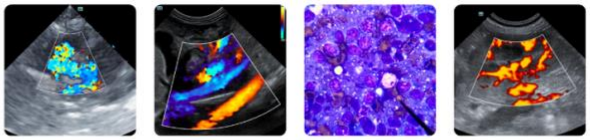

PATIENT

Ryan Murphy

SPECIES

Canine

BREED

Dachshund

SEX

Neutered Male

AGE

10 Years

WEIGHT

10.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Gudrun Gunther

HOSPITAL NAME

New Frontier AMC

REFERRING VET

Dr. George

INVOICE

35986

DATE

5/7/26

PRESENTING CLINICAL SIGNS

History: Long term (multiple years) hx of pinna/tail tip vasculitis. Recent (weeks to months) hx of inappetance and weight loss. Recent bloodwork shows mildly elevated liver values (also historic x years), otherwise unremarkable. Current meds: Apoquel, Doxycycline, pentoxyfyline, trazoxone, niacinamide, famotidine. Main concern: weight loss and inappetance. Abnormal PE/Chem/CBC/UA Results: TFAST unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed minor micropolypoid changes. The bladder wall was mildly thickened. A minimal amount of urine present in the bladder.

The **prostate** was mildly enlarged, measuring 1.26 cm, uniform. Areas of mineralization were noted in the prostate.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.0 cm. The left kidney measured 4.3 cm.

Adrenal Glands

The **right adrenal gland** was mildly enlarged, measuring 1.0 cm at the cranial pole and 0.5 cm at the caudal pole. A hyperechoic nodule measured 0.8 cm x 0.45 cm.

The **left adrenal gland** was enlarged and mildly heterogenous, measuring 0.88 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine

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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted. This is a moderate change.

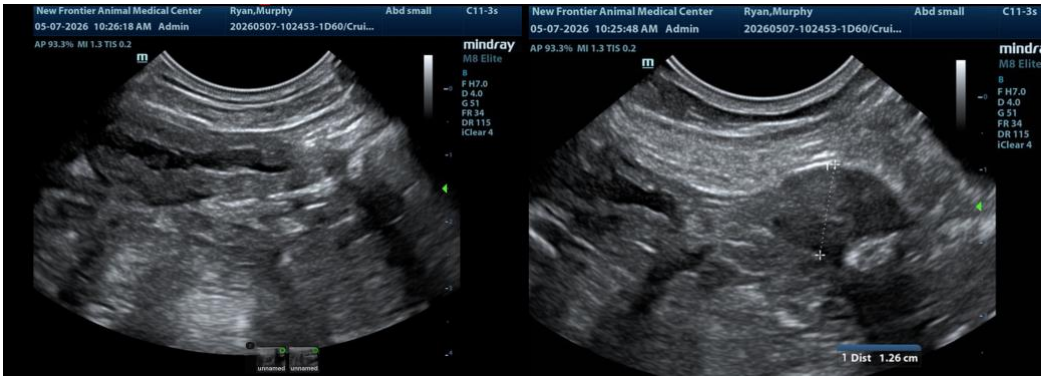
ULTRASONOGRAPHIC FINDINGS

- Bilateral adrenal hypertrophy
- Prominent prostate with areas of mineralization
- Pancreatic remodeling
- Urinary bladder wall thickening and minor micropolypoid changes with a minimal amount of urine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided FNA is indicated. Sampling of the prostate is indicated +/- cytospin of a free catch urine sample could also be considered. Traumatic catheterization could also be considered upon the prostate, as there is a minor potential for trailing. Hyperplasia is entirely possible with a potential of emerging carcinoma. If the patient was neutered later in life, then this prostatic presentation may be normal owing to remodeling, yet the bladder wall was mildly thickened. Full urinary work up is warranted if not already performed.

If the patient appears cushingoid and urine specific gravity is <1.020, then work up for PDH is indicated.



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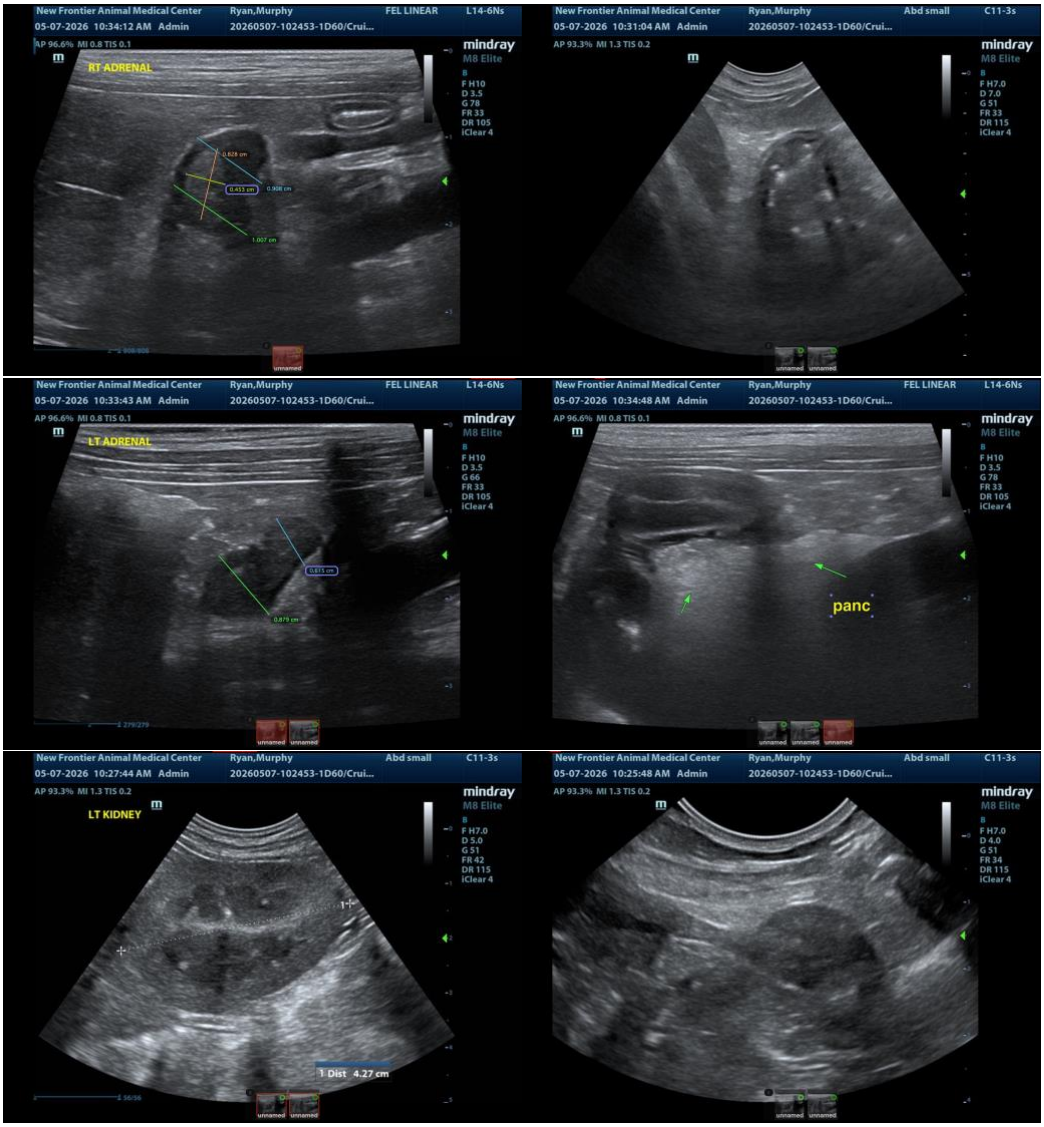

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com