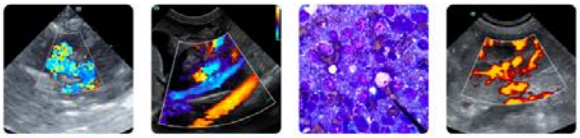

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PATIENT

Finley Jordan

SPECIES

Canine

BREED

Miniature Dachshund

SEX

Intact Male

AGE

12 Years 5 Months

WEIGHT

17.4 lbs

INTERPRETED BY

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Kathleen Byrnes

HOSPITAL NAME

Stoney Creek Veterinary Hospital

REFERRING VET

Dr. Eldred

INVOICE

72727

DATE

12/23/25

PRESENTING CLINICAL SIGNS

P presented for US due to weight loss. Has lost approx 2 #, still e/d, no v/d
Abnormal PE/Chem/CBC/UA Results: CA 12.1, ALT 139, ALKP >2000, Amylase 1580, Lipase 5050

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 loss of corticomedullary definition. There are numerous renal cortical cystic changes with a normal cortex to medulla ratio, and no overt pyelectasis or pelvic dilation. Left kidney measures 5.53 cm. Right kidney measures 5.78 cm.

The prostate is mildly to moderately enlarged and diffusely heterogeneous with multiple prostatic cystic changes throughout. The capsule is subjectively symmetrical.

The left testicle is normal in size with an isoechoic parenchyma and normal contour. The right testicle is normal in size and contour but has an isoechoic circumscribed mass effect within the parenchyma that distorts normal parenchymal architecture. It measures 2.18 cm x 1.25 cm.

Adrenal Glands

The right adrenal gland is visualized and has 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. Right measures 0.63 cm x 2.47 cm.

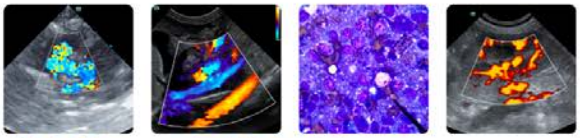
The left adrenal gland is enlarged with slightly swollen capsule and multiple anechoic cystic changes throughout the parenchyma. The phrenic vasculature is normal with no evidence of vascular invasion or capsular escape. Left measures 0.90 cm x 2.72 cm.

Spleen

The spleen measures 1.59 cm at the hilus. It 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.

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 has thin walls and contains a mild to moderate amount of suspended echogenic debris and dependent sediment. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.



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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 ileocecocolic 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

The pancreas is subjectively enlarged with a mottled parenchyma and mixed hyper- and hypoechoic nodular changes. There is no overt steatitis or regional hyperechoic mesentery or omental fat.

Free Abdomen

There is a prominent iliac lymph node noted in the caudal abdomen that maintains normal length to width ratio and isoechoic parenchyma. There is no significant free fluid noted.

ULTRASONOGRAPHIC FINDINGS

- Isoechoic testicular mass – This likely represents a neoplastic change.
- The enlarged prostate is suspected to be secondary benign prostatic hypertrophy due to the intact male status and patient's age. However, infiltrative neoplastic disease cannot be definitively excluded.
- 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 cystic change to the enlarged left adrenal gland is suspected to be an incidental finding. Infiltrative neoplastic disease cannot be definitively excluded.
- 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.
- Heterogeneous and enlarged pancreas with mixed nodular changes – Suspected to represent chronic pancreatitis in the absence of significant peritonitis or hyperechoic mesentery. However, occult or early pancreatitis cannot be definitively excluded.

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.

Fine needle aspirates of the prostate and testicle with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.

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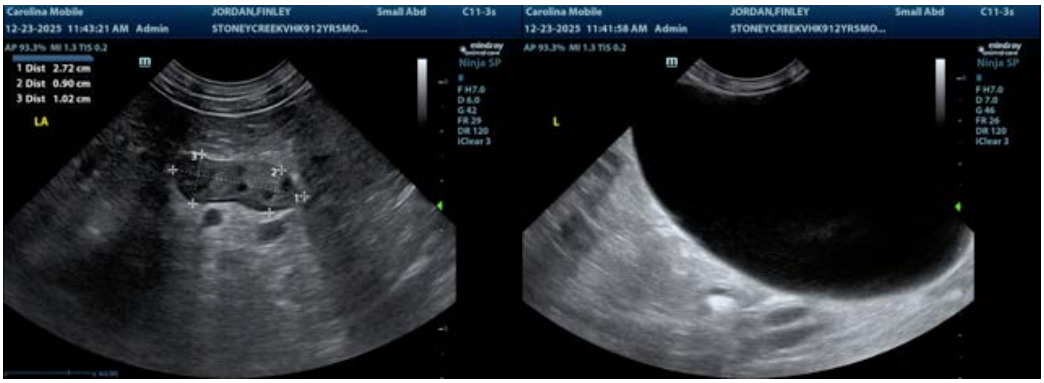
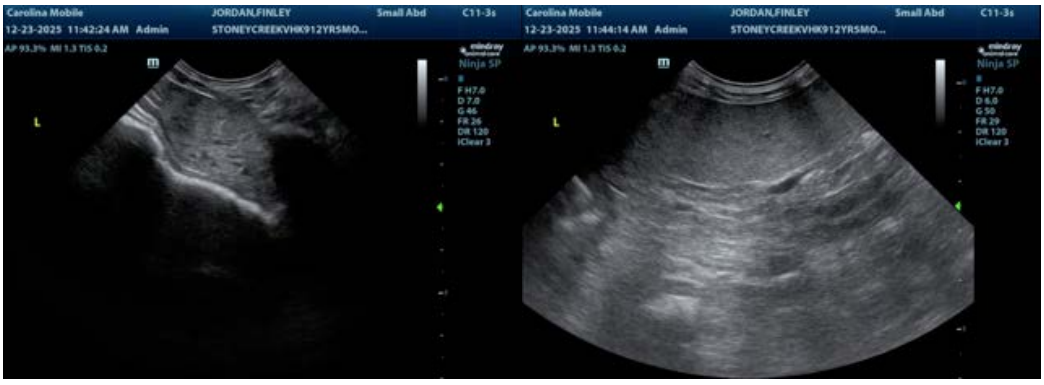
A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis.

Consider ionized calcium, given the mild total hypercalcemia.





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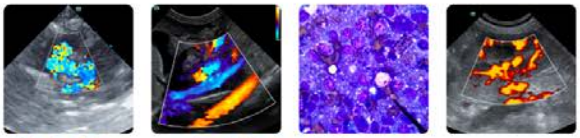

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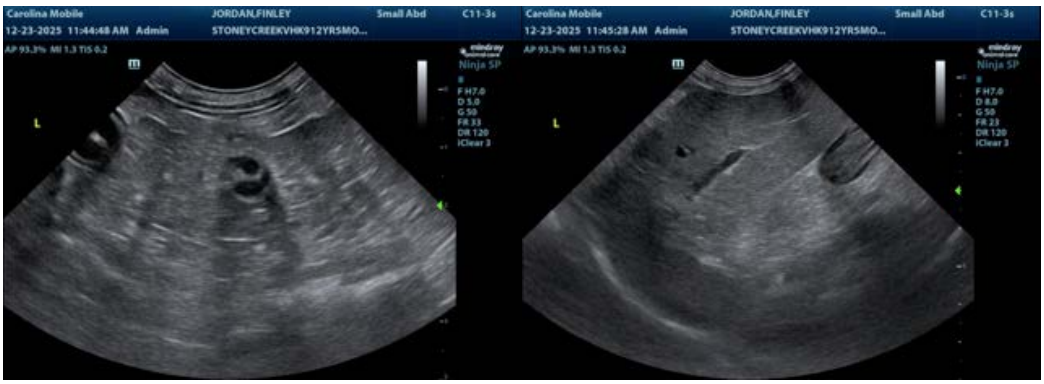

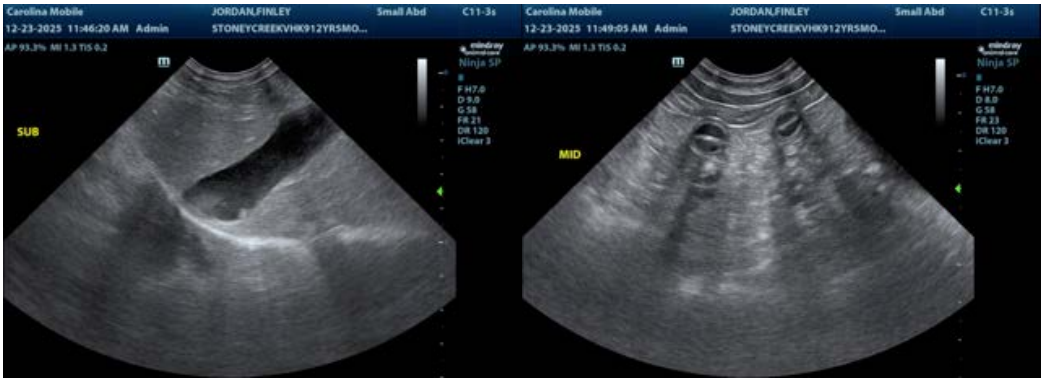

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Brad Harris, DVM, DACVECC, DACVIM (cardiology)

info@SonoPath.com