



PATIENT

Bruno Jones

SPECIES

Canine

BREED

Dachshund

SEX

Intact Male

AGE

11 Years

WEIGHT

18 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Chloe Lowe CVT

HOSPITAL NAME

Blairstown Animal
Hospital

REFERRING VET

Dr. Clegg

INVOICE

15609

DATE

04/30/26

PRESENTING CLINICAL SIGNS

Enlarged prostate. Difficulty defecating. Grossly enlarged, slightly asymmetrical, non-painful prostate. Intact dog. Medication: Rovera

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.

Moderate to asymmetrically enlarged prostate gland exhibiting nonhomogenous hyperechoic parenchyma. No evidence of parenchymal mineralization. Primarily peripheral, variably sized prostatic cysts were present containing mildly echogenic fluid and subjective focal prostatic parenchymal expansion in cranioventral cyst. Example of prostatic cyst measured 3.8 cm in diameter. The overall prostate gland measured 6.3 cm x 3.6 cm. No evidence of periprostatic 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.9 cm in length. The right kidney measured 5.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.49 cm width in the caudal pole. The right adrenal gland measured 0.60 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 minor nonorganized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing gastric ingesta consistent with food/chyme.

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.

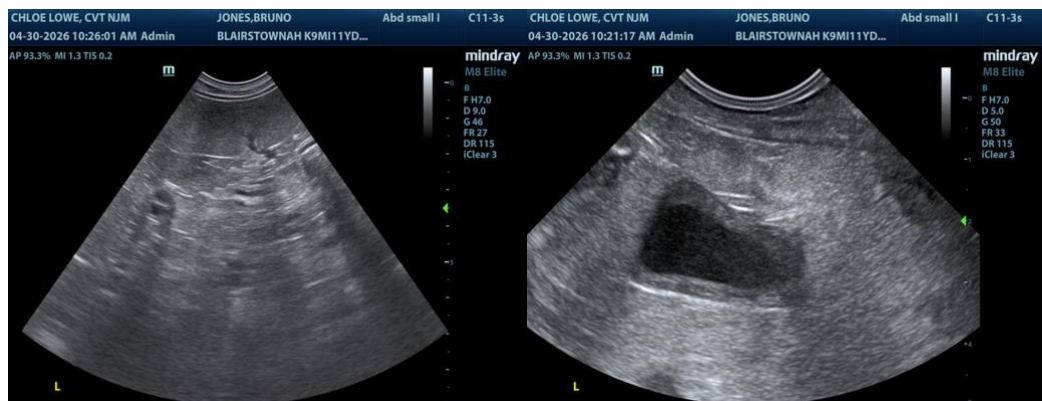
ULTRASONOGRAPHIC FINDINGS

- Enlarged nonhomogenous prostate gland with prostatic cysts- benign prostatic hyperplasia versus prostatitis with primarily peripheral prostatic cysts, abscessation or neoplasia considered less likely.
- Normal nondistended urinary bladder.
- Bilateral age-related renal changes.
- Minor nonorganized gallbladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Prostatic sampling either via prostatic wash or ultrasound-guided prostatic parenchyma FNA cytology and centesis and cysts for fluid analysis +/- culture and sensitivity is required for further clarification. Neutering with empirical therapy for prostatitis and sonographic monitoring of prostatic involution is recommended.

The lack of prostatic discomfort or pain on palpation and parenchymal mineralization suggest less likely potential for overt prostatitis or prostatic neoplasia.





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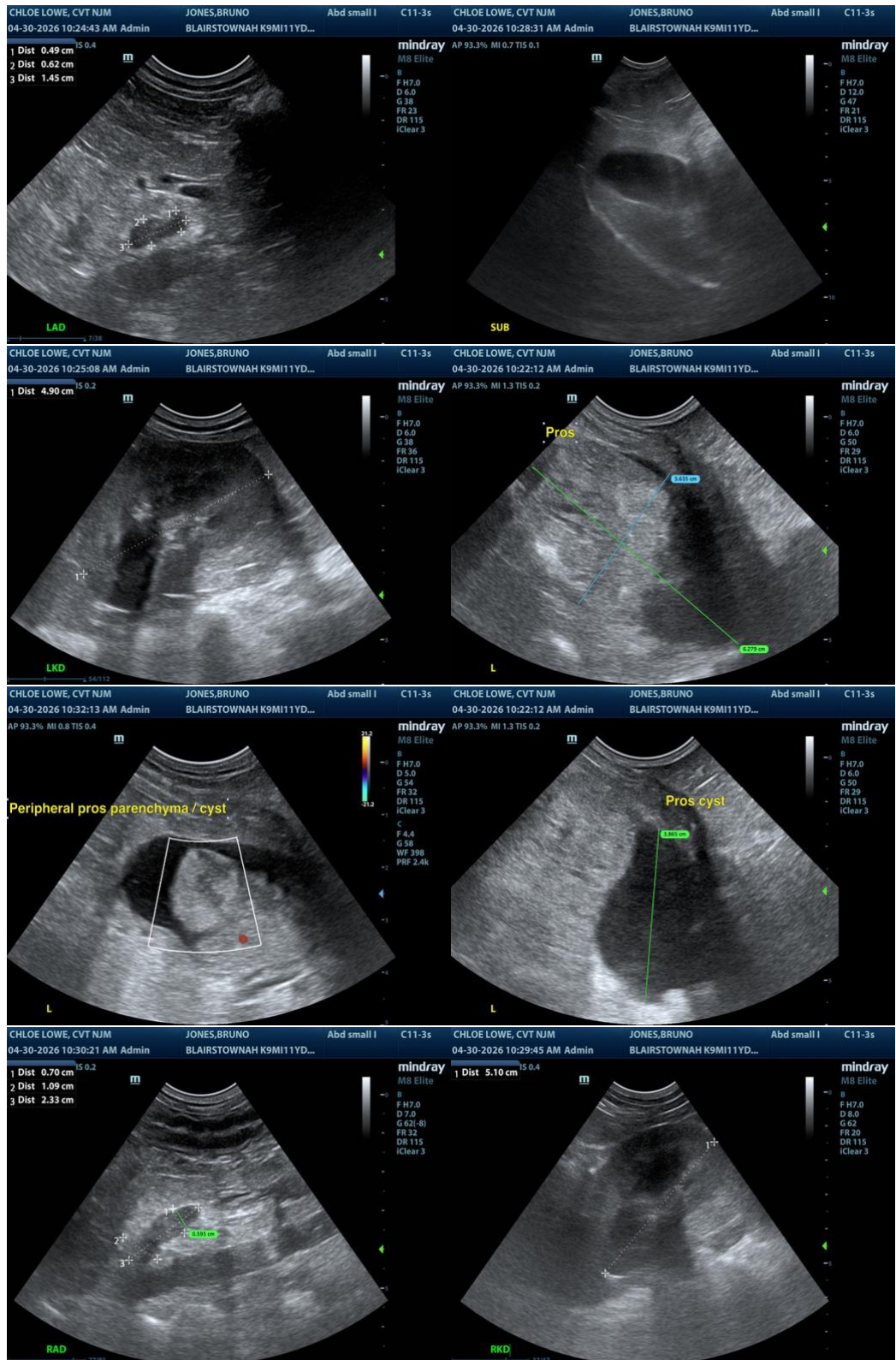
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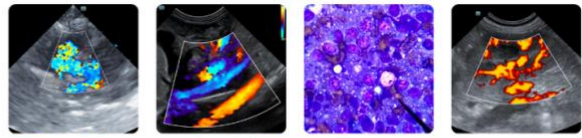
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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