



PATIENT

Shiloh Mathias

SPECIES

Canine

BREED

Border Collie

SEX

MI

AGE

8yr

WEIGHT

20.7kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Renee Trionfetti, VMD

HOSPITAL NAME

Blue Pearl Wyomissing
ER

REFERRING VET

Blue Pearl Wyomissing

INVOICE

24576

DATE

04/22/2026

PRESENTING CLINICAL SIGNS

AUS to further evaluate blood noted dripping from penis/prepuce for several days and is worsening. Licking at prepuce. O also reported urine stream seems less strong. Eating normally, otherwise acting normally. Evaluated in the ER on 4/15/26. UA noted hematuria.

Meds: Enrofloxacin, Gabapentin

Abnormal PE/Chem/CBC/UA Results: ER Dx 4/15/26: - UA: Brown, cloudy. USG > 1.050, pH 6.5, pro +, Bld +, neg bili, WBC 1-2/hpf, RNC TNTC Crenated, Bact Cocci 2+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was non-distended with urine prohibiting full evaluation of the urinary bladder wall and without evidence of obstruction to urine outflow. Minimal anechoic urine was present. No tumors or lumen minerals / calculi. No evidence of pathology in the area of the trigone and cystourethral junction.

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

The area of the aortic trifurcation was free of pathology.

The prostate was enlarged in size with intact, primarily symmetrical capsule contour. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostatic parenchyma was heterogeneous with a mixed pattern of varying echogenicity without evidence of parenchymal mineralization. Regional periprostatic to mild pericyclic inflammation and effusion. The prostate measured ~ 6.8 cm x 3.8 cm.

The bilateral testicles were sonographically normal.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 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 0.51 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



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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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild non-organized debris. 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.

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 mechanical/metabolic 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Prostatitis with regional periprostatic inflammation
- Non-distended to subnormal urinary bladder
- Normal bilateral kidneys

Secondary

- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for prostatic neoplasia not definitively excluded yet thought less likely. Prostatic sampling either via prostatic wash or ultrasound guided FNA for cytology and C/S is required for further clarification. Neuter with empirical therapy for prostatitis, monitoring of urination pattern and sonographic monitoring of prostatic involution would be reasonable. Concurrent urine C/S on sterile urine sample would be ideal.



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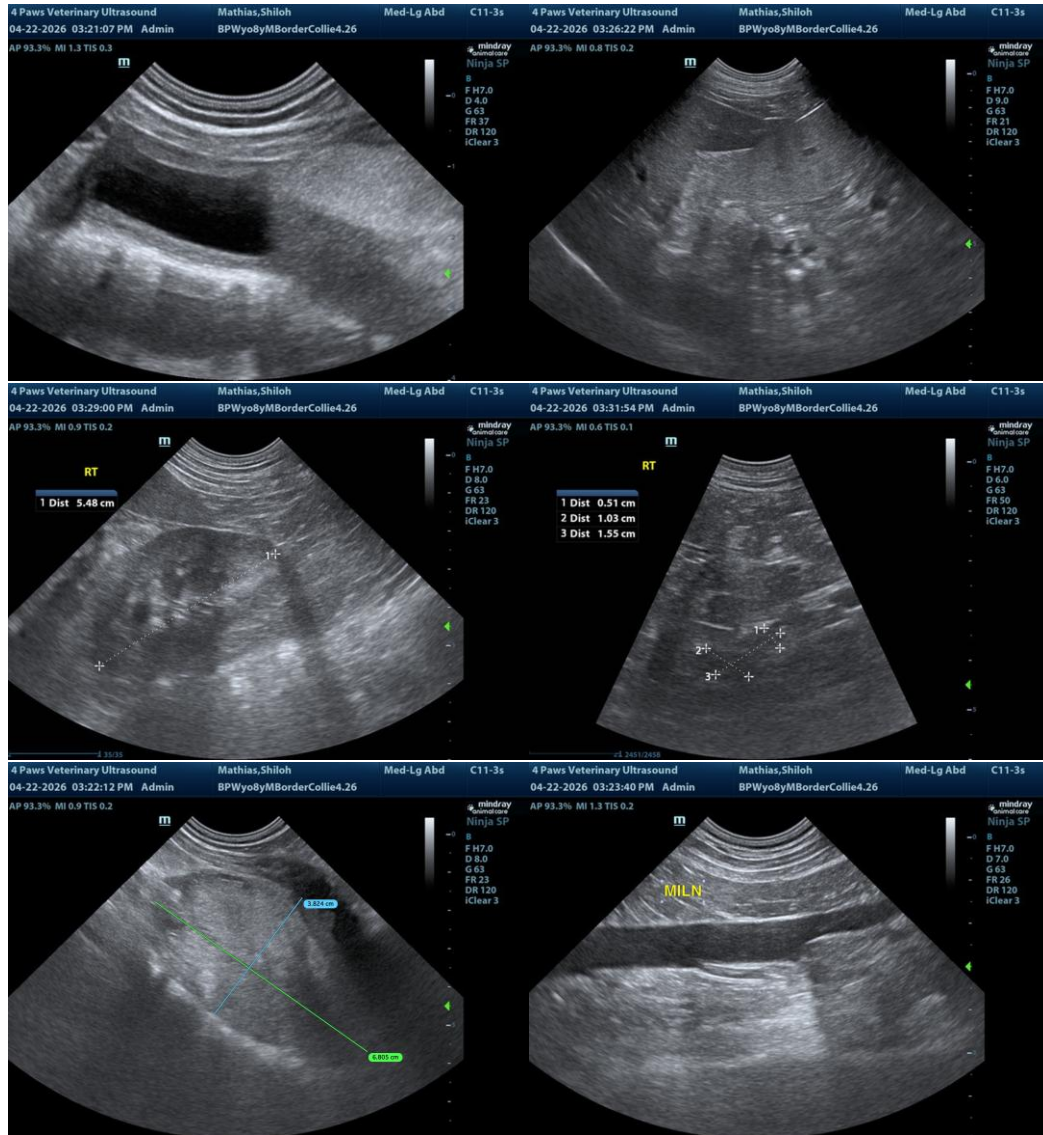
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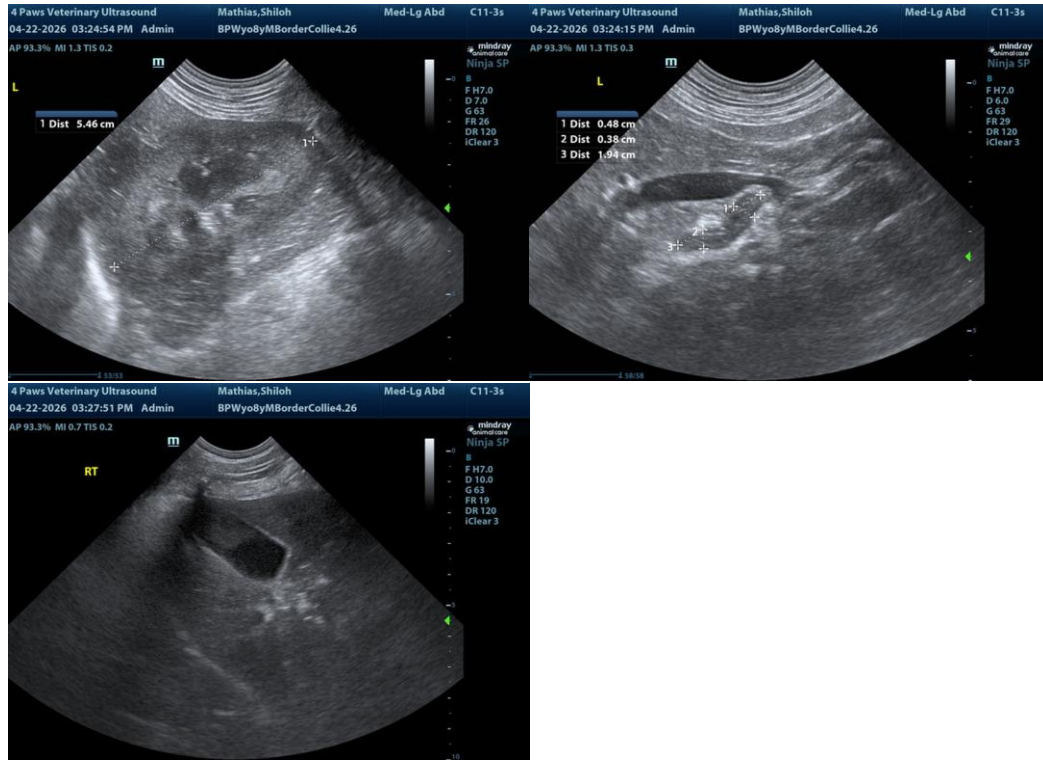
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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