



**PATIENT**

Happi Dean

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Neutered Male

**AGE**

9 Years 9 Months

**WEIGHT**

15.9 lbs

**INTERPRETED BY**

Beth Johnson, DVM  
 DACVIM

**IMAGING PERFORMED BY**

Kathleen Byrnes

**HOSPITAL NAME**

Pet Care Clinic of the  
 High Country

**REFERRING VET**

Dr. Sturgill

**INVOICE**

75645

**DATE**

6/3/26

**PRESENTING CLINICAL SIGNS**

P presented for recheck US. P had splenic mass and irregular LA. P had splenectomy and diagnosed with HSA as well as another cutaneous HSA.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

Urinary bladder is adequately distended with primarily anechoic contents and occasional echogenic non-shadowing debris. Apical urinary bladder wall is diffusely thick (0.62 cm thick). Mucosa is hyperechoic and irregular. No masses or cystoliths are observed. The trigone and visible pelvic urethra are normal thickness with a smooth mucosal surface.

Prostate is normal in size, echotexture and echogenicity for a neutered male, except for a subtle discrete 0.30 cm in diameter hyperechoic density/possible small mineral foci.

Kidneys are overall normal in size and shape with smooth peripheral margination. A normal 1:3 cortex to medulla ratio is maintained. The medulla and cortices are uniform in texture with some mild increased cortical echogenicity and mild loss of corticomedullary distinction, expected in this age patient. There is no evidence of pyelectasia, mineral or infarcts observed. Left kidney measured 4.1 cm. Right kidney measured 4.4 cm.

*Adrenal Glands*

The right adrenal gland is normal in size (0.38 cm at cranial pole and 0.39 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.77 cm at cranial pole and 0.41 cm at caudal pole), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal. The left adrenal gland is not nearly as clearly visible in these images, but there may be a subtle hyperechoic nodule in the cranial pole measuring approximately 0.60 cm in diameter. Nodule does not disrupt normal shape and/or architecture.

*Spleen*

In the area of the spleen is a discrete homogeneous 0.30 cm x 0.40 cm hypoechoic density.

*Liver*

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

*Gastrointestinal*

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.



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The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

***Pancreas***

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Dachshund

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**SEX**

Neutered Male

***Free Abdomen***

**AGE**

9 Years 9 Months

There is no visible free peritoneal effusion noted in these images.

There is no apparent pathologic lymphadenopathy noted in these images.

**WEIGHT**

15.9 lbs

The visible heart base (RA) and pericardium are unremarkable without obvious pathology noted in these images at this time. If cardiac function evaluation is desired, a full echocardiogram is recommended.

**PRIMARY FINDINGS**

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 DACVIM

- The spleen has previously been removed. There remains a discrete homogeneous, hypoechoic density in the area of the fossa, but it is much smaller than previously imaged.
- Similarly, the nodule in the left adrenal gland remains faintly present but is less distinct, and smaller than previously imaged.

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**SECONDARY FINDINGS**

- Chronic Cystitis - Urinary bladder wall changes are most consistent with chronic cystitis. Infiltrative neoplasia cannot be ruled out but is considered less likely give the location and diffuse nature of the changes.
- The hyperechoic density within the prostate trends toward benign as is seen with fibrosis an old hematoma or cyst, or potentially dystrophic mineralization, a chronic inflammatory change, etc. Infiltrative neoplasia cannot be ruled out but is considered less likely.
- Age related kidney changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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As described above, the pathologies previously described are both present but less definitively visible and smaller than previously noted. Given the new changes, as is reportedly already pending, a 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 ratio is recommended.

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Otherwise, given patient's history, consultation with a veterinary oncologist is recommended.



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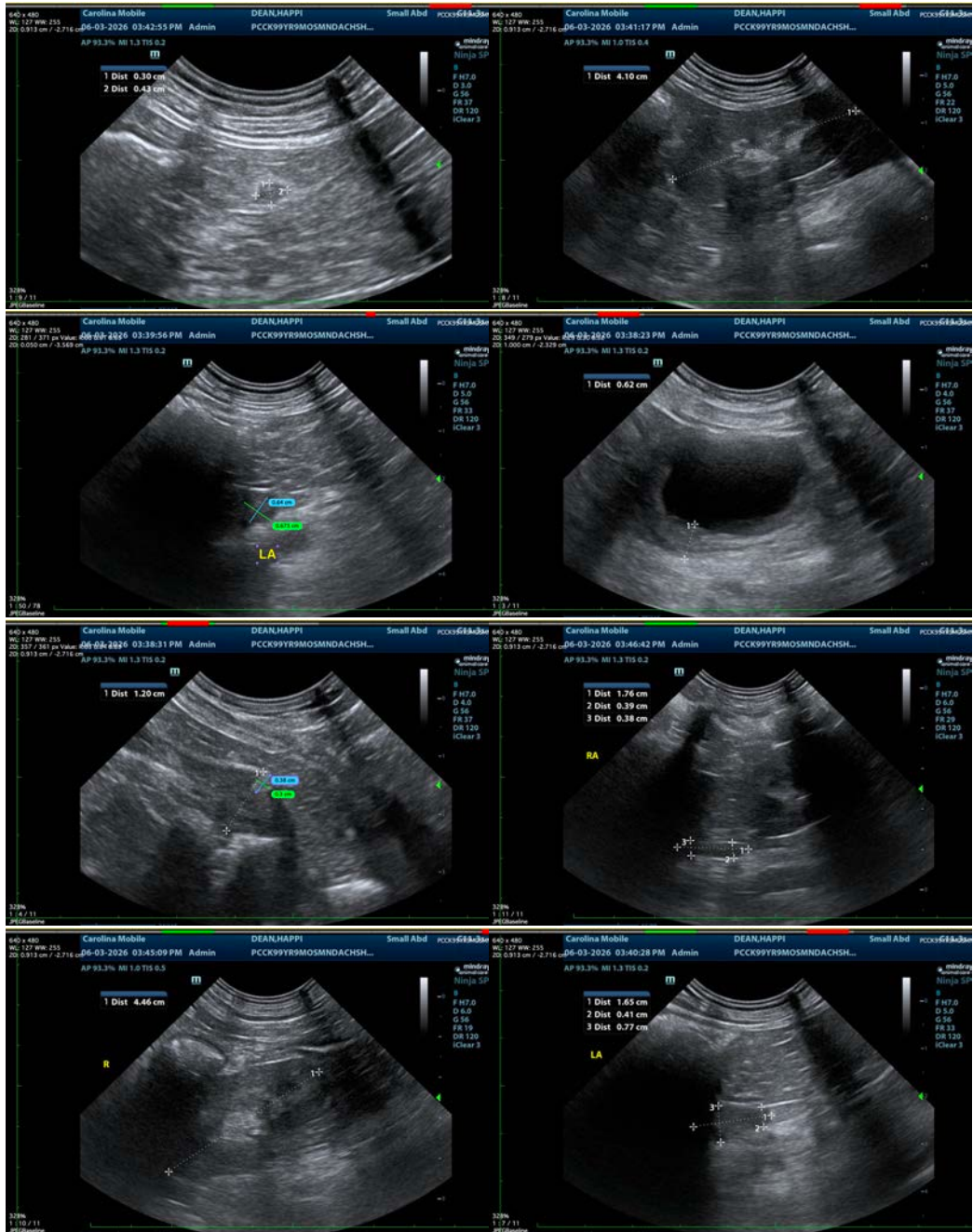
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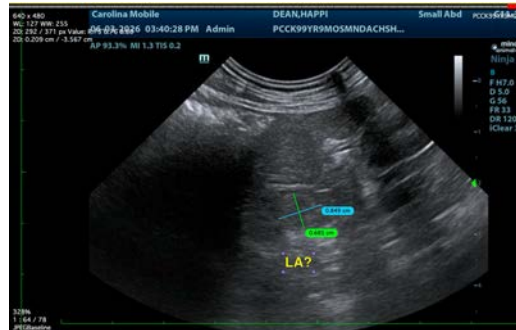
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Beth Johnson, DVM, DACVIM**  
info@sonopath.com