



PATIENT

Jack Conrad

SPECIES

Canine

BREED

Dachshund Mix

SEX

Male Neutered

AGE

13y

WEIGHT

15.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Cascade AC

REFERRING VET

Dr. Brak

INVOICE

13225

DATE

2/24/26

PRESENTING CLINICAL SIGNS

History:

- F.U.O - DIAGNOSED AT WILVET SOUTH
- MUOCOCELE - DIAGNOSED BY WILVET SOUTH
- DENTAL DISEASE
- SL OVERWEIGHT
- UROGENITAL - WNL
- REPEAT ULTRASOUND TO ACCESS BLADDER
- ABNORMAL Lab work Values
- Current Medications: enrofloxacin, denamarin, ursodiol, trazodone, fluoxetine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment, mineral or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the residual prostate appeared normal and free of pathology.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 4.4 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

A non-homogeneous cranial pole nodule was present in the cranial left adrenal gland without mild associated symmetrical capsule expansion. The nodule did not exhibit signs of mineralization or vascular invasion. The nodule measured 0.6 cm x 0.5 cm. Generalized mild left adrenomegaly with maintained symmetrical contour measuring 0.59 cm width at the caudal pole. A non-homogeneous nodule was present in the cranial right adrenal gland with mildly expansive, associated intact cranial capsule distortion. The right adrenal gland was generalized mildly enlarged measuring 0.74 cm width at the caudal pole. The nodule measured 1.35 cm x 0.9 cm

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.



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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 to moderate, 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.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically normal liver
- Improved non-organized, mildly congealed gallbladder debris – not currently consistent with mucocele criteria
- Bilateral adrenal nodules – hyperplasia, lipogranuloma, functional vs non-functional adenoma, emerging unilateral/bilateral adrenal tumors thought less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Reduced amount of gallbladder debris compared to the previous study. Correlation with hepatic enzyme assessment with continued as needed hepato-supportive medications and monitoring would be reasonable. Monitoring of systemic BP given bilateral adrenal nodules for evidence of hypertension is recommended. If present, urine metanephrine level could be considered. If patient is non-clinical for adrenal disease, sonographic monitoring of the adrenal nodules for evidence of progression is recommended.



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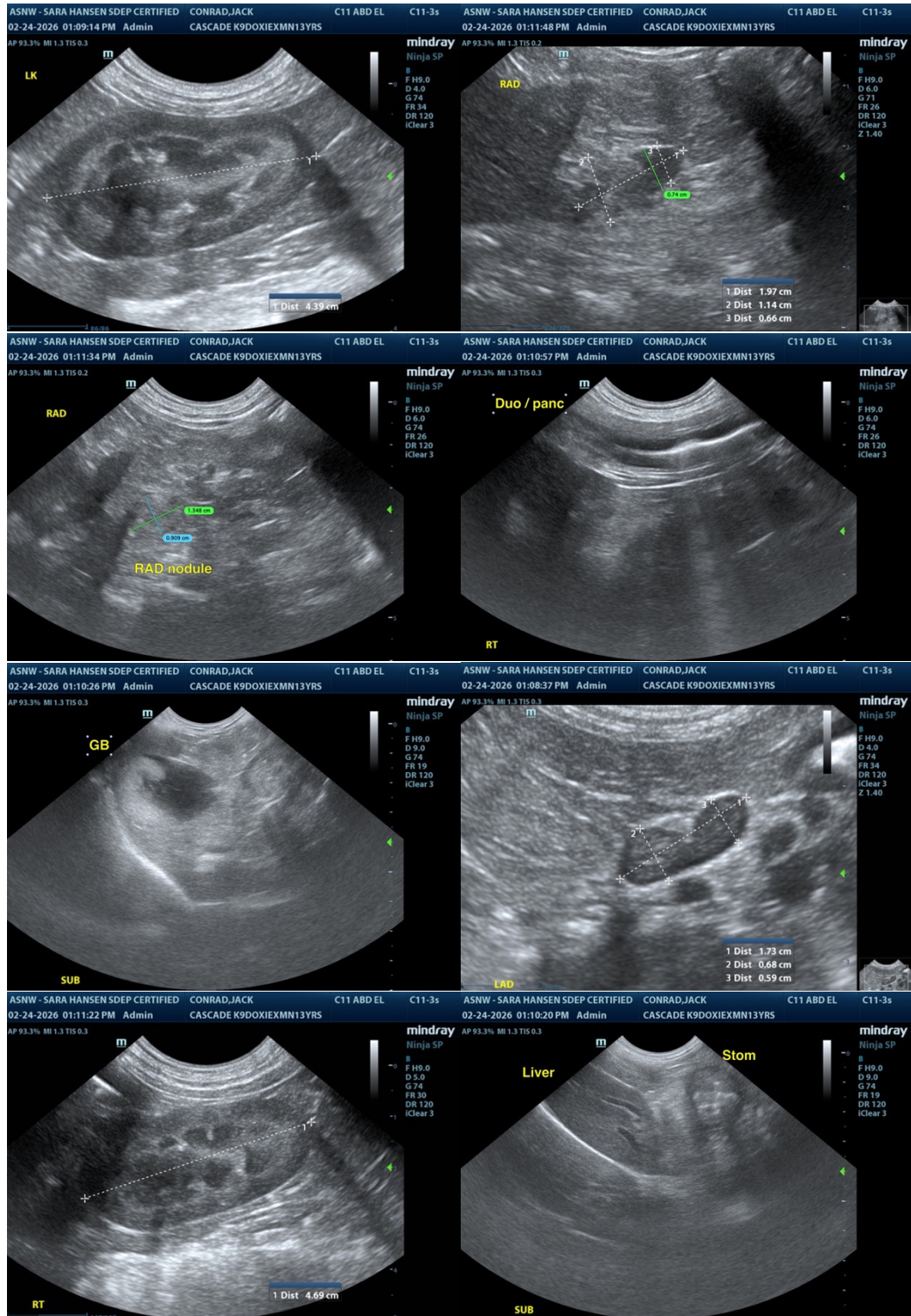
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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