



PATIENT

Sasha White

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

15 Years

WEIGHT

14

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Rodriguez

INVOICE

26170

DATE

10/11/21

PRESENTING CLINICAL SIGNS

Presented for a mass on her side and 2# weight loss
Abnormal PE/Chem/CBC/UA Results: Age related changes. Felt mass caudal to rib cage. Felt like a mass on the muscle wall. Obtained x-rays first which showed mass like effect in abdomen and when she was sedated realized the mass was from her abdomen. Very hungry overall doing well, incidental finding per o and the mild weight loss. Hx of elevated alt, ast, alp, ggt in February..all mild but elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Mineralization noted in both kidneys. The calculi were non-obstructive. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having 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 0.5 cm.

Spleen

The **spleen** was deviated dorsally. It presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** in this patient revealed an extensive left-sided mass that extended caudally and occupied the region of the splenic fossa. The right liver appeared largely unremarkable. The mass may prove to be resectable and measured approximately 10 cm. The gallbladder was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

SPECIES

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ULTRASONOGRAPHIC FINDINGS

- Extensive left-sided liver mass

BREED

West Highland Terrier

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

CT evaluation of the liver mass for surgical planning warranted. 25-gauge FNA of the liver could be considered for further definition. Suspect hepatocellular carcinoma.

SEX

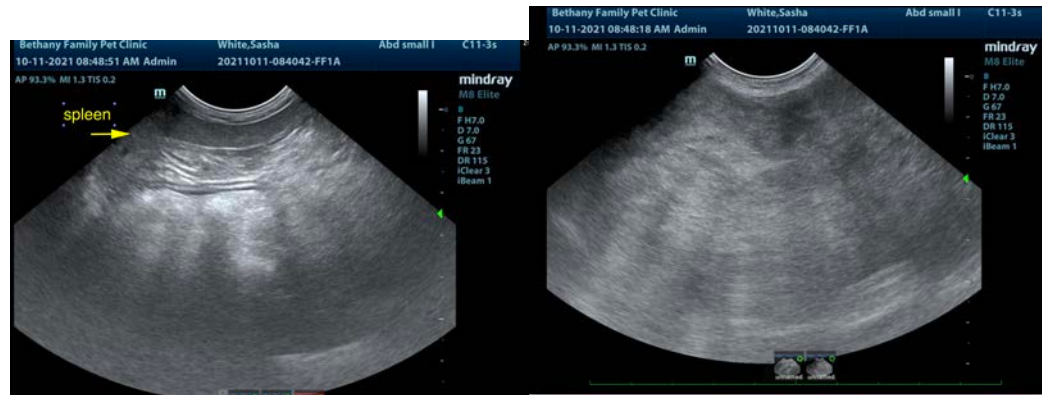
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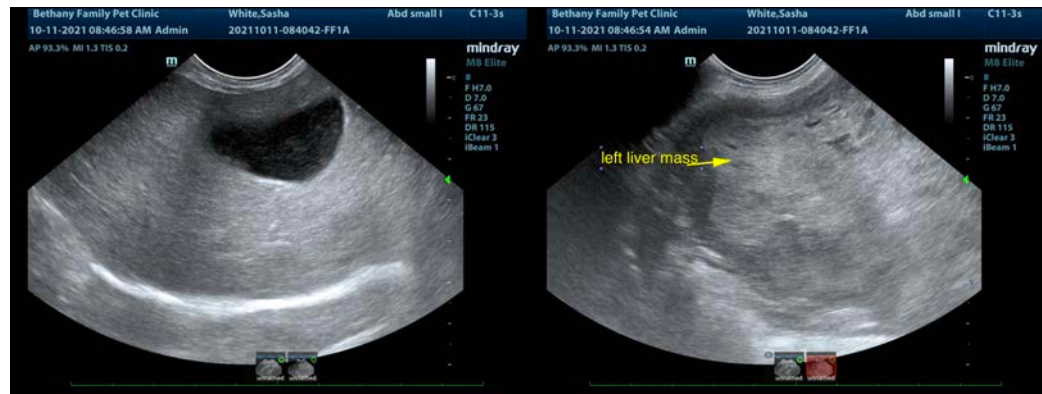
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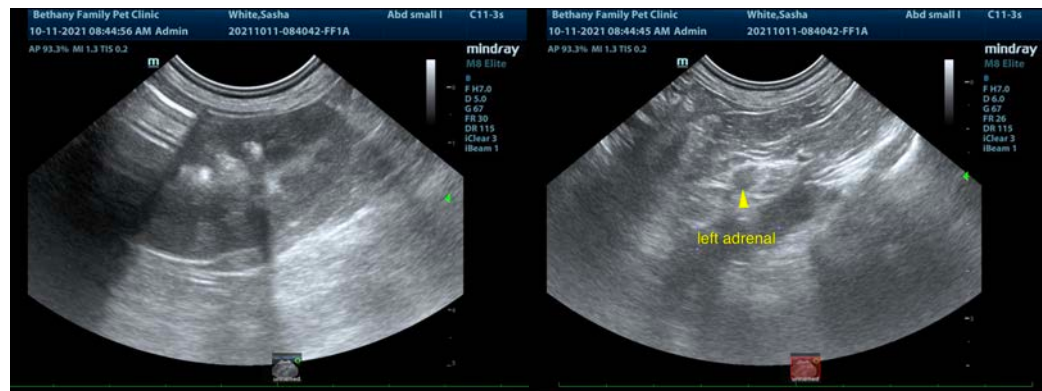
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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