

PATIENT

Larkin Pound Dog
Rescue

SPECIES

Canine

BREED

Dachshund

SEX

MI

AGE

5mo

WEIGHT

2.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Stewart

HOSPITAL NAME

Preston AC

REFERRING VET

Wallace

INVOICE

23760

DATE

02/02/2026

PRESENTING CLINICAL SIGNS

- L Paramedian approach to locate left testis: 3 cm incision through skin, SQ, abdominal rectus fascia. Used hemostats to bluntly separate muscle fibres. Good visualization from tail of spleen to underneath bladder.. right dicctus identified easily but no left ductus found when retroflexing bladder. no testis found on multiple sweeps of abdomen. I suspect this dog may be monorchid but cannot confirm with enough confidence to remove descended R testis
- Current Medications Metacam post surgical, interecptor plus

Abnormal PE/Chem/CBC/UA Results: Not done Radiographic Findings Not done Primary Question to Be Answered in This Exam need a sonographer who is comfortable finding a cryptorchid testis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.9 cm in length. The right kidney measured 5.3 cm in length.

The area of the aortic trifurcation was free of pathology.

The prostate gland exhibited expected presentation for an intact male puppy without pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 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 0.4 cm width at the caudal pole.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/Gallbladder



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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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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

Examination of the left inguinal space using both curvilinear and linear probes revealed possible retained small left testicle exhibiting potential indistinct hyperechoic mediastinum testis measuring ~ 1.5 cm in diameter. This is similar in size and presentation to the descended right testicle which was normal measuring 1.6 cm in diameter.

No evidence of peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

Small homogenous right inguinal lymph nodes visualized, an example measured 0.5 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

- Possible small left retained testicle in left inguinal space.
- Mild mesenteric and right inguinal lymphadenopathy- consistent with benign criteria i.e. mild hyperplasia or immunologic immaturity.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given current patient age and small stature, differentiation between a small, retained testicle and lymph node can be difficult. Given no indication for immediate surgical intervention, sonographic monitoring of the possible small retained left inguinal testicle for evidence of persistence or testicular



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progression with initial recheck at 9-12 months of age is recommended.

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No obvious evidence of retained intra-abdominal testicle which may correlate with laparotomy findings yet likewise a small abdominal testicle may be difficult to visualize sonographically or grossly at this age and body stature.

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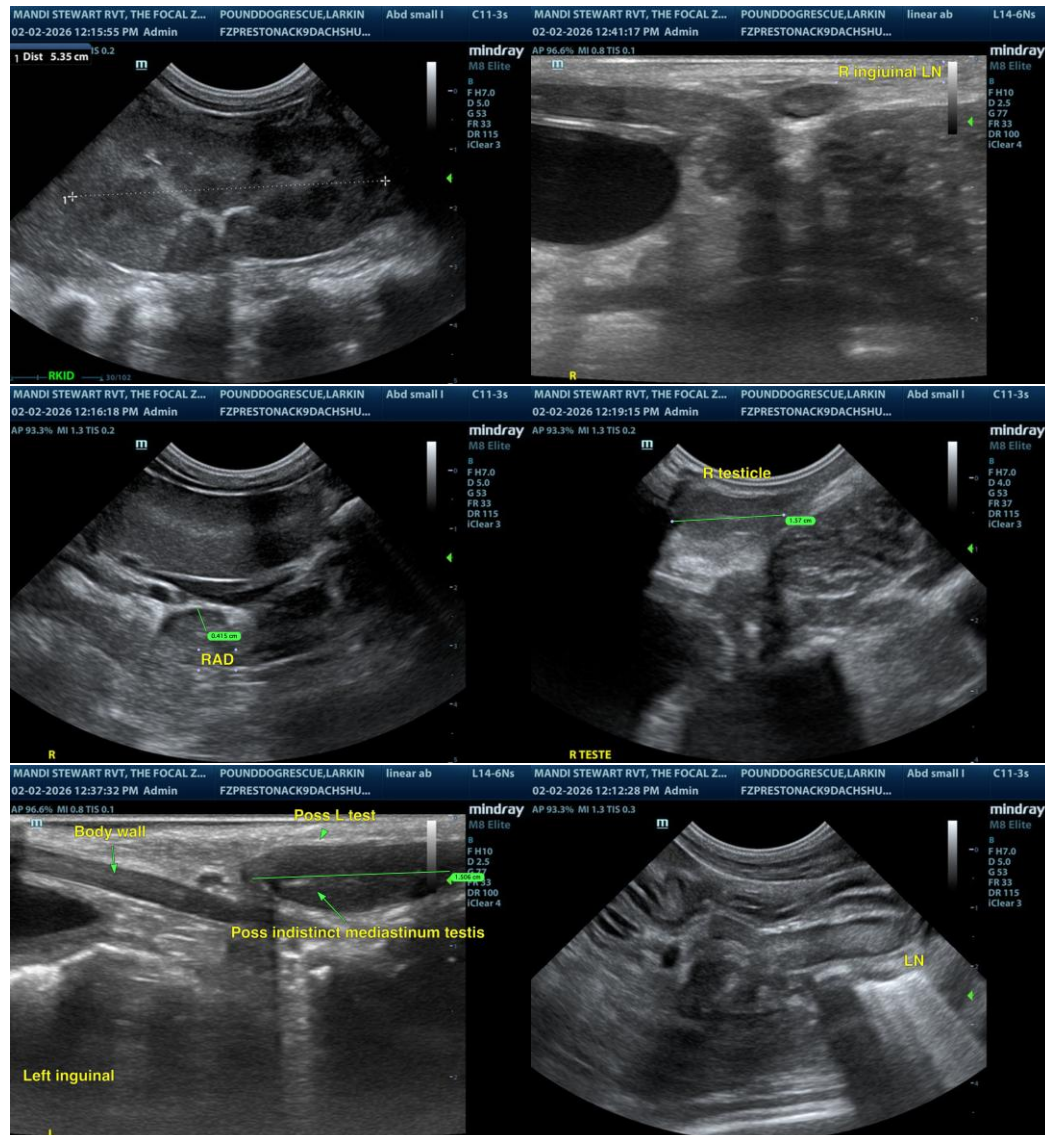
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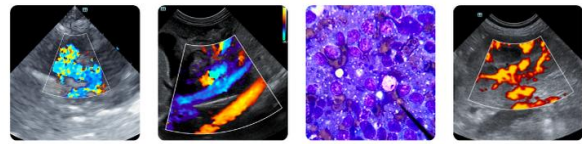
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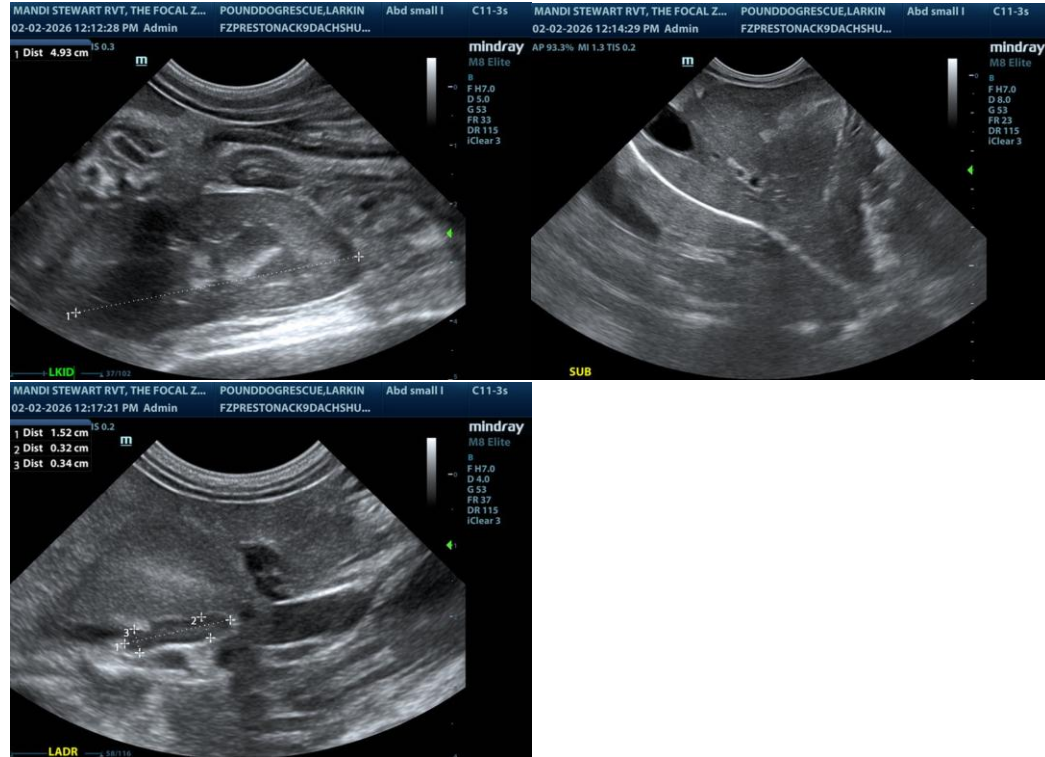
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com