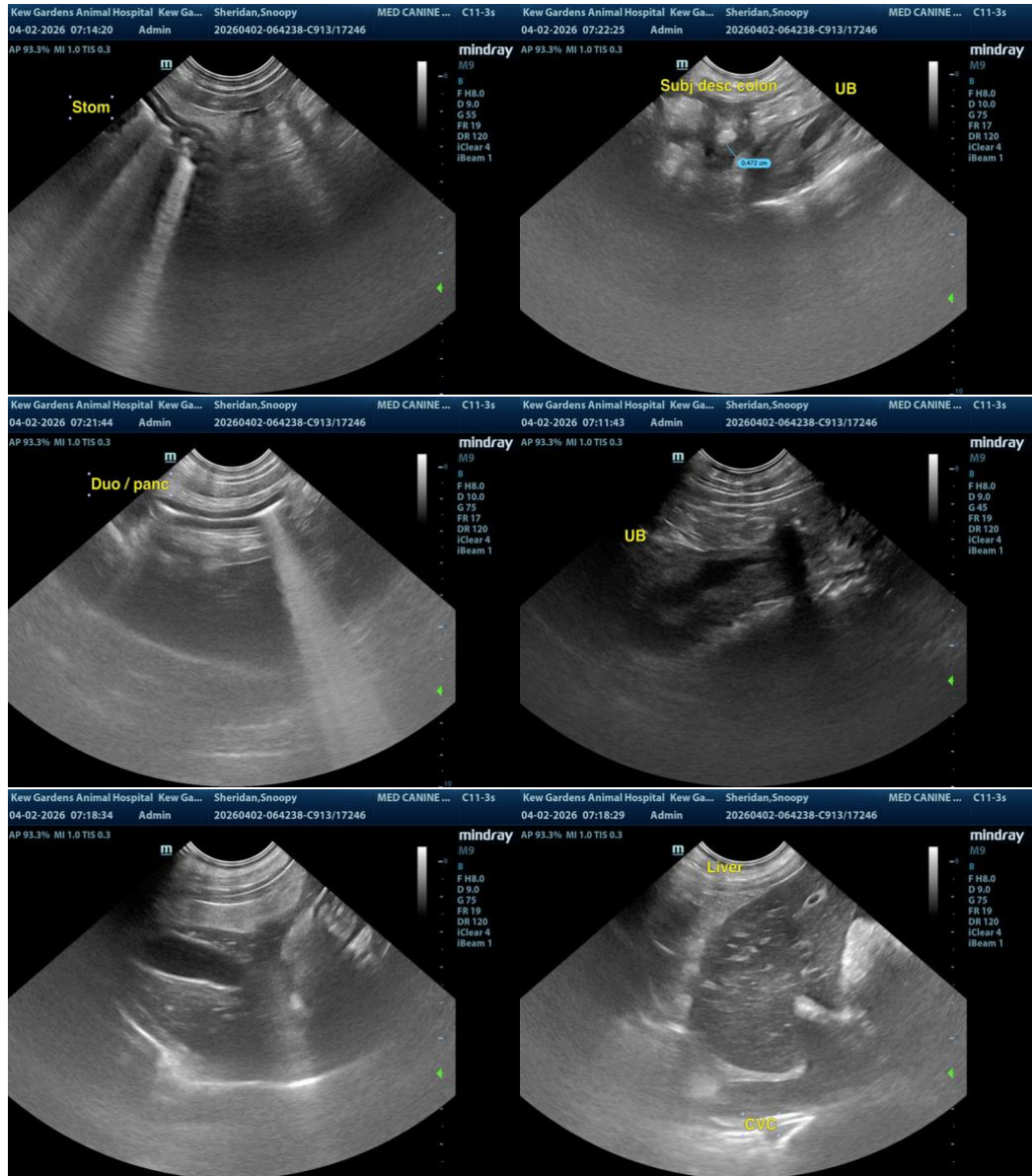
Dr. Lara Cabugawan

INVOICE

14796

DATE

04/02/26





PATIENT

Snoopy Sheridan

SPECIES

Canine

BREED

French Bulldog

SEX

Neutered Male

AGE

6 Years 7 Months

WEIGHT

36.8

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

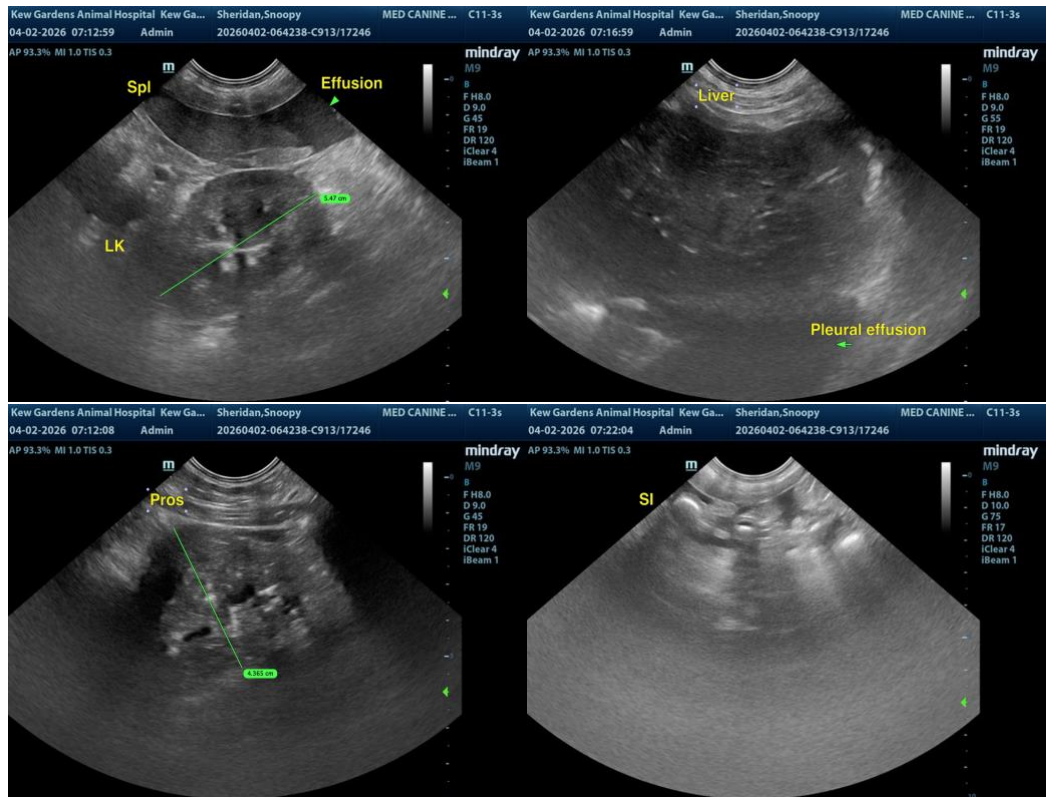
Dr. Lara Cabugawan

INVOICE

14796

DATE

04/02/26



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