



**PATIENT**

London Anderson-  
Aubin

**SPECIES**

Canine

**BREED**

Scottish Terrier

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

18.6 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING PERFORMED BY**

Yvonna Aranda

**HOSPITAL NAME**

Creekside Veterinary  
Clinic

**REFERRING VET**

Dr. Strahon

**INVOICE**

12148

**DATE**

11/07/25

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: BAR, tense on abdominal palpation but not reactive. No vulvar discharge.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labwork Values RBC 5.38M/ $\mu$ L, Hematocrit 38.5%, Hemoglobin 12.3g/dL, MCHC 31.9g/dL, Reticulocyte Hemoglobin 18.2pg, Neutrophils 11.709K/ $\mu$ L, Lymphocytes 0.254K/ $\mu$ L, Eosinophils 0.051K/ $\mu$ L. Albumin 2.3g/dL, ALT 112U/L, ALP 2,558U/L, Spec cPL 2,000 $\mu$ g/L

Current Medications None

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm 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 change were noted.

No evidence of pathology in the area of the uterine remnant.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. A small medial cortical cyst was visualized in the left kidney. The left kidney measured 4.5 cm in length. The right kidney measured 4.8 cm in length.

**Adrenal Glands**

The adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.46 cm width at the caudal pole. The right adrenal gland measured 0.51 cm width 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 presented with generalized mild hepatomegaly. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. A nonhomogenous hypoechoic to moderately expansive right lateral to caudate liver mass was present measuring approximately 8.0 cm in diameter. Mild perihepatic hyperechoic omentum and scant perihepatic effusion.



**PATIENT**

London Anderson-  
Aubin

**SPECIES**

Canine

**BREED**

Scottish Terrier

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

18.6 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP (Canine  
/ Feline Practice)

**IMAGING PERFORMED BY**

Yvonna Aranda

**HOSPITAL NAME**

Creekside Veterinary  
Clinic

**REFERRING VET**

Dr. Strahon

**INVOICE**

12148

**DATE**

11/07/25

The gallbladder was non distended in size with mild nonorganized biliary sludge. No evidence of wall edema. The cystic duct and common bile ducts were normal without evidence of dilation.

**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.

**Pancreas**

The right pancreas presented with normal size and mild heterogeneous hypoechoic parenchyma compared to adjacent omentum.

**Free Abdomen**

No obvious visualized significant omental lymphadenopathy was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

- Hepatopathy with right lateral/caudate lobe mass.
- Mild nonorganized gallbladder debris (non-mucocele).
- Hypoechoic nonhomogenous right pancreas.
- Associated perihepatic hyperechoic omentum and scant effusion.

**Secondary Findings**

- Normal spleen
- Mild chronic renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assuming normal clotting status, hepatic mass and parenchyma FNA cytology is recommended for further assessment. The hepatic mass may be amendable to surgical resection given location. Assuming no pathology on three view chest radiographs and if surgery is a potential, abdominal CT is likely ideal for further clarification, assessment for nonobvious metastasis and surgical planning. Concurrent or associated low-grade pancreatitis given left liver mass is suspected. As needed gastrointestinal support if gastrointestinal signs are present, is recommended.



**PATIENT**

London Anderson-  
 Aubin

**SPECIES**

Canine

**BREED**

Scottish Terrier

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

18.6 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP (Canine  
 / Feline Practice)

**IMAGING  
 PERFORMED BY**

Yvonna Aranda

**HOSPITAL NAME**

Creekside Veterinary  
 Clinic

**REFERRING VET**

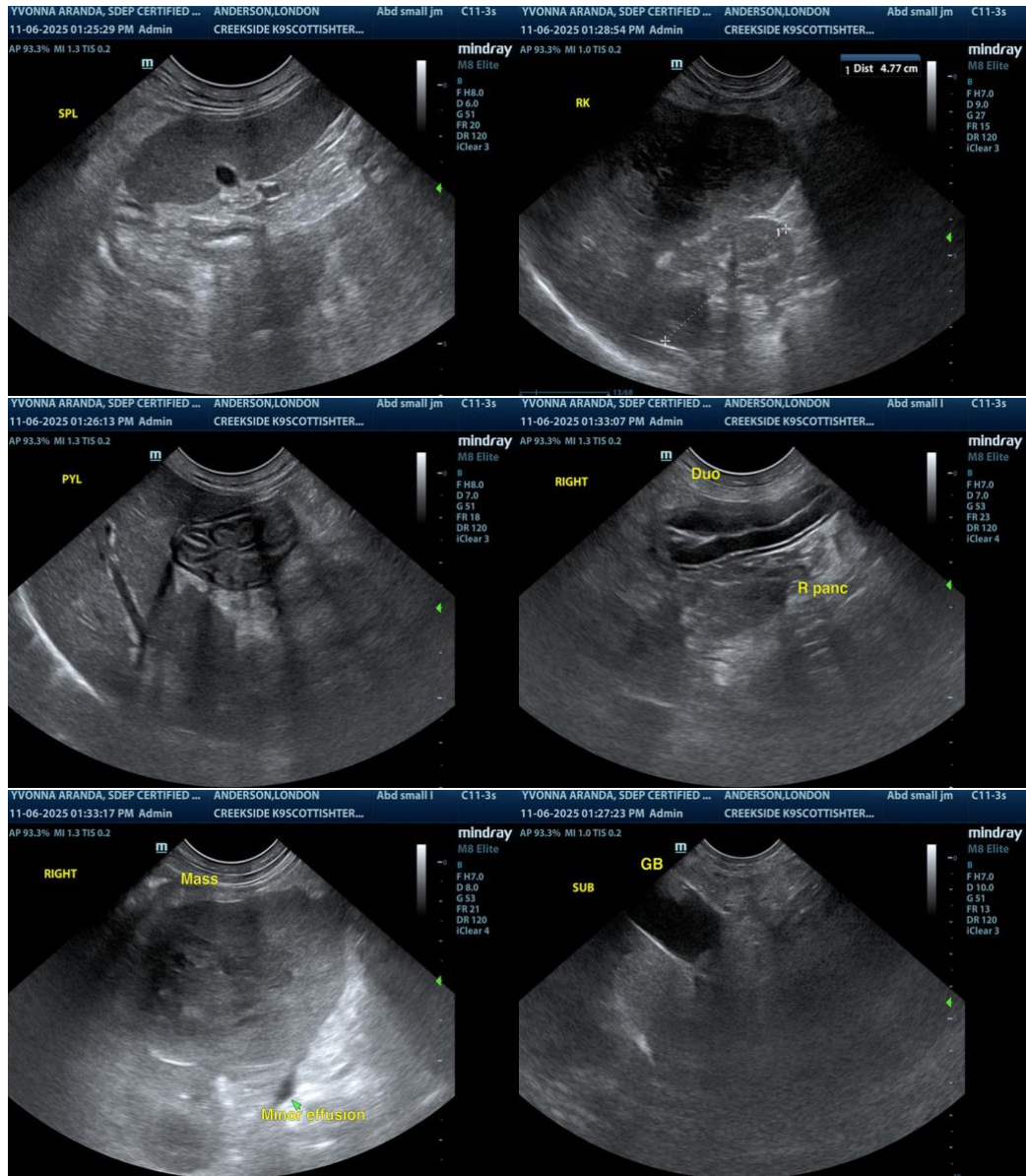
Dr. Strahon

**INVOICE**

12148

**DATE**

11/07/25





**PATIENT**

London Anderson-  
 Aubin

**SPECIES**

Canine

**BREED**

Scottish Terrier

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

18.6 pounds

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP (Canine  
 / Feline Practice)

**IMAGING  
 PERFORMED BY**

Yvonna Aranda

**HOSPITAL NAME**

Creekside Veterinary  
 Clinic

**REFERRING VET**

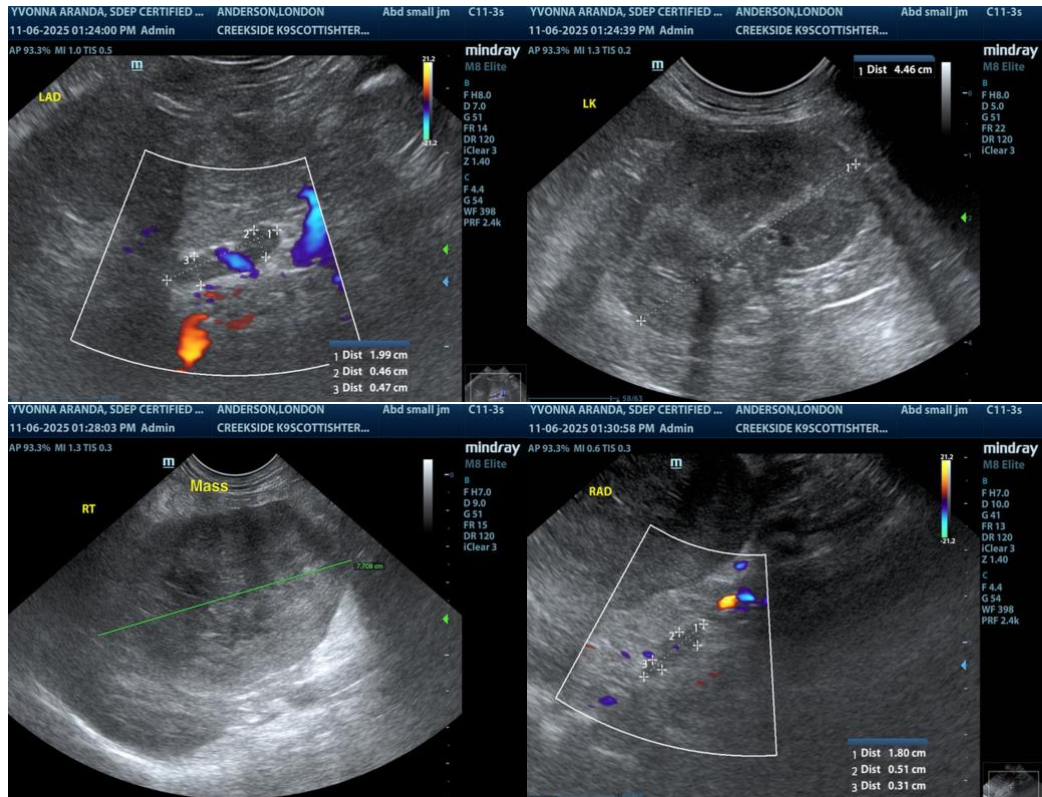
Dr. Strahon

**INVOICE**

12148

**DATE**

11/07/25



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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