



**PATIENT**

Koda Krygsman

**SPECIES**

Canine

**BREED**

Shepherd Mix

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

37 kgs

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Becca Hamilton

**HOSPITAL NAME**

Rad Pets Oregon

**REFERRING VET**

Dr. Krygsman

**INVOICE**

11036

**DATE**

1/5/2026

**PRESENTING CLINICAL SIGNS**

Hx of anal gland mass and thyroid carcinoma. Doing abdominal U/S to stage prior to anal gland mass removal. Chest rads done Nov. are normal- plan to repeat the same day of U/S. Meds: Meloxicam prn.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size. The cortices are hyperechoic with a slight decrease in corticomedullary definition. There are several real cortical cystic changes noted bilaterally, more prominent on the left than the right kidney. Cortex to medulla ratio is appropriate with no pyelectasis or pelvic dilation. Mildly irregular capsules bilaterally. Left kidney measures 6.61 cm, and the right kidney measures 7.23 cm.

**Adrenal Glands**

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. Left adrenal measures 0.9 cm x 3.32 cm. The right adrenal measures 0.93 cm x 3.49 cm.

**Spleen**

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 1.58 cm at the hilus.

**Liver**

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder contains a mild amount of suspended echogenic debris and dependent sediment. The gallbladder has appropriately thin walls with otherwise anechoic bile. No evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

**Pancreas**



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The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

**Free Abdomen**

There is no lymphadenopathy or free fluid noted.

The iliac and sub lumbar lymph nodes were not readily identified which is considered a normal finding.

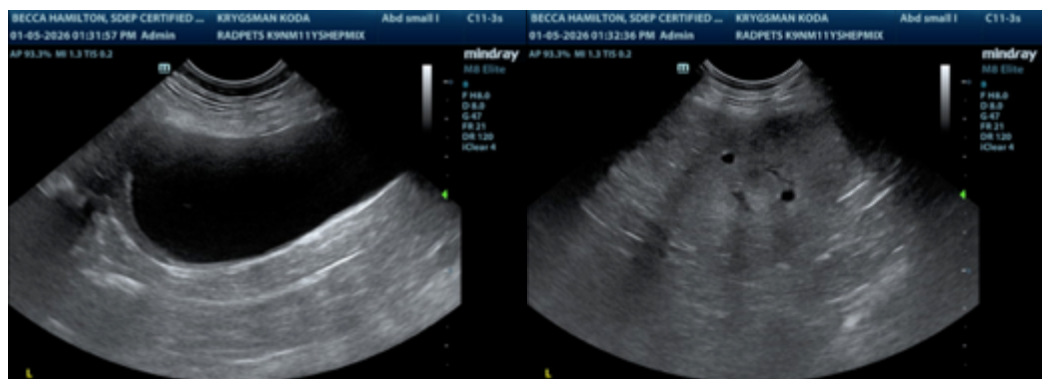
**ULTRASONOGRAPHIC FINDINGS**

- There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with chronic age related degeneration and remodeling. There is no evidence of abscessation or suspicion of neoplasia.
- The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.
- There is no overt evidence of metastatic anal gland carcinoma noted on this study. The lack of visualization of the iliac and sub lumbar lymph nodes is common in otherwise normal areas and there are no overt mass effects noted in this region.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

There are no contraindications to surgical anal sacculectomy noted based on this study.





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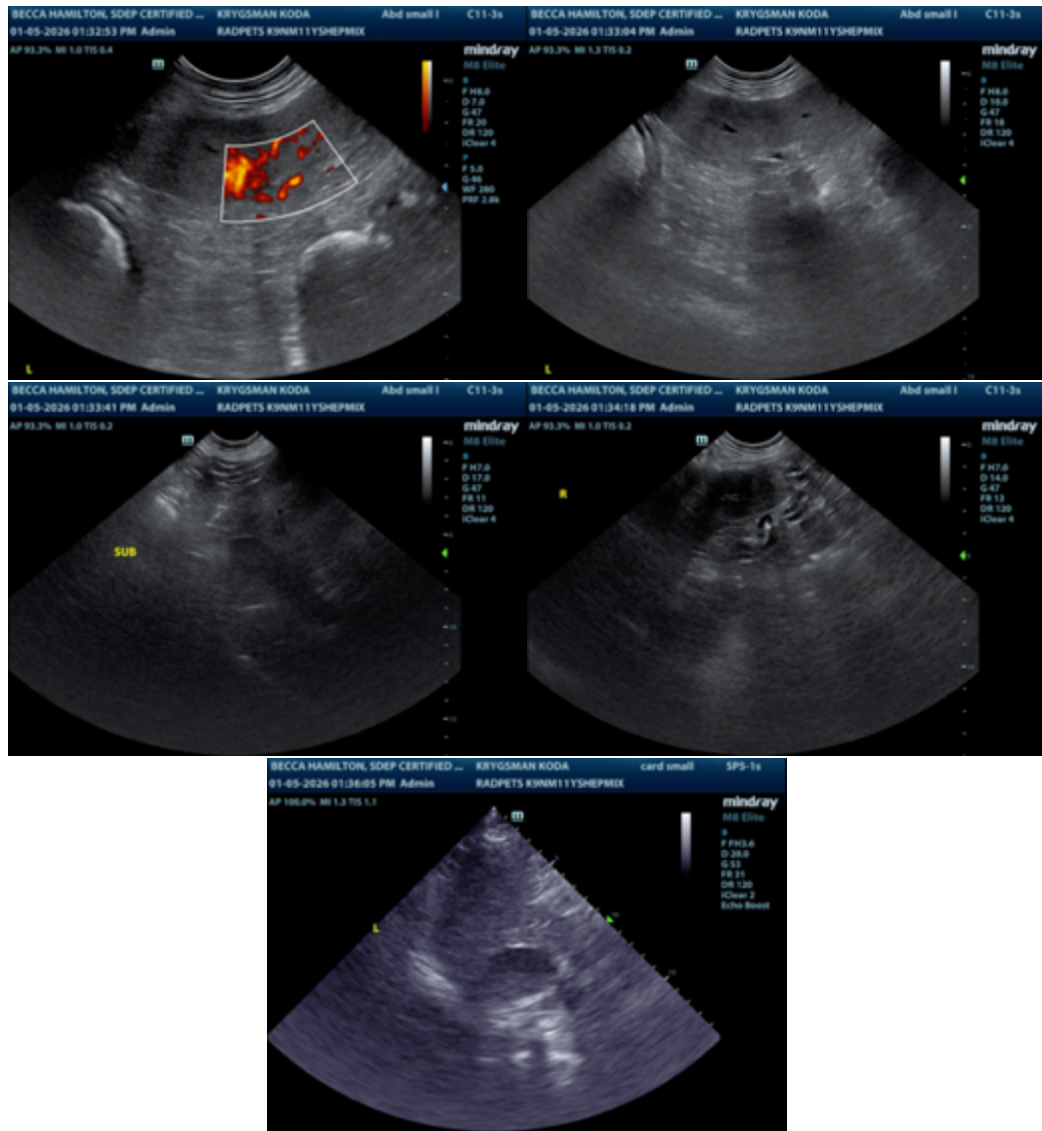
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Bradley Harris, DVM, DACVECC, DACVIM (cardiology)**

[info@SonoPath.com](mailto:info@SonoPath.com)



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