



**PATIENT**

Sam Reggie Godbee

**SPECIES**

Canine

**BREED**

West Highland Terrier

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

35.2

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Engelwood VC

**REFERRING VET**

Dr. Ezik

**INVOICE**

21548

**DATE**

3/10/23

**PRESENTING CLINICAL SIGNS**

History: Possible mass in urinary bladder

**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. Ureteral papillae were normal. The urinary bladder revealed a dorsal sessile polyp, measuring approximately 1.0 cm. The residual prostate was uniform, measuring 0.77 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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. The right kidney measured 6.48 cm. The left kidney measured 5.9 cm.

**Adrenal Glands**

The **left adrenal gland** was mildly heterogenous and slightly irregular, measuring 1.68 cm x 1.06 cm at the cranial pole and 0.94 cm at the caudal pole.

The **right adrenal gland** was 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 right adrenal gland measured 2.0 cm x 0.86 cm at the caudal pole and 0.51 cm at the cranial pole.

**Spleen**

The **spleen** 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** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular tracts were of normal volume and no evidence of congestion was noted. The hepatic lymph nodes were unremarkable.

A minor calculus was noted in the **gallbladder**, measuring 0.54 cm. A minor amount of debris was noted. The gallbladder wall was unremarkable.

**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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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**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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- Urinary bladder polyp deriving from the dorsal lateral wall
- Slightly irregular left adrenal gland, likely hyperplasia. There is a mild potential for underlying emerging carcinoma or pheochromocytoma. Blood pressure measurements are warranted.
- Gallbladder calculus and debris
- Age-related renal, hepatic and pancreatic changes
- Partially full stomach

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Exploratory cystotomy/partial cystectomy +/- left adrenal gland removal could be justified in this patient yet both lesions very well may be benign.

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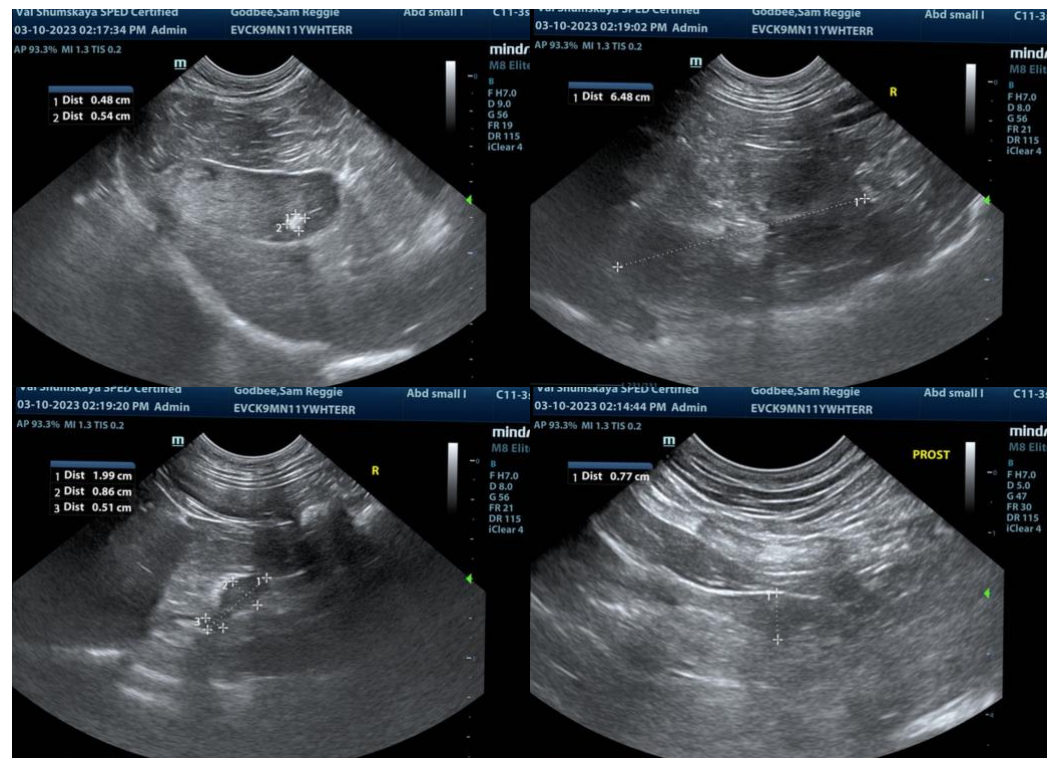
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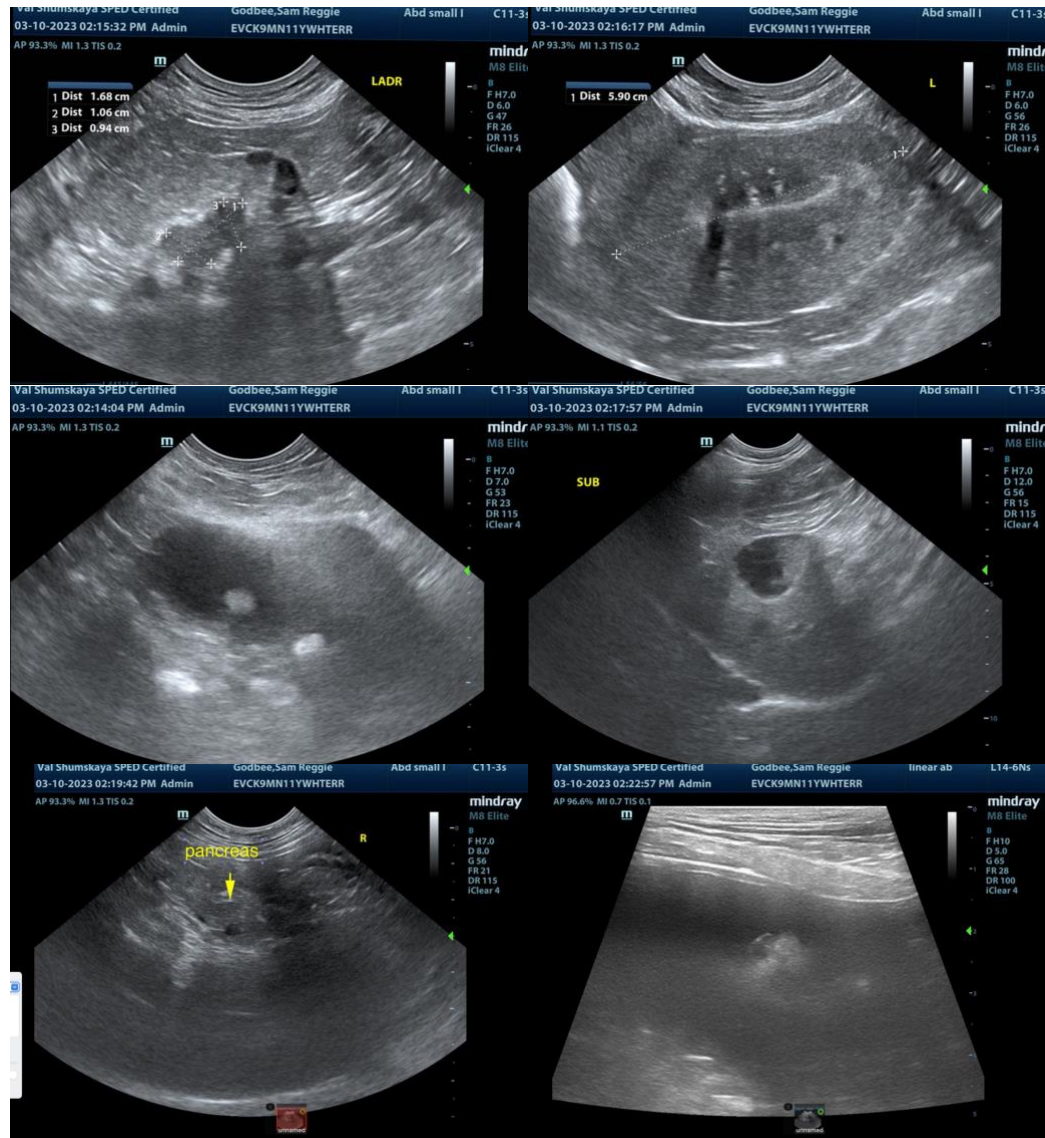
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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