



**PATIENT**

Bovis Dasilva

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Intact Male

**AGE**

11 Years

**WEIGHT**

31 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Chloe Lowe CVT

**HOSPITAL NAME**

All Creatures Great &  
Small Denville

**REFERRING VET**

Dr. Silas Ashmore

**INVOICE**

15380

**DATE**

04/23/26

**PRESENTING CLINICAL SIGNS**

Caudal abdomen pain and hematuria. Radiographs prostatitis. Baytril and Carprofen.

Abnormal PE/Chem/CBC/UA Results: UA ph increased, blood 3 +, RBC > 50 USG 1.014 All other BW WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. 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 was mildly enlarged with symmetrical contour and heterogeneous parenchyma with small central prostate cyst. No evidence of peripheral inflammation. The left and right testicles were sonographically normal.

The area of the aortic trifurcation was free of pathology.

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 pelvic dilation was present. The left kidney measured 6.2 cm in length. The right kidney measured 6.1 cm in length.

*Adrenal Glands*

The right adrenal gland was normal in size while the left adrenal gland revealed mild adrenomegaly. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.95 cm width in the caudal pole. The right adrenal gland measured 0.58 cm width in 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 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*



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta without signs of 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**

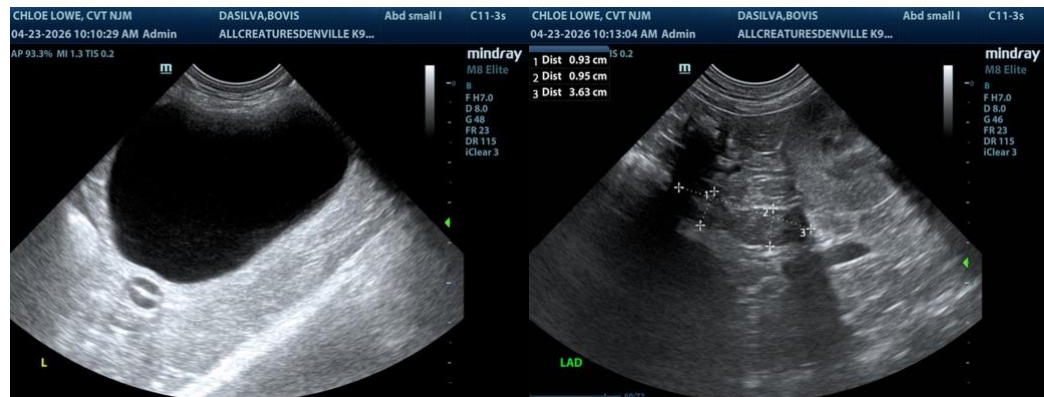
No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Mildly enlarged nonhomogenous focally cystic prostate- benign prostatic hyperplasia versus prostatitis with small prostatic cyst, no overt evidence of prostatic neoplasia i.e. mineralization which is thought less likely.
- Sonographically normal nondistended urinary bladder.
- Age-related renal changes.
- Mild nonspecific left adrenomegaly.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Aside from the prostate, no evidence of caudal abdomen or retroperitoneal pathology. Prostatic sampling either via prostatic wash or ultrasound guided FNA for cytology +/- culture and sensitivity is required for further clarification. Neutering with empirical therapy for prostatitis with monitoring of clinical signs and sonographic monitoring of prostatic involution is recommended. Concurrent urine culture and sensitivity on sterile urine sample may be considered.





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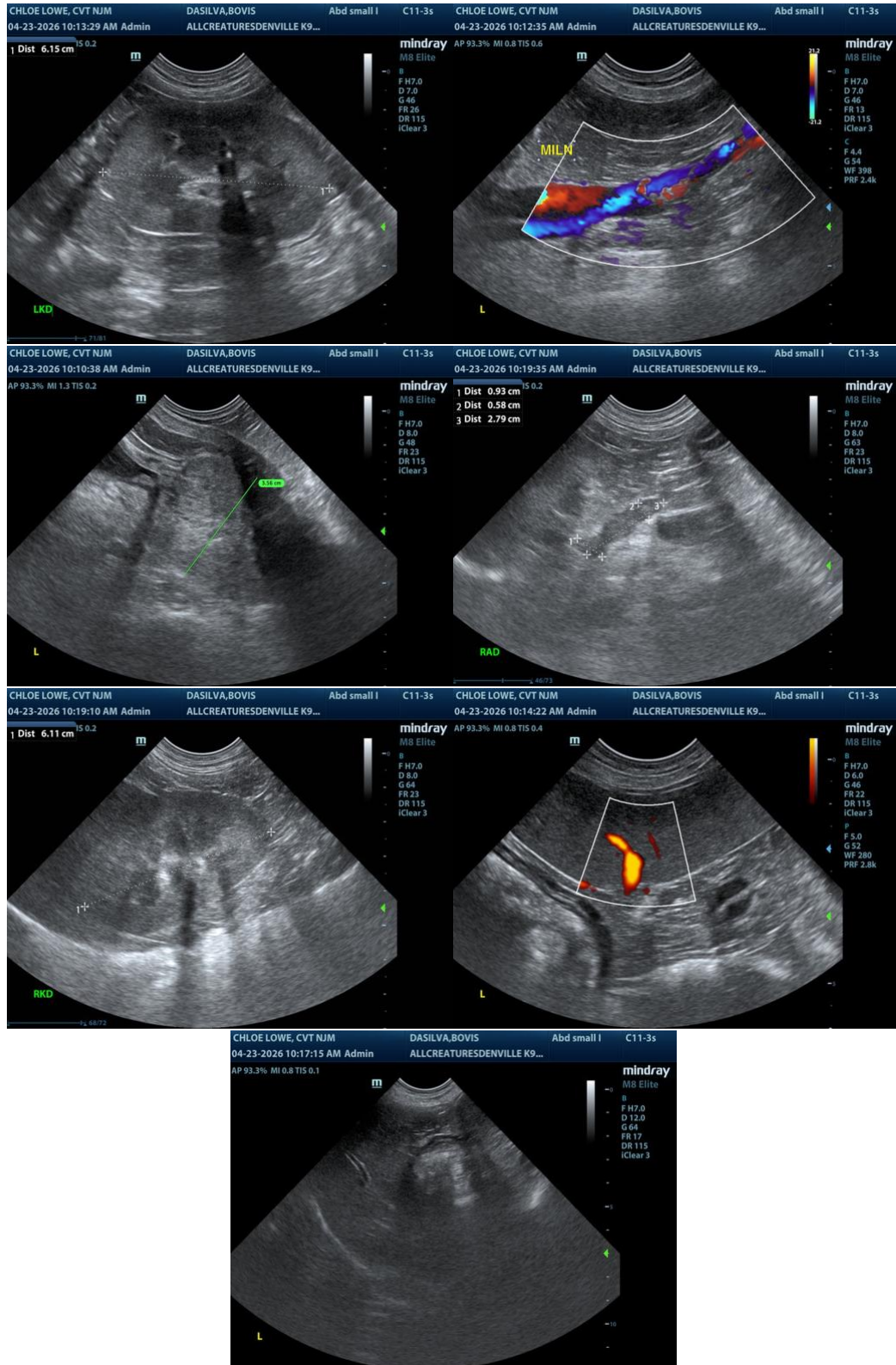
Dr. Silas Ashmore

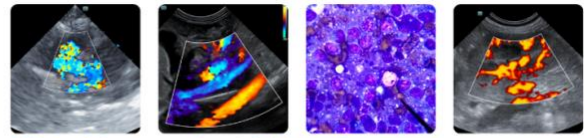
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

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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.

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