



**PATIENT**

Roscoe Gannon

**SPECIES**

Canine

**BREED**

West Highland Terrier

**SEX**

Neutered male

**AGE**

14 years

**WEIGHT**

23.5 lbs

**INTERPRETED BY**

Bradley Harris, DVM,  
DACVECC, DACVIM  
(cardiology)

**IMAGING PERFORMED BY**

Rebecca Hamilton

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

Dr. Denmeyer

**INVOICE**

72293

**DATE**

3/6/26

**PRESENTING CLINICAL SIGNS**

- PU/PD, ^ ALP 292

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted, and anechoic urine is present. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, The cortices are hyperechoic with loss of corticomedullary definition. Mild, renal cortical cystic changes were noted. There was no significant mineralization. There was no pyelectasia or pelvic dilation. The capsule was mildly irregular. The left kidney measured 5.04 cm. The right kidney measured 5.31 cm.

**Adrenal Glands**

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.72 x 2.13 cm. The right adrenal gland measured 0.61 x 1.84 cm.

**Spleen**

The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measured 1.97 cm at the hilus.

**Liver**

The liver is normal in size with a diffusely, mildly heterogenous remottled parenchyma. Vasculature is within normal limits with no evidence of congestion. The gallbladder is mildly to moderately distended with echogenic suspended debris and dependent sediment. The cystic and common bile ducts were normal. There was no intrahepatic or extrahepatic biliary dilation. No hepatic lymphadenopathy is documented.



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***Gastrointestinal***

The stomach and intestines are free of stasis and peristaltic activity, with no significant dilation noted. There is normal wall thickness and acceptable curvilinear mural detail. The pyloric-duodenal junction and ileocecolic junction are patent, and the colon contains normal shadowing feces. There is no evidence of shadowing obstructive material or overt infiltrative disease noted. No associated abnormal lymphatic activity is documented.

***Pancreas***

The base and limbs of the pancreas are isoechoic to surrounding omental fat. The pancreatic duct and capsular contour are normal. There is no overt evidence of active inflammatory or neoplastic disease.

***Free Abdomen***

There was no lymphadenopathy and no free fluid noted.

**ULTRASONOGRAPHIC FINDINGS**

There is increased renal cortical echogenicity and thickening with a mildly irregular capsular contour. Multifocal cystic cortical changes are noted. This is secondary cystic formation consistent with chronic age related degeneration and remodeling. There is no evidence of abscessation or suspicion of neoplasia.

The gallbladder contains echogenic, suspended and dependent unorganized debris. This is not yet to the level of an organized mucocele, however early/developing mucocele cannot be ruled out. This dependent sediment is often an incidental finding, or may be associated with concurrent endocrine disease such as hyperadrenocorticism or diabetes mellitus.

The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory, immune-mediated, metabolic, or endocrine disease. Infiltrative neoplasia or acute hepatitis cannot be ruled out.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urinalysis and urine culture via cystocentesis are recommended to evaluate the urinary tract changes for potential urinary tract infection.

Fine needle aspirates of the liver with cytology are recommended. A coagulation profile and platelet estimate prior to sampling are indicated to ensure the absence of coagulopathy. Occasionally some tissues are poorly exfoliative, or cytology is non-specific, in which case biopsy with histopathology may be required for a definitive diagnosis.



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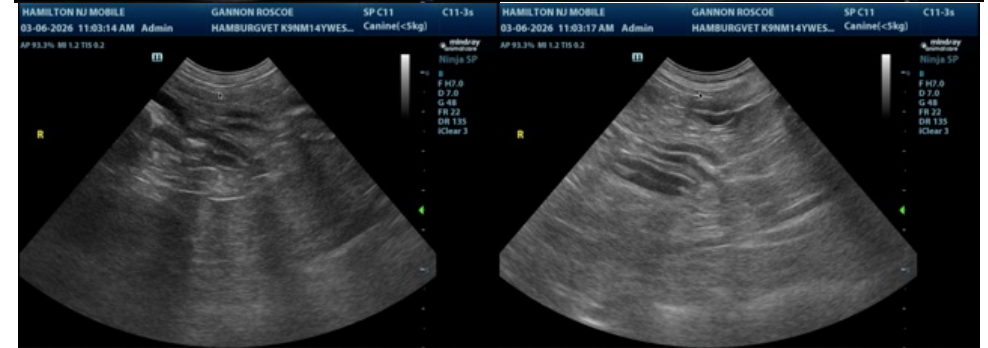
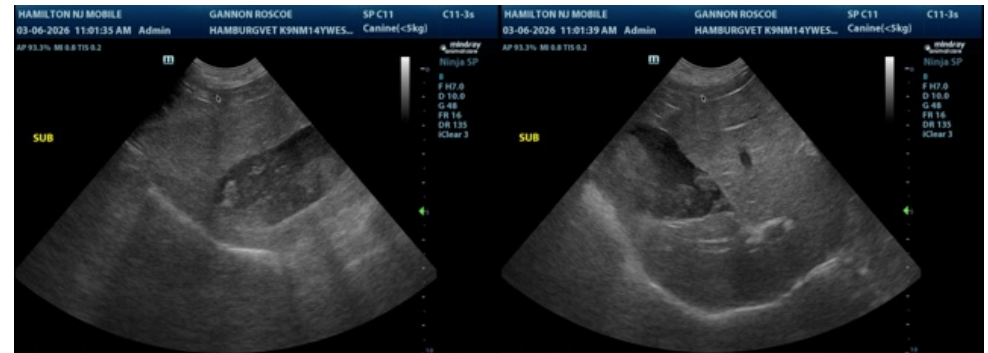
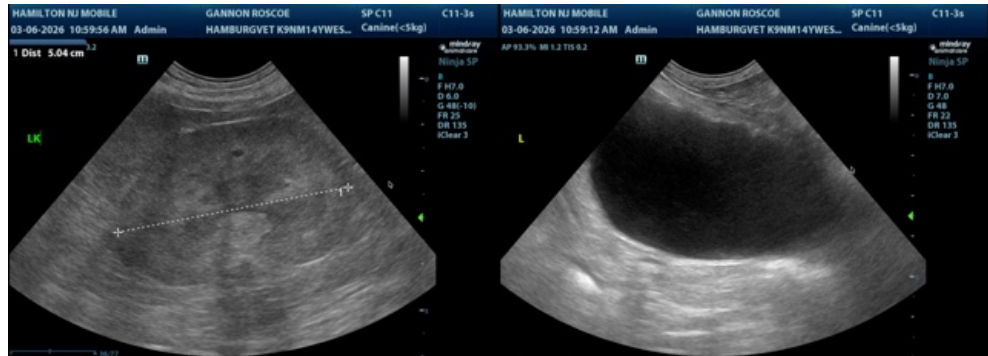
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

[info@SonoPath.com](mailto:info@SonoPath.com)