



**PATIENT**

Reese Miller

**SPECIES**

Canine

**BREED**

Dachshund

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

5.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Stewart

**HOSPITAL NAME**

Simcoe Animal Hospital

**REFERRING VET**

Dr. Lanacshire

**INVOICE**

73932

**DATE**

3/23/26

**PRESENTING CLINICAL SIGNS**

Presented on March 20th with lump on right side - acute soft swelling on right dorsal abdomen. Diagnosis at time of visit was hernia/ soft tissue inflammation, mm: light pink, mild hypothermia.

Wellness BW done in Feb 2026 indicated possible bleed from Metacam use - Metacam discontinued and recheck CBC's have been rechecked twice since then

Current Medications: Tramadol - 25mg BID ; Clavaspetin 150mg BID ;

Abnormal PE/Chem/CBC/UA Results: Primary Question to Be Answered in This Exam Is the lump a hernia or trauma-related? BW and rads attached

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited 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.

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. Left kidney measured 4.1 cm. Right kidney measured 4.2 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Right measured 0.35 cm at the caudal pole. Left measured 0.44 cm 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**

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 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 ileus, obstruction or foreign material.

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



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**Pancreas**

Reese Miller

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.

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Canine

**Free Abdomen**

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No evidence of omental lymphadenopathy or peritoneal effusion.

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A right extraabdominal subcutaneous area of inflammation is noted measuring approximately 6.0 cm in diameter. Within the area of subcutaneous inflammation, primarily centralized fluid component was present measuring approximately 3.5 cm in diameter. Intact adjacent abdominal wall.

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**ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal abdomen.
- Right subcutaneous cellulitis with centralized fluid component – consistent with inflammation with potential for abscess.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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No evidence of right body wall hernia. Ultrasound guided FNA cytology as well as fluid collection from the centralized fluid component of the right subcutaneous lump for cytology and culture and sensitivity is recommended. Close assessment for evidence of non-obvious puncture wound in the area of the trauma is recommended. Close clinical monitoring, given current antibiotics protocol, would be reasonable. However, if persistent or progressive, exploratory surgery with debridement may be indicated.

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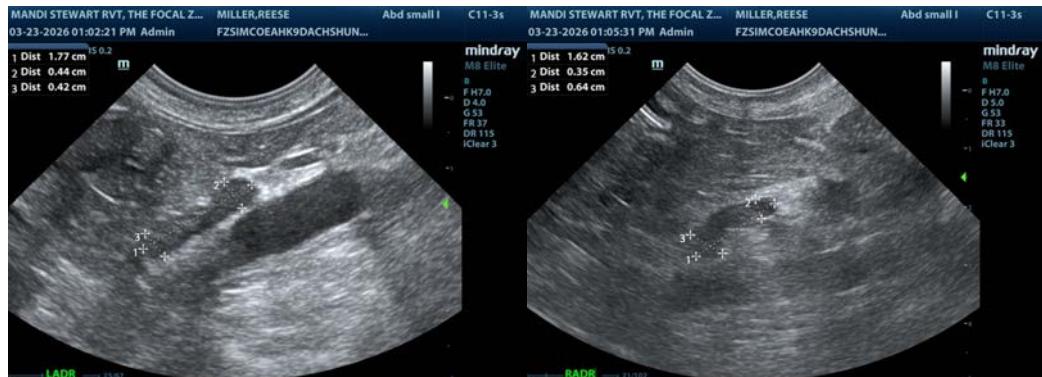
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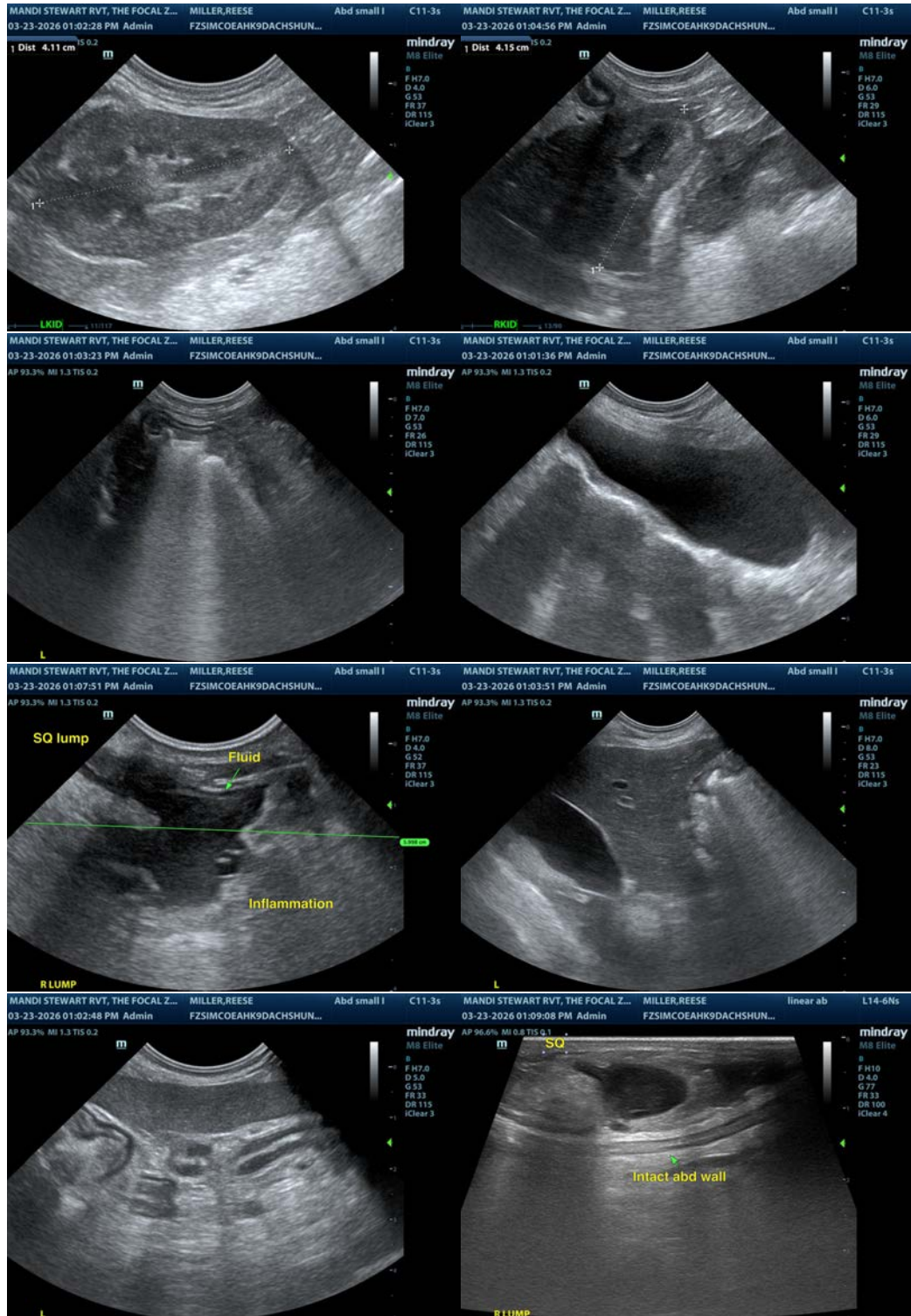
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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)**

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