



**PATIENT**

Clyde Middlekauff

**SPECIES**

Canine

**BREED**

West Highland Terrier

**SEX**

Neutered male

**AGE**

15 years

**WEIGHT**

16 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Peterson

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Kalenius

**INVOICE**

91075

**DATE**

8/9/21

**PRESENTING CLINICAL SIGNS**

History: Straining to urinate, having urinary accidents, abdominal pain PE: Mild abdominal pain, straining to urinate, rectal exam prostatomegaly and feels irregular, nonpainful, chronic dental disease, cryptorchid, AFAST - Bladder thickened on US-guided cyst, possible mass effect at neck of bladder (trigone), enlarged prostate with cystic features. - R/o cystitis, pyelonephritis, prostatitis, BPH. UA = USG 1.017, WBC > 50 /hpf, RBC 26/hpf, Epi cells 3-5/hpf rods ++ suspect cocci. no crystals or casts CHEM 10 = GLOB 5.5 g/dl, ALT 386 u/l, ALKP 369 u/l. Urine to Antech for C&S - pending

**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 was noted. Ureteral papillae were normal.

The prostate was mildly enlarged and cystic. This is most consistent with BPH. The prostate measured 3.0 cm in width. There was no evidence of cryptorchid noted in the intraabdominal image set. However, its abdominal presence cannot be ruled out.

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

**Adrenal Glands**

The left **adrenal gland** was uniform and measured 0.5 cm. The right adrenal gland was slightly nodular and measured 0.8 cm at the cranial pole and 0.4 cm at the caudal 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 was 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 and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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**Gastrointestinal**

The **stomach** revealed a 2.0 cm, hypoechoic mural lesion that deviated the gastric lumen. There was loss of mural detail noted. This appeared to be an isolated lesion and should be monitored and/or sampled. The gastric lesion may be resectable. Ultrasound-guided FNA is indicated.

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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.

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**ULTRASONOGRAPHIC FINDINGS**

Geriatric abdomen with gastric mural mass. Sarcoma is suspected with a mild potential for granulomatous lesion.

**WEIGHT**

16 lbs

BPH prostate likely owing to cryptorchid.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical exploratory for resection of the gastric lesion can be considered or ultrasound-guided FNA for further definition. Cryptorchid removal would be recommended at the time of surgery; however, its location cannot be defined based on this image set. Inguinal presence may be the issue. Three view chest radiographs are warranted to assess for metastatic disease. Treatment for urinary tract infection is warranted in the meantime. There is no evidence of lower urinary tract neoplasia.

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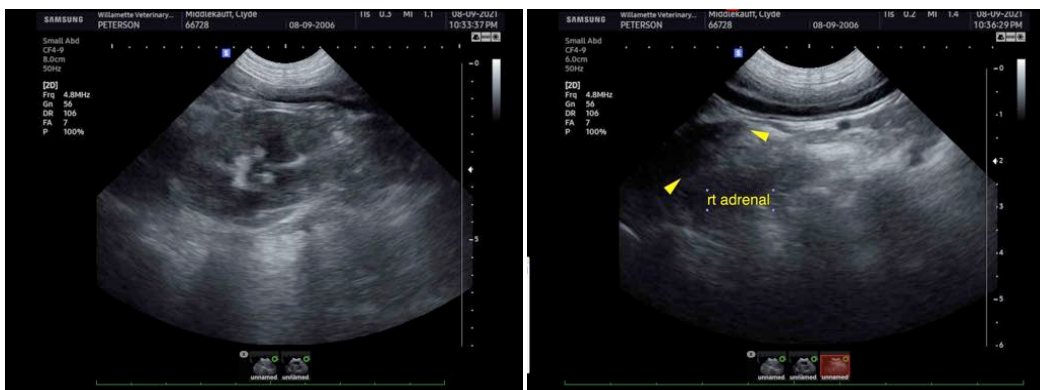
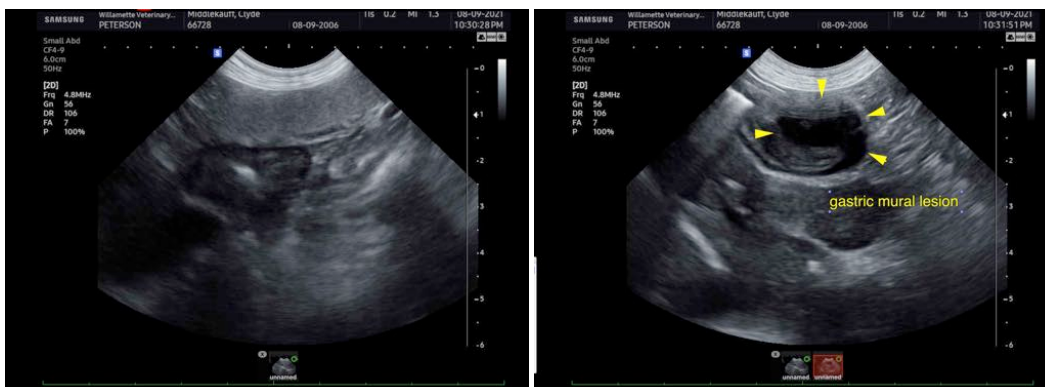
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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