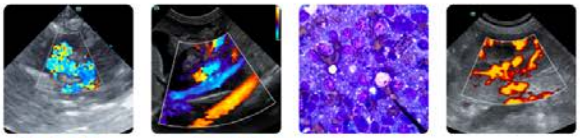


SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Dieter Floyd

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

14 Years

WEIGHT

11.12 lbs

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

West Eugene Animal Hospital

REFERRING VET

Dr. Walling

INVOICE

72392

DATE

12/5/25

PRESENTING CLINICAL SIGNS

Vomiting. Diarrhea, and hyporexia, two weeks duration, tense abdomen, progressive weight loss. Meds: Just finished course of Clavacillin, Cerenia PO q24 hours PRN

Abnormal PE/Chem/CBC/UA Results: Creat 2/9, BUN 145, ALP465, rads- nsf on 11/28/25

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 prostate is slightly prominent with hypoechoic parenchyma and irregular margins. There is no overt cavitation or mineralization noted.

The kidneys are normal in size. The cortices are hyperechoic with a decrease in corticomedullary definition. The cortex to medulla ratio is appropriate with no significant pyelectasis or pelvic dilation. There is mild dystrophic mineralization noted bilaterally with slightly irregular renal capsular margins. Left kidney measured 3.52 cm. Right kidney measured 4.07 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 measures 0.49 cm x 1.63 cm. Right measures 0.42 cm x 1.67 cm.

Spleen

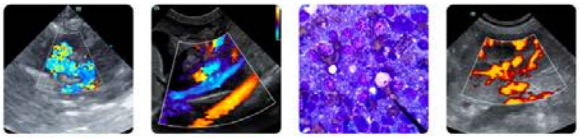
The spleen (0.75 cm at the hilus) is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented.

Liver

The liver is slightly enlarged with slightly rounded margins. The parenchyma is mildly hyperechoic with ill-defined hypoechoic nodular changes throughout the parenchyma that do not distort the hepatic capsule. Vasculature is within normal limits with no evidence of congestion. The gallbladder contains a mild amount of echogenic debris. There is no intra- or extrahepatic biliary dilation. The cystic and common bile ducts are 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 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.



SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423

PATIENT

Dieter Floyd

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

14 Years

WEIGHT

11.12 lbs

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

West Eugene Animal Hospital

REFERRING VET

Dr. Walling

INVOICE

72392

DATE

12/5/25

Pancreas

The pancreas is slightly hypoechoic and prominent with irregular margins. There is mildly hyperechoic regional mesentery or omental fat noted.

Free Abdomen

There is no significant lymphadenopathy or free fluid.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, irregular prostate – This may represent infiltrative neoplastic disease. However, this may also be a variation of normal for this patient or may represent inflammatory disease such as prostatitis.
- The kidneys are relatively normal in size and structure, and cortex:medulla ratio (cortex 1/3 of medulla) is essentially maintained. There is age-related loss of the normal smooth capsular contour and C/M junction definition. The cortices are largely uniform in texture with mild hyperechogenicity expected for this patient's age. Dystrophic mineralization was noted and appears non-obstructive at this time, with no evidence of pylectasis.
- The prominent, hypoechoic pancreas with an irregular contour and mixed ill-defined hyper and hypoechoic changes is most consistent with pancreatic remodeling and nodular hyperplasia. This may be secondary to active or acute-on chronic inflammatory disease or pancreatitis.
- The liver is mildly enlarged and uniform with hyperechoic parenchymal changes. There were subtle, hypoechoic heterogenous nodular changes. The gallbladder and common bile duct were unremarkable other than a minor amount of gallbladder sludge/debris. This is a common finding in patients with diabetes mellitus or other endocrinopathies.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fine needle aspirates of the prostate and liver 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.

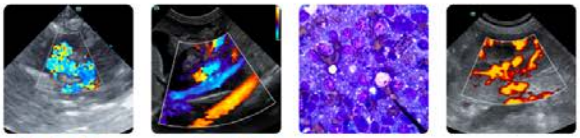
Urinalysis and, if indicated based on urinalysis results, urine culture is recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

Consider a cPLI for further evaluation of the active pancreatic inflammation or pancreatitis.

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.

Animal Sounds NW
FUELED BY SONOPATH VETERINARY ULTRASOUND

SonoPath www.animalsoundsnw.com info@animalsoundsnw.com 541.357.9423



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Dieter Floyd

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

14 Years

WEIGHT

11.12 lbs

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

West Eugene Animal Hospital

REFERRING VET

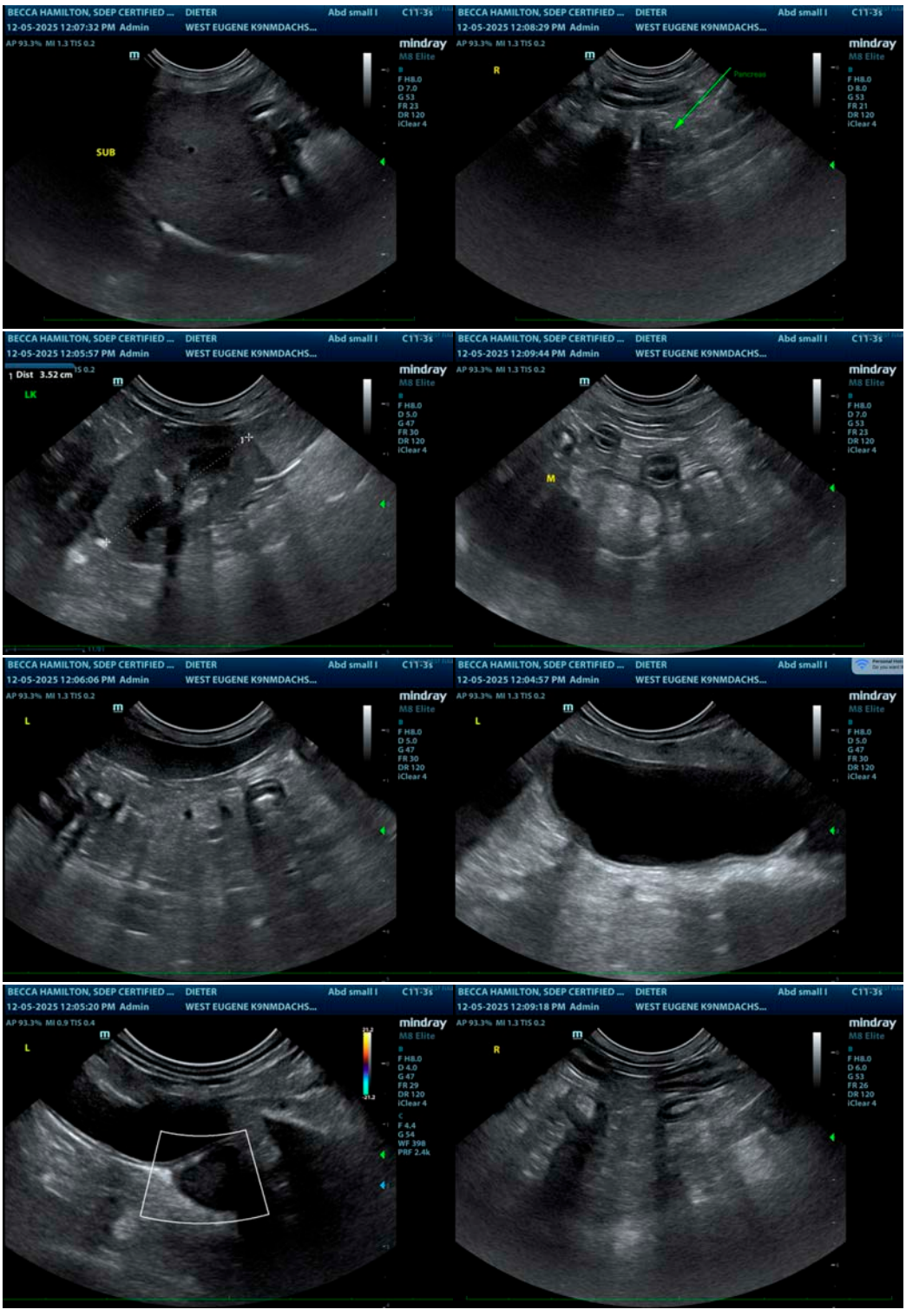
Dr. Walling

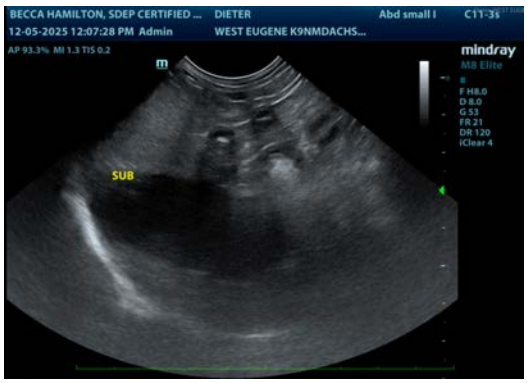
INVOICE

72392

DATE

12/5/25





PATIENT

Dieter Floyd

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

14 Years

WEIGHT

11.12 lbs

INTERPRETED BY

Brad Harris, DVM, DACVECC, Residency trained in cardiology

IMAGING PERFORMED BY

Rebecca Hamilton

HOSPITAL NAME

West Eugene Animal Hospital

REFERRING VET

Dr. Walling

INVOICE

72392

DATE

12/5/25

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, Residency trained in cardiology

info@SonoPath.com