

PATIENT

Rascal Miller

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

M

AGE

9yr

WEIGHT

46lb

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr Raul Casas

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr Raul Casas

INVOICE

24220

DATE

03/16/2026

PRESENTING CLINICAL SIGNS

- Rascal Miller presents for evaluation of an enlarging neck mass.
 - Appetite improved since starting Farmer's Dog diet.
 - Increased energy; running around, acting normal.
 - Previously on antibiotics; last dose given last night.
 - Lump on neck noted to be increasing in size; initially small, now approximately baseball-sized, hard to touch.
 - Previous episodes of diarrhea; currently resolved, feces solid.
 - No current medications or supplements.
 - Occasional whole-body quivering; no confusion, alert during episodes.
 - Previous abdominal ultrasound performed; area shaved.
- Abnormal PE/Chem/CBC/UA Results: ABNORMALS: - Firm, baseball-sized, hard mass on neck near throat 1.014 urine specific gravity 3/2/26- RDWc 20.5, Amylase 1328, BUN 52, CREA 2.4; UA- cocci and rods

ULTRASONOGRAPHIC EXAMINATION OF THE NECK

An asymmetrical non-homogenous mass was present in the left cervical region and adjacent to the visualized trachea, measuring ~ 7 by 3.6 cm.

The mass appeared to be highly vascularized, exhibiting non-homogenous parenchyma, including discrete pinpoint hyperechoic parenchyma foci and possible small intramass cavitations.

Prominent vasculature noted around the mass periphery.

No obvious evidence of regional subcutaneous effusion.

ULTRASONOGRAPHIC FINDINGS

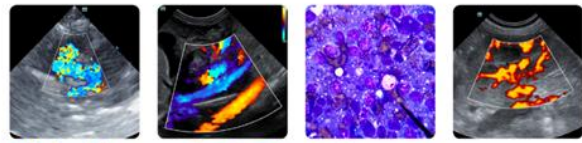
Primary

- Suspect left thyroid lobe mass

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mass is most consistent with thyroid origin given location and sonographic appearance, including evidence of significant mass vascularity. Non-thyroid origin, i.e. lymph node, salivary gland mass, or other thought less likely. No overt sonographic evidence of regional subcutaneous inflammation, indicating less likely potential for consolidated abscess or necrosis.

Assuming normal clotting status and using 25ga needle, ultrasound guided FNA of the mass is warranted for further clarification. Cervical CT would be ideal for further assessment and surgical planning.



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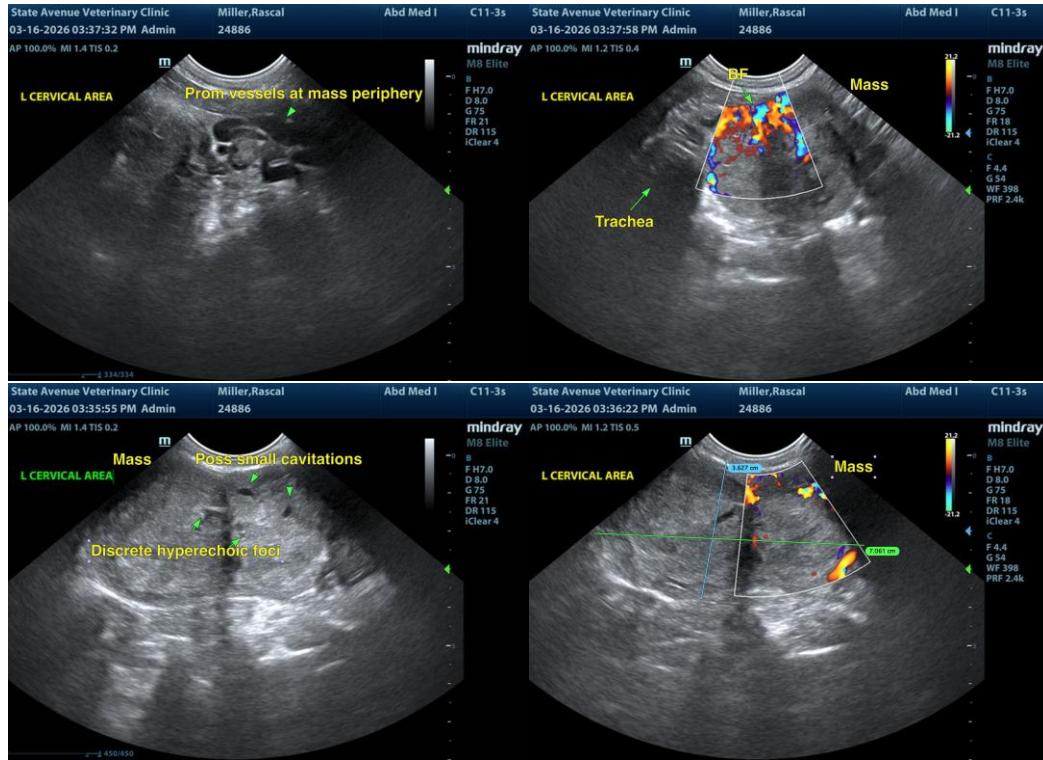
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

IMAGING PERFORMED BY

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