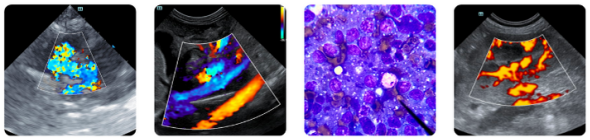


PATIENT

Bing Halsey

SPECIES

Canine

BREED

Daschshund

SEX

Male Neutered

AGE

12 yrs

WEIGHT

11 lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

12909

DATE

12/11/25

PRESENTING CLINICAL SIGNS

History: Intermit diarrhea +/- hematochezia

Abnormal PE/Chem/CBC/UA Results: Fecal PCR neg, No other recent bloodwork

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The residual prostate was mildly enlarged in exhibiting non-homogeneous, pinpoint, focal, hyperechoic parenchyma measuring 1.6 cm in diameter.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of medullary mineral to small renoliths were present. The left kidney measured 4.3 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

The left adrenal gland was borderline prominent in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.62 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.53 cm width at the caudal pole.

Spleen

The spleen exhibited a solitary, mildly expansive, non-homogeneous mid medial nodule with associated symmetrical medial capsule distortion. No evidence of capsule escape was present. The nodule measured 1.6 cm in diameter.

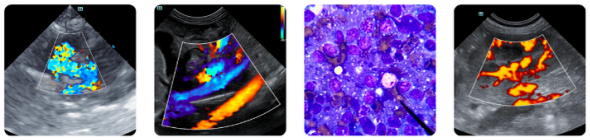
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, congealed, non-organized, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



SonoPath.com info@sonopath.com 1.800.838.4268

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was non-distended in size with soft to non-formed fecal matter present in the colon lumen with lumen dilation.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No obvious significant omental lymphadenopathy or peritoneal effusion was present.

Heart

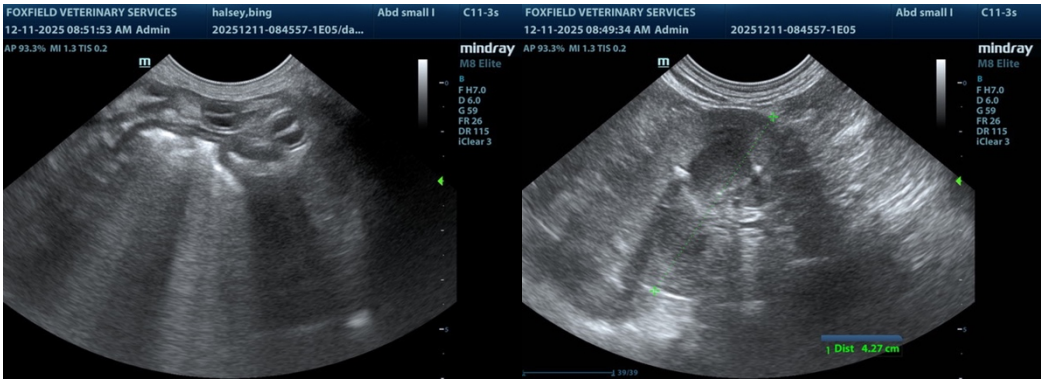
Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

ULTRASONOGRAPHIC FINDINGS

- Colitis
- Mildly expansive non-homogeneous splenic nodule – hyperplasia, hematopoiesis, granuloma, tumor possible
- Sonographically normal gastrointestinal tract/area of pancreas
- Age-related mild kidneys with medullary mineral/small renoliths
- Non-organized gallbladder debris (non-mucocele)
- Mildly enlarged non-homogeneous hyperechoic residual prostate – emerging to early prostatic neoplasia vs age variant, i.e. fibrosis, residual hyperplasia
- Borderline prominent caudal left adrenal gland

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Correlation with full lab work and urinalysis with consideration for screening BRAF assay is recommended. Assuming normal clotting status and using 25-gauge needle, splenic nodule and residual prostate FNA cytology could be considered. Sonographic monitoring for evidence of lower urinary tract signs, i.e. stranguria, dysuria, etc. would be reasonable. Empirical therapy for colitis indicated.



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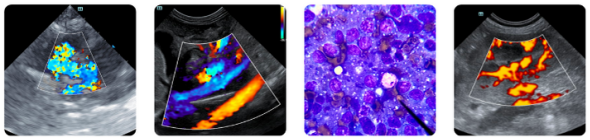

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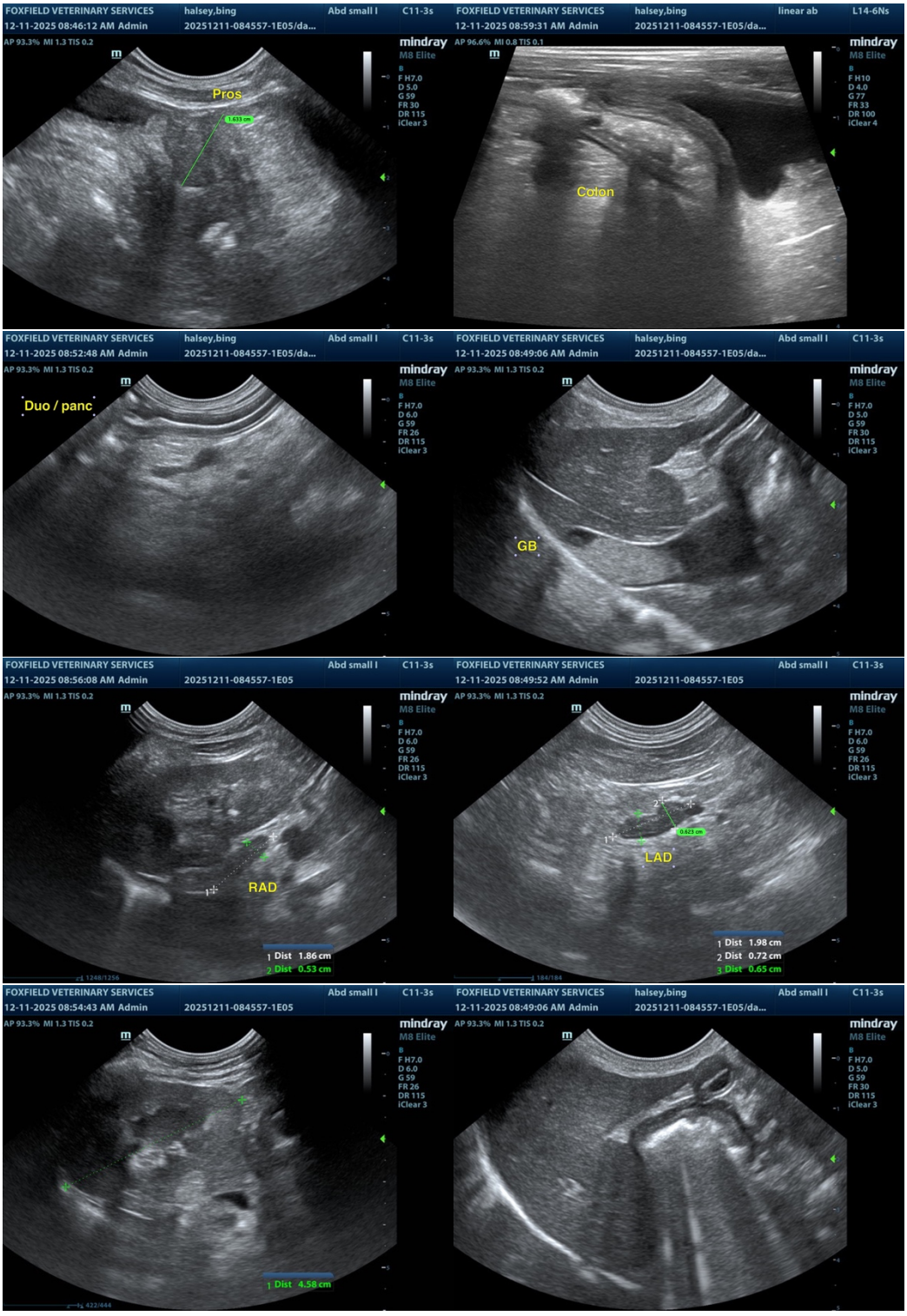

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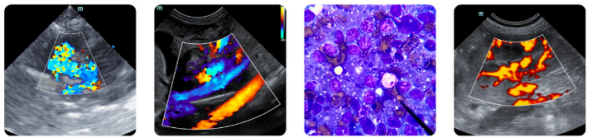

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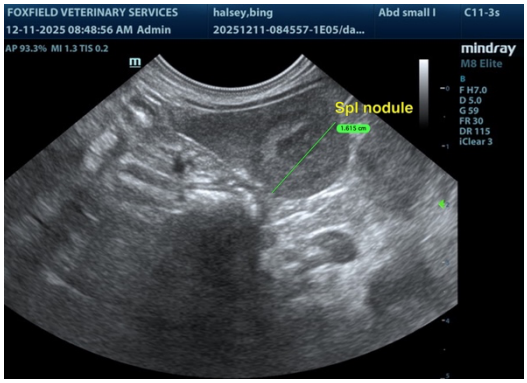

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@sonopath.com