



**PATIENT**

Mac Morelli

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

MI

**AGE**

8Y

**WEIGHT**

28kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Novel Vet

**REFERRING VET**

Knap

**INVOICE**

75099

**DATE**

5-21-26

**PATIENT**

**PRESENTING CLINICAL SIGNS**

Presented for intermittent preputial hemorrhagic discharge. Owner reports blood dripping from penis. Usually occurs with sudden movement or if he rises quickly. Episodes last 1 - 2 minutes then resolve. No external masses noted, penis appears normal, rectal exam noted probable enlarged prostate, feels symmetrical and not painful. Good range of motion in all limbs, good body condition and musculature. Gabapentin 600mg.  
 Abnormal PE/Chem/CBC/UA Results: N/A

**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 evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The prostate was mildly enlarged in size with intact, asymmetrical capsule contour, and a nonhomogeneous hyperechoic parenchyma exhibiting focal cystic to diffuse microcystic prostatic parenchyma without evidence of mineralization. The margins of the gland were intact and able to be differentiated from the surrounding tissue. The prostate measured 4.5 cm in diameter.

No evidence of pathology in the area of the aortic trifurcation.

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 5.9 cm in length.

*Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 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 0.55 cm width at the caudal pole.

*Spleen*

The spleen was normal in size and contour with a primarily homogenous parenchyma. A solitary mildly expansive yet non capsule deforming hypoechoic to nonhomogeneous splenic nodule measuring 1.5 cm in diameter. 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.



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***Gastrointestinal***

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, 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 were evident.

***Free Abdomen***

The left and right testicle were sonographically normal.

No overt lymphadenopathy or peritoneal effusion was present.

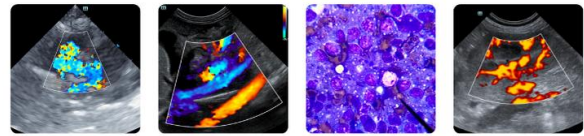
**ULTRASONOGRAPHIC FINDINGS**

- Benign prostatic hyperplasia with focal to microcystic prostatic parenchyma.
- Normal urinary bladder and bilateral kidneys.
- Splenic nodule.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Potential for prostatitis cannot be definitively excluded. Further assessment would include prostatic sampling either via prostatic wash or ultrasound guided FNA for cytology +/- C/S. No evidence of prostatic neoplastic criteria. Neuter with empirical therapy for prostatitis and sonographic monitoring of prostatic involution would be ideal. Prostatitis protocol +/- off-label finasteride with monitoring of clinical response could be considered if neutering is not an option.

Potential etiologies for the splenic nodule may include benign processes such as nodular hyperplasia, extramedullary hematopoiesis, hematoma, infection, infarction, or neoplasia. Ultrasound guided FNA of the nodule using 25-gauge needle and assuming normal coagulation parameters may be considered. Otherwise, sonographic monitoring of the splenic nodule for any changes in size or appearance with initial recheck in 3-4 weeks would be a more conservative approach.



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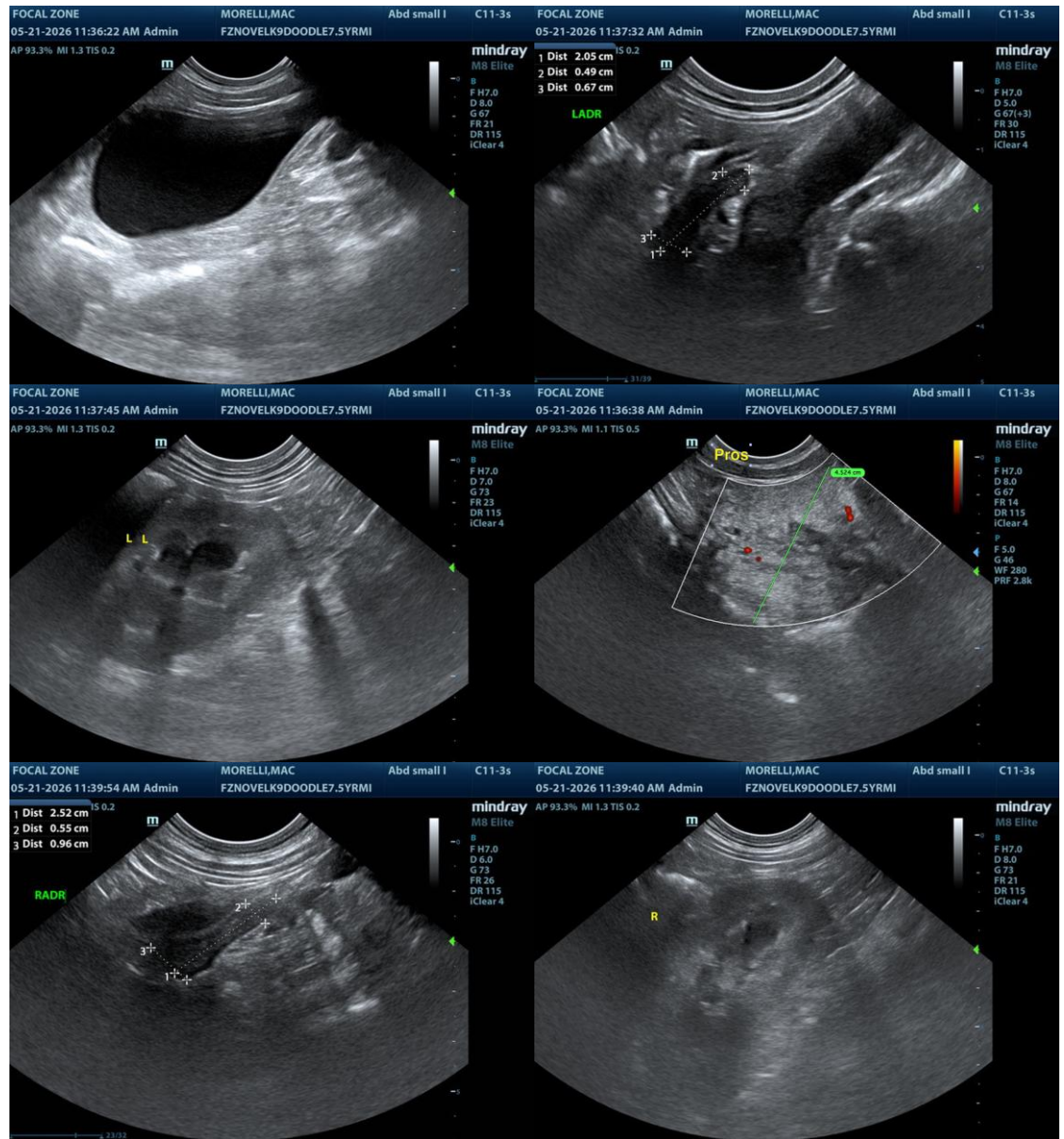
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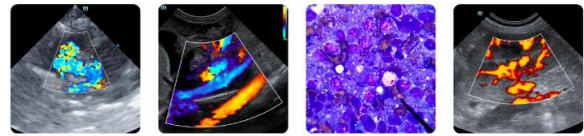
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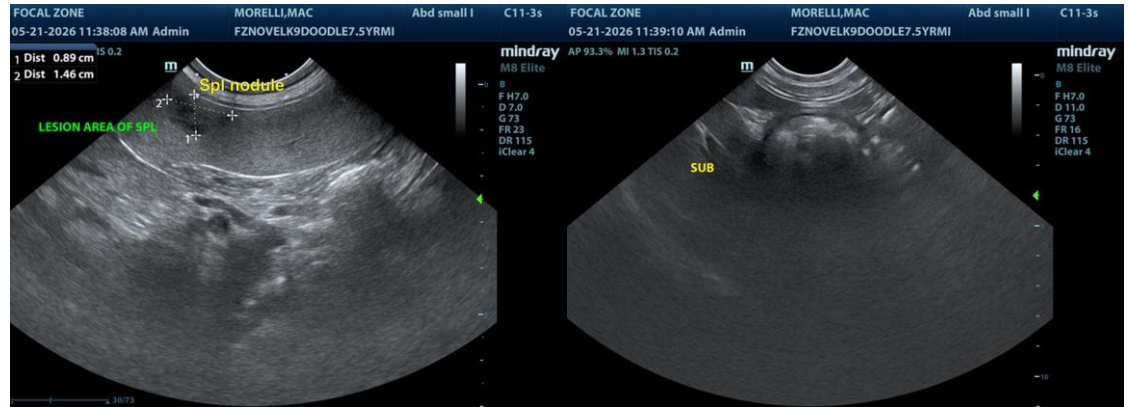
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)