



PATIENT

Tobias Kreitzer

SPECIES

Canine

BREED

Mixed Breed

SEX

MN

AGE

9yr

WEIGHT

28.3kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Smith

HOSPITAL NAME

Viking Veterinary

REFERRING VET

Cassidy Smith

INVOICE

24934

DATE

05/26/2026

PRESENTING CLINICAL SIGNS

2 weeks ago - painful on right side of body. Enlarged prostate. Bilateral ear infection. Discharge from penis. Stiff gait with RF lameness. UA had WBC and RBC. Fever of 103.3F. Treated for prostatitis. RX baytril and carprofen

5/25 - extremely painful and non-ambulatory. Not eating. BP 200 mmHg 105.5F.

Abnormal PE/Chem/CBC/UA Results: BW - mild elevation in globulins and ALP Radiographs - large prostate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and indistinctly visualized pelvic urethra exhibited normal thickness and tone with no evidence of pathology. Anechoic urine was present in the lumen with mild non-dependent particulate bladder sediment and minor dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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. Minor bilateral pyelectasia was present. The left kidney measured 6.7 cm in length. The right kidney measured 7.0 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate was mildly enlarged in size with non-homogenous hypoechoic parenchyma exhibiting evidence of parenchyma mineralization. The prostate measured ~ 3-3.5 cm.

Adrenal Glands

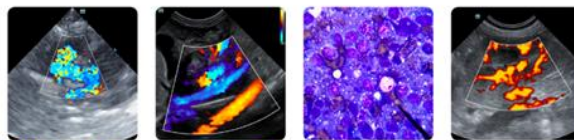
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.73 cm width at the caudal pole. The right adrenal gland was indistinctly visualized with no obvious pathology. The right adrenal gland measured subjectively 0.67 cm width at 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

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. At least one visualized small thinly walled intraparenchymal cyst measuring 0.9 diameter was present. The capsule of the liver was symmetrically rounded to mildly swollen in

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margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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.

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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.

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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.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS**Primary**

- Mild residual prostatomegaly exhibiting evidence of parenchymal mineralization
- Sonographic normal urinary bladder with mild dependent lumen mineral and non-dependent urine sediment
- Minor bilateral pyelectasia
- Benign hepatopathy pattern with intraparenchymal cyst
- Mild gallbladder (non-mucocele)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**IMAGING PERFORMED BY**

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Evidence of prostatomegaly with parenchymal mineralization is most concerning for prostatic neoplastic criteria, i.e. transitional cell or prostatic carcinoma with chronic prostatitis, not definitively excluded.

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Prostatic sampling via prostatic wash or ultrasound guided FNA for cytology +/- C/S is required for further definition. Concurrent urine C/S on sterile urine sample suggested if evidence of inflammatory urine sediment. If prostatic neoplastic process is confirmed, no overt current evidence of lymphatic metastasis.

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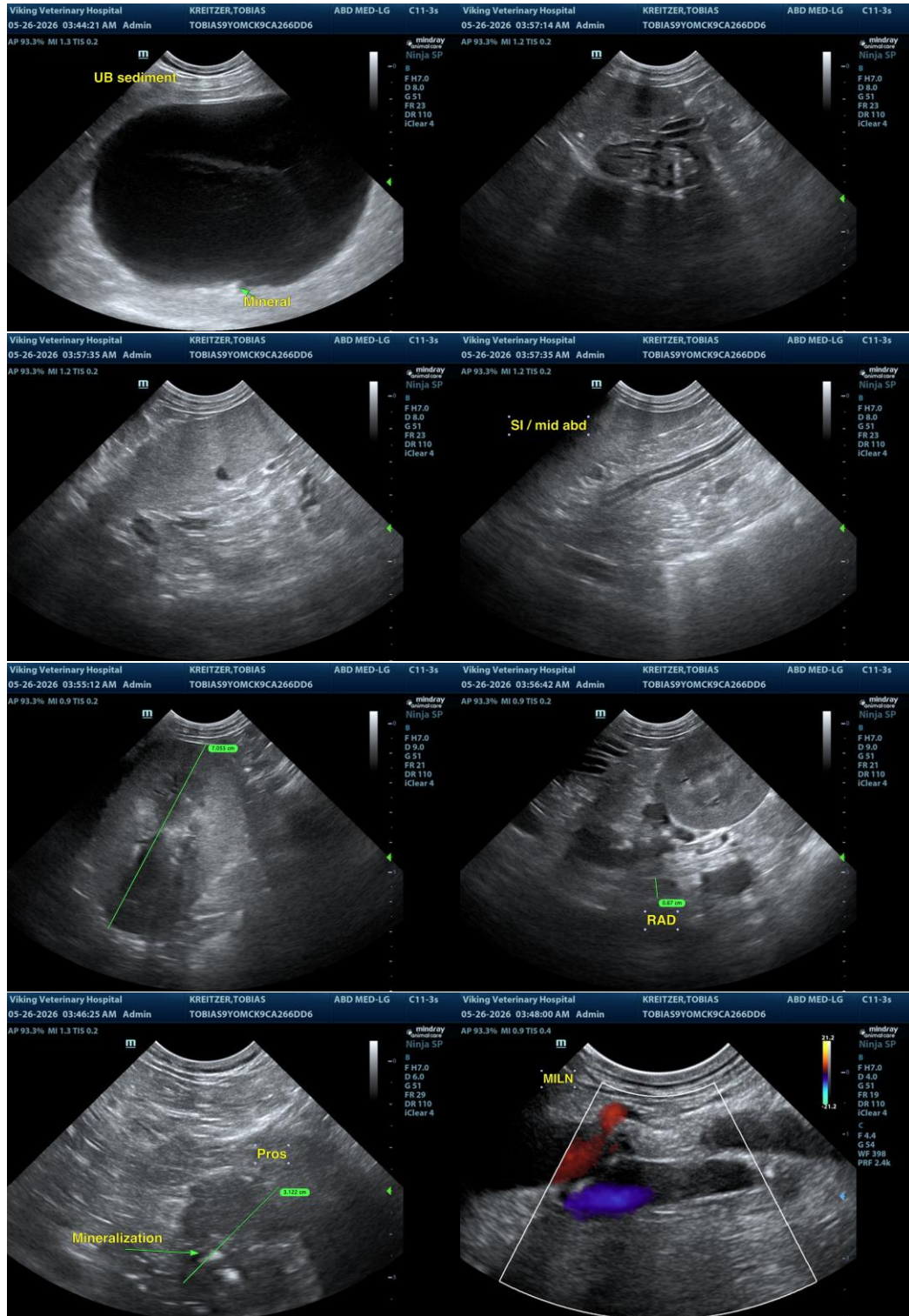
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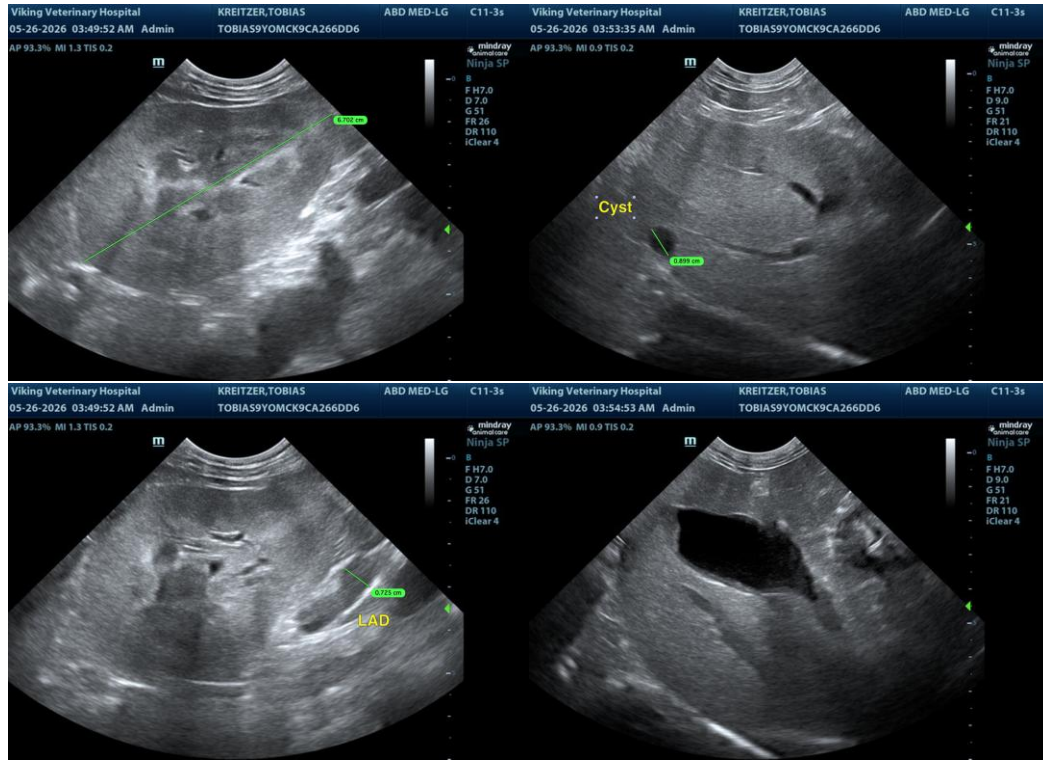
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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