
**PATIENT**

CHester Treanor

**SPECIES**

Canine

**BREED**

 Pembroke Welsh  
 Corgi

**SEX**

MI

**AGE**

10yr

**WEIGHT**

33lb

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

 Loetitia Saint-  
 Jacques,  
 LVT

**HOSPITAL NAME**

Sierra Pet Clinic

**REFERRING VET**

Dr Foreman

**INVOICE**

24622

**DATE**

04/27/2026

**PRESENTING CLINICAL SIGNS**

Bleeding from penis. Intermittent. Carprofen and Gabapentin has helped. Started 3-4 days ago. Hx of urine crystals resolved with urinary diet. Palpated 5-7cm firm mass in caudal abdomen

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Mild asymmetrical luminal surface to micropolyploid changes were present likely associated with age related mural changes. Anechoic urine was present in the lumen minor dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of mild medullary mineral were present. The left kidney measured 5.6 cm in length. The right kidney measured 5.7 cm in length.

The area of the aortic trifurcation was free of pathology.

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 5.3 cm in diameter. Intermittent variably sized anechoic, thinly walled parenchyma cysts were present. An example measured ~ 1.8 cm diameter. Mild periprostatic to caudal abdomen effusion.

The left testicle was sonographically normal. The right testicle was normal in size with mild non-homogenous parenchyma. A solitary, discrete non-homogenous right testicle intraparenchymal nodule was present measuring 0.66 cm in diameter.

**Adrenal Glands**

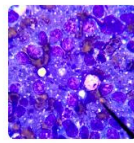
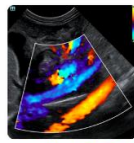
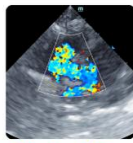
The bilateral adrenal glands were mildly enlarged in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.78 cm width in the caudal pole. The right adrenal gland measured 0.73 cm width in the caudal pole.

**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. 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.



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**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 pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Suggestive of age-related pancreatic remodeling and considered incidental.

**Free Abdomen**

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 3.0 cm x 1.0 cm.

**ULTRASONOGRAPHIC FINDINGS**

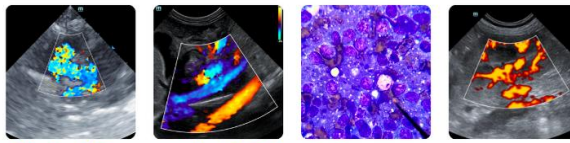
**Primary**

- Enlarged non-homogenous cystic prostate – benign prostatic hyperplasia vs prostatitis with prostatic cysts, prostatic neoplasia considered unlikely
- Mild urinary bladder lumen mineral with mild micropolypliod mural changes
- Age-related renal changes with mild medullary mineral
- Non-specific mild bilateral adrenomegaly
- Non-organized gallbladder debris (non-mucocele)
- Small non-specific right testicular nodule

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S is required for further definition. Neutering with submission of the right testicle for histopathology, empirical therapy for prostatitis +/- off-label finasteride if neutering is not elected with clinical and sonographic monitoring is recommended. Concurrent urine C/S on sterile urine sample is indicated.

The bilateral mild adrenomegaly is non-specific and of unclear clinical significance with potential for patient variant. Correlation with assessment of hepatic enzyme levels +/- adrenal screening if clinical signs consistent with Cushing's syndrome are non-reported or arise is recommended. Hepatosupportive medications are recommended if evidence of cholestasis.



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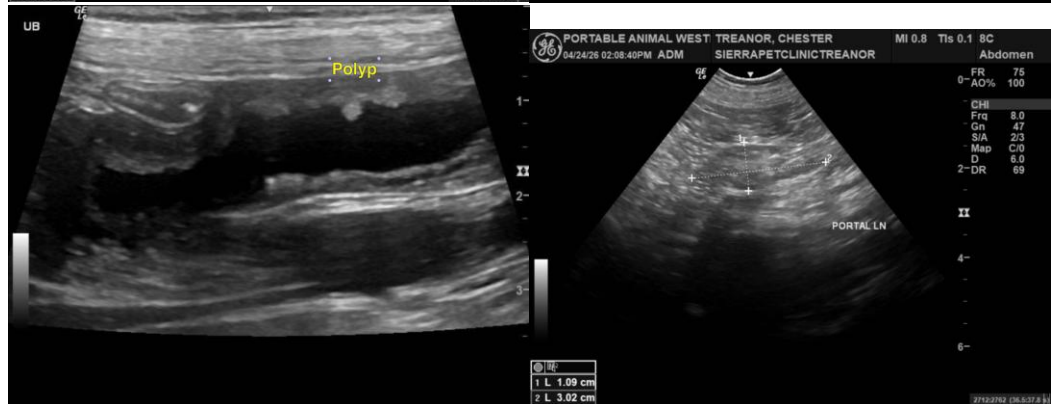
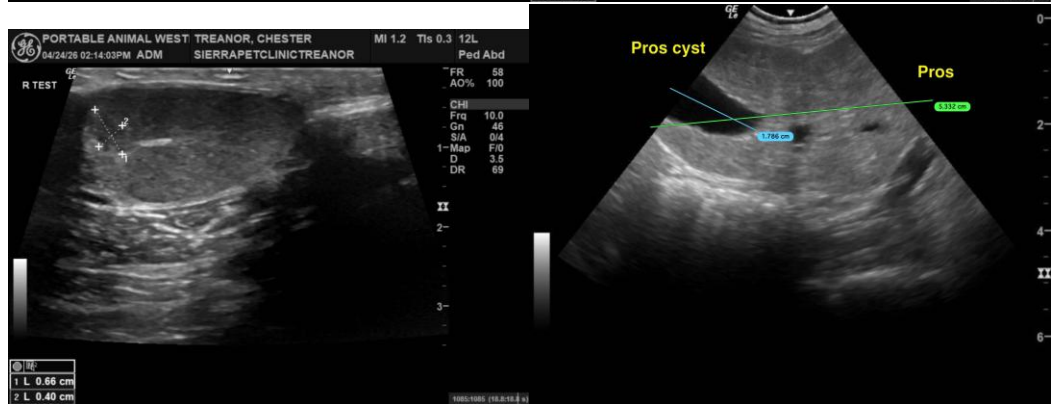
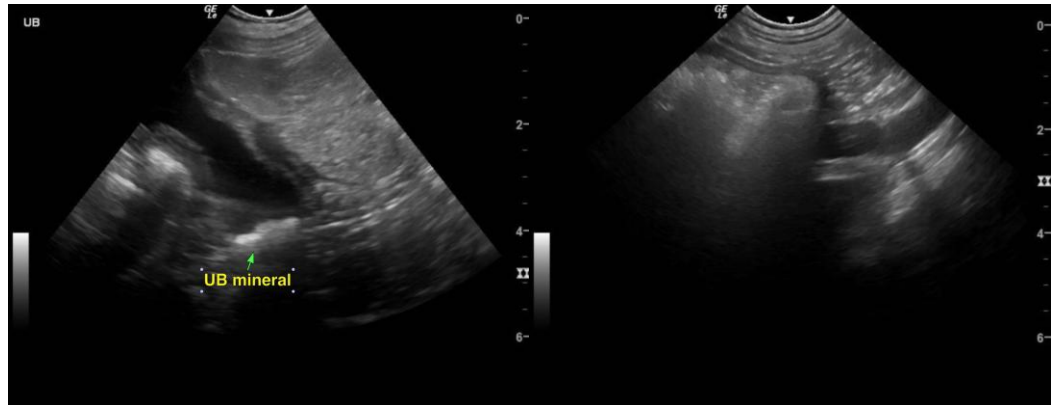
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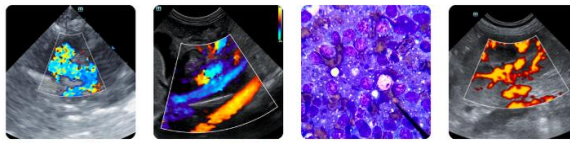
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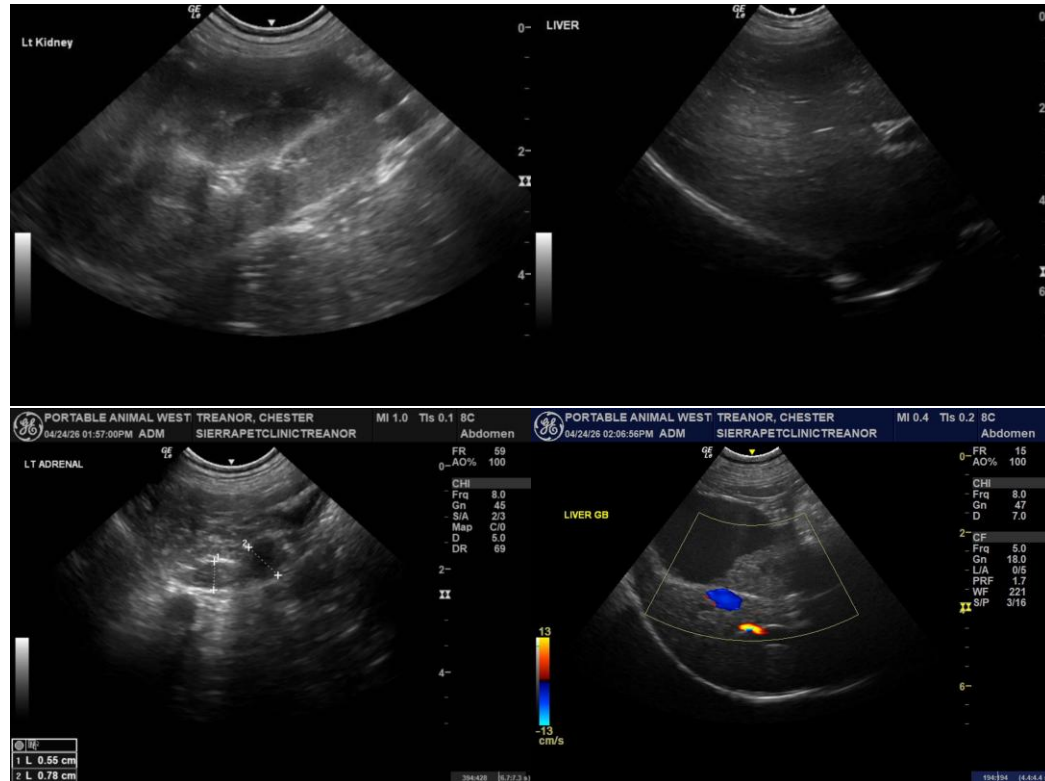
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)